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

Urological tumors.

Agosto - Septiembre 2013 / August - September 2013

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TÍTULO / TITLE: - Laparoscopic radical prostatectomy monotherapy, a more aggressive yet less invasive option, is oncologically effective in selected men with high-risk prostate cancer having only one D'Amico risk factor: Experience from an Asian tertiary referral center.

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

REVISTA / JOURNAL: - J Endourol. 2013 Aug 30.

●● Enlace al texto completo (gratis o de pago) [1089/end.2013.0118](#)

AUTORES / AUTHORS: - Tai HC; Lai MK; Huang CY; Wang SM; Huang KH; Chen CH; Chung SD; Chueh SC; Yu HJ; Pu YS

INSTITUCIÓN / INSTITUTION: - National Taiwan University Hospital, Urology, Chung-Shan S. Rd, Taipei, Taiwan, 100, , Taiwan ; taihuai48@hotmail.com.

RESUMEN / SUMMARY: - Introduction: To present oncological results of laparoscopic radical prostatectomy (LRP) monotherapy for men with high-risk, localized prostate cancer, and to find factors associated with a good prognosis via surgery alone. Methods: Between 2002 and 2009, 241 men underwent LRP at an Asian tertiary referral center. Among them, we retrospectively identified 85 men (35.3%) who met D'Amico's high-risk criteria: prostate-specific antigen level > 20 ng/mL, Gleason score of 8-10, or clinical stage >= T2c. Perioperative parameters were analyzed against biochemical recurrence (BCR)-free survival. Results: At a median follow-up of 54 months, 28 (34.1%) developed BCR, with an actuarial BCR-free survival rate of 63.3% at 5 years. Pathologically, 37.6% of the men had organ-confined (OC) disease. Positive

surgical margins (PSM) were identified in 49.4% of the patients. A favorable pathological outcome, defined as OC(+)PSM(-), was observed in 24 patients and associated with a 5-year BCR-free survival rate of 87.0%, compared with 100%, 54.0% and 46.4% in men with OC(+)PSM(+), OC(-)PSM(-) and OC(-)PSM(+) disease (log-rank, $p=0.008$). The overall positive lymph node rate was 14.1%. Men (65.9%) with only one D'Amico risk factor had a 5-year BCR-free survival rate of 76.9%, compared with 34.6% in men (34.1%) with ≥ 2 risk factors (log-rank, $p < 0.001$). Conclusions: Radical prostatectomy monotherapy performed laparoscopically or robotically appears to be an option for high-risk prostate cancer, especially in men with a single D'Amico risk factor. Men with ≥ 2 risk factors are more prone to develop BCR following surgery, and may need second-line therapy.

TÍTULO / TITLE: - Role of CT in the Assessment of Muscular Venous Branch Invasion in Patients With Renal Cell Carcinoma.

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

REVISTA / JOURNAL: - AJR Am J Roentgenol. 2013 Oct;201(4):847-52. doi: 10.2214/AJR.12.10496.

●● Enlace al texto completo (gratis o de pago) [2214/AJR.12.10496](#)

AUTORES / AUTHORS: - Karlo CA; Donati OF; Marigliano C; Tickoo SK; Hricak H; Russo P; Akin O

INSTITUCIÓN / INSTITUTION: - 1 Department of Radiology, Memorial Sloan-Kettering Cancer Center, 1275 York Ave, New York, NY 10065.

RESUMEN / SUMMARY: - **OBJECTIVE.** The purpose of this article is to determine whether the relationship between a renal cell carcinoma and the renal sinus fat on contrast-enhanced CT could predict muscular venous branch invasion and the type of surgery needed. **MATERIALS AND METHODS.** A total of 115 consecutive patients underwent pre-operative contrast-enhanced CT between August 2011 and December 2011. Without access to histopathologic information, on nephrographic phase contrast-enhanced CT images, two radiologists independently determined whether the renal tumor was in contact with the renal sinus fat or separated from the renal sinus fat. Interreader agreements and performance characteristics of imaging tests were calculated, and histopathologic analysis served as the standard of reference. **RESULTS.** Histopathologic analysis identified 115 renal tumors, 90% (103/115) of which were renal cell carcinomas. Thirty-nine percent (31/80) of renal cell carcinomas that abutted the renal sinus fat on CT displayed muscular venous branch invasion on histopathologic analysis. Patients with renal cell carcinomas separated from the renal sinus fat were more likely to undergo partial nephrectomies (96% [22/23]; $p = 0.013$). Sensitivity and specificity for the identification of muscular venous branch invasion on CT were 94% (95% CI, 80-99%) and 30% (20-42%), respectively. Interreader agreement of visual assessment was excellent ($\kappa = 0.87$; 95% CI, 0.81-0.92). **CONCLUSION.** If a renal

cell carcinoma was separated from the renal sinus fat on CT, the likelihood of muscular venous branch invasion being identified by histopathologic analysis was significantly decreased, and the patient was more likely to undergo a partial nephrectomy.

TÍTULO / TITLE: - Utility of diffusional kurtosis imaging as a marker of adverse pathologic outcomes among prostate cancer active surveillance candidates undergoing radical prostatectomy.

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

REVISTA / JOURNAL: - AJR Am J Roentgenol. 2013 Oct;201(4):840-6. doi: 10.2214/AJR.12.10397.

●● Enlace al texto completo (gratis o de pago) [2214/AJR.12.10397](#)

AUTORES / AUTHORS: - Rosenkrantz AB; Prabhu V; Sigmund EE; Babb JS; Deng FM; Taneja SS

INSTITUCIÓN / INSTITUTION: - 1 Department of Radiology, New York University School of Medicine, NYU Langone Medical Center, 560 First Ave, TCH-HW202, New York, NY 10016.

RESUMEN / SUMMARY: - **OBJECTIVE.** The purpose of this study was to compare findings at nongaussian diffusional kurtosis imaging and conventional diffusion-weighted MRI as markers of adverse pathologic outcomes among prostate cancer patients who are active surveillance candidates and choose to undergo prostatectomy. **MATERIALS AND METHODS.** Fifty-eight active surveillance candidates (prostate-specific antigen concentration, < 10 ng/mL; clinical tumor category less than T2a; Gleason score, 3 + 3; <= 25% of biopsy cores positive for tumor; <= 50% tumor involvement of any individual core; <= 20% tumor involvement across all cores) who underwent prostatectomy and preoperative 3-T MRI including diffusional kurtosis imaging (b values, 0, 500, 1000, 1500, and 2000 s/mm²) were included. Adverse pathologic features at prostatectomy were defined using two schemes of varying stringency. One scheme (less stringent) was presence of a Gleason score greater than 6 or extracapsular extension (n = 19). The other scheme (more stringent) was presence of a Gleason score greater than 6, extracapsular extension, or an index tumor 10 mm or larger (n = 35). Parametric maps displaying standard apparent diffusion coefficient (ADC), kurtosis (K) representing nongaussian diffusion behavior, and diffusion (D) representing a diffusion coefficient adjusted for nongaussian (kurtosis) behavior were reviewed, and the most abnormal region was recorded for each metric. Associations between these metrics and the presence of adverse final pathologic findings were assessed with unpaired Student t tests and receiver operating characteristic analyses. **RESULTS.** For both schemes, only D was significantly lower in patients with adverse final pathologic findings (p = 0.006, p = 0.025). K tended to be greater in patients with adverse final pathologic findings for the more stringent scheme (p = 0.072). ADC was not significantly different in the presence of adverse final pathologic findings for either

scheme ($p = 0.357$, $p = 0.383$). With either scheme, D had a larger area under the receiver operating characteristics curve (AUC) for predicting adverse final pathologic results (AUC, 0.691 and 0.743) than did ADC (AUC, 0.569 and 0.655) or K (AUC, 0.617 and 0.714), but the difference was not significant ($p = 0.183$, $p = 0.734$). CONCLUSION. Preliminary results suggest that diffusional kurtosis imaging findings may have more value than findings at conventional diffusion-weighted MRI as a marker of adverse final pathologic outcome among active surveillance candidates.

TÍTULO / TITLE: - Long-term survival of participants in the prostate cancer prevention trial.

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

REVISTA / JOURNAL: - N Engl J Med. 2013 Aug 15;369(7):603-10. doi: 10.1056/NEJMoa1215932.

●● [Enlace al texto completo \(gratis o de pago\) 1056/NEJMoa1215932](#)

AUTORES / AUTHORS: - Thompson IM Jr; Goodman PJ; Tangen CM; Parnes HL; Minasian LM; Godley PA; Lucia MS; Ford LG

INSTITUCIÓN / INSTITUTION: - University of Texas Health Science Center at San Antonio, San Antonio, TX 78229, USA. thompsoni@uthscsa.edu

RESUMEN / SUMMARY: - BACKGROUND: In the Prostate Cancer Prevention Trial (PCPT), finasteride significantly reduced the risk of prostate cancer but was associated with an increased risk of high-grade disease. With up to 18 years of follow-up, we analyzed rates of survival among all study participants and among those with prostate cancer. METHODS: We collected data on the incidence of prostate cancer among PCPT participants for an additional year after our first report was published in 2003 and searched the Social Security Death Index to assess survival status through October 31, 2011. RESULTS: Among 18,880 eligible men who underwent randomization, prostate cancer was diagnosed in 989 of 9423 (10.5%) in the finasteride group and 1412 of 9457 (14.9%) in the placebo group (relative risk in the finasteride group, 0.70; 95% confidence interval [CI], 0.65 to 0.76; $P < 0.001$). Of the men who were evaluated, 333 (3.5%) in the finasteride group and 286 (3.0%) in the placebo group had high-grade cancer (Gleason score, 7 to 10) (relative risk, 1.17; 95% CI, 1.00 to 1.37; $P = 0.05$). Of the men who died, 2538 were in the finasteride group and 2496 were in the placebo group, for 15-year survival rates of 78.0% and 78.2%, respectively. The unadjusted hazard ratio for death in the finasteride group was 1.02 (95% CI, 0.97 to 1.08; $P = 0.46$). Ten-year survival rates were 83.0% in the finasteride group and 80.9% in the placebo group for men with low-grade prostate cancer and 73.0% and 73.6%, respectively, for those with high-grade prostate cancer. CONCLUSIONS: Finasteride reduced the risk of prostate cancer by about one third. High-grade prostate cancer was more common in the finasteride group than in the placebo group, but after 18 years of follow-up, there

was no significant between-group difference in the rates of overall survival or survival after the diagnosis of prostate cancer. (Funded by the National Cancer Institute.).

TÍTULO / TITLE: - Preoperative Serum Albumin Is Associated With Mortality and Complications After Radical Cystectomy.

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

REVISTA / JOURNAL: - BJU Int. 2013 Aug 12. doi: 10.1111/bju.12405.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12405](#)

AUTORES / AUTHORS: - Garg T; Chen LY; Kim PH; Zhao PT; Herr HW; Donat SM

INSTITUCIÓN / INSTITUTION: - Urology Service, Department of Surgery, Health Outcomes Research Group.

RESUMEN / SUMMARY: - **OBJECTIVE:** To determine the association between preoperative serum albumin and mortality and postoperative complications after radical cystectomy and urinary diversion. **PATIENTS AND METHODS:** We conducted a retrospective review of 1097 radical cystectomies performed for the treatment of bladder cancer between 1992 and 2005. All data were entered prospectively into a hospital-based complications database. We used multivariable logistic regression to assess the association between preoperative serum albumin and complications and mortality within 90 days of surgery, while controlling for preoperative patient and disease characteristics. **RESULTS:** Low preoperative serum albumin was identified in 14% of the cohort. Preoperative serum albumin was a predictor of postoperative complications (adjusted odds ratio [OR] per unit increase in albumin: 0.61, 95% confidence interval [CI] 0.42-0.90) and 90-day mortality (OR 0.33, 95% CI 0.14-0.75) when controlling for sex, race, age-adjusted Charlson score, body mass index, prior history of abdominal surgery, clinical stage, and neoadjuvant chemotherapy. As serum albumin decreased, the risk of complications and mortality increased. **CONCLUSIONS:** In addition to age-adjusted Charlson score, low preoperative serum albumin is a significant predictor of complications and mortality after radical cystectomy. Serum albumin testing can be used to identify individuals at high-risk for morbidity and mortality.

TÍTULO / TITLE: - Clinical Significance of Ureteral “Skip Lesions” at the Time of Radical Cystectomy: the Md-Anderson Experience and Review of Literature.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jul 2. doi: 10.1111/bju.12344.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12344](#)

AUTORES / AUTHORS: - Hoang AN; Agarwal PK; Walton-Diaz A; Wood CG; Metwalli AR; Kassouf W; Brown GA; Black PC; Urbauer DL; Grossman HB; Dinney CP; Kamat AM

INSTITUCIÓN / INSTITUTION: - Urologic Oncology Branch, National Cancer Institute, National Institutes of Health, Bethesda, MD.

RESUMEN / SUMMARY: - OBJECTIVES: Pathologic examination of ureteral margins during radical cystectomy (RC) occasionally reveals lesions present in proximal but not in distal ureteral sections ("skip lesions"). We assessed the incidence and clinical significance of these lesions. METHODS: We identified 660 patients who underwent a RC and had at least 2 permanent margins for a given ureter. Overall, 1173 ureters were analyzed and classified as the followings: "normal" (no tumor, reactive atypia, mild or moderate dysplasia) or "abnormal" (severe dysplasia, carcinoma in situ (CIS), or tumor). Transitions from "normal" distal pathology to "abnormal" on proximal section(s) determined frequency of skip lesions. Fisher's exact test and log-rank test were used to study correlations. RESULTS: Ureteral skip lesions were found in 4.8% patients (2.9% ureters). Pathology of skip lesions was CIS: 55.9%, TCC: 23.5% and severe dysplasia in 20.6%. Skip lesions were associated with lymphovascular invasion (34.4% vs. 13.7%, p=0.0035) and advanced pT stage (p=0.0068). On multivariate analysis, skip lesions correlated with lower median overall survival (OS) (inestimable vs. 8.2 years, p=0.014) in patients with pT0 or pTa disease and a trend towards lower OS (2.7 years vs. 8.8 years, p=0.066) in pTis disease. Concordance between frozen distal margin and permanent proximal margin varied; sensitivity was 80% in those without and 20% in those with skip lesions. CONCLUSIONS: The presence of a ureteral skip lesion may be associated with lower survival in patients with pT0, pTa or pTis urothelial carcinoma. Thus, while uncommon, ureteral skip lesions should be reported in pathologic findings.

TÍTULO / TITLE: - Pazopanib versus sunitinib in metastatic renal-cell carcinoma.

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

REVISTA / JOURNAL: - N Engl J Med. 2013 Aug 22;369(8):722-31. doi: 10.1056/NEJMoa1303989.

●● Enlace al texto completo (gratis o de pago) [1056/NEJMoa1303989](#)

AUTORES / AUTHORS: - Motzer RJ; Hutson TE; Cella D; Reeves J; Hawkins R; Guo J; Nathan P; Staehler M; de Souza P; Merchan JR; Boleti E; Fife K; Jin J; Jones R; Uemura H; De Giorgi U; Harmenberg U; Wang J; Sternberg CN; Deen K; McCann L; Hackshaw MD; Crescenzo R; Pandite LN; Choueiri TK

INSTITUCIÓN / INSTITUTION: - Department of Medicine, Genitourinary Oncology Service, Memorial Sloan-Kettering Cancer Center, 1275 York Ave., New York, NY 10021, USA. motzerr@mskcc.org

RESUMEN / SUMMARY: - BACKGROUND: Pazopanib and sunitinib provided a progression-free survival benefit, as compared with placebo or interferon, in previous phase 3 studies involving patients with metastatic renal-cell carcinoma. This phase 3, randomized trial compared the efficacy and safety of pazopanib and sunitinib as first-line therapy. METHODS: We randomly assigned 1110 patients with clear-cell, metastatic renal-cell carcinoma, in a 1:1 ratio, to receive a continuous dose of

pazopanib (800 mg once daily; 557 patients) or sunitinib in 6-week cycles (50 mg once daily for 4 weeks, followed by 2 weeks without treatment; 553 patients). The primary end point was progression-free survival as assessed by independent review, and the study was powered to show the noninferiority of pazopanib versus sunitinib. Secondary end points included overall survival, safety, and quality of life. RESULTS: Pazopanib was noninferior to sunitinib with respect to progression-free survival (hazard ratio for progression of disease or death from any cause, 1.05; 95% confidence interval [CI], 0.90 to 1.22), meeting the predefined noninferiority margin (upper bound of the 95% confidence interval, <1.25). Overall survival was similar (hazard ratio for death with pazopanib, 0.91; 95% CI, 0.76 to 1.08). Patients treated with sunitinib, as compared with those treated with pazopanib, had a higher incidence of fatigue (63% vs. 55%), the hand-foot syndrome (50% vs. 29%), and thrombocytopenia (78% vs. 41%); patients treated with pazopanib had a higher incidence of increased levels of alanine aminotransferase (60%, vs. 43% with sunitinib). The mean change from baseline in 11 of 14 health-related quality-of-life domains, particularly those related to fatigue or soreness in the mouth, throat, hands, or feet, during the first 6 months of treatment favored pazopanib (P<0.05 for all 11 comparisons). CONCLUSIONS: Pazopanib and sunitinib have similar efficacy, but the safety and quality-of-life profiles favor pazopanib. (Funded by GlaxoSmithKline Pharmaceuticals; COMPARZ ClinicalTrials.gov number, NCT00720941.).

TÍTULO / TITLE: - Tivozanib Versus Sorafenib As Initial Targeted Therapy for Patients With Metastatic Renal Cell Carcinoma: Results From a Phase III Trial.

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Sep 9.

●● Enlace al texto completo (gratis o de pago) [1200/JCO.2012.47.4940](#)

AUTORES / AUTHORS: - Motzer RJ; Nosov D; Eisen T; Bondarenko I; Lesovoy V; Lipatov O; Tomczak P; Lyulko O; Alyasova A; Harza M; Kogan M; Alekseev BY; Sternberg CN; Szczylik C; Cella D; Ivanescu C; Krivoshik A; Strahs A; Esteves B; Berkenblit A; Hutson TE

INSTITUCIÓN / INSTITUTION: - Robert J. Motzer, Memorial Sloan-Kettering Cancer Center, New York, NY; Dmitry Nosov, N.N. Blokhin Cancer Research Center; Boris Y. Alekseev, Federal State Institution, Moscow Research Oncological Institute, Moscow; Oleg Lipatov, State Budget Medical Institution, Republican Clinical Oncological Center, Bashkortostan; Anna Alyasova, Federal Budget Medical Institution, Privolzhsky District Medical Center, Nizhny Novgorod; Mikhail Kogan, State Budget Higher Educational Institute, The Rostov State Medical University, Rostov-on-Don, Russia; Timothy Eisen, Cambridge University Health Partners, Cambridge, United Kingdom; Igor Bondarenko, Dnipropetrovsk State Medical Academy under the Ministry of Health of Ukraine, Dnipropetrovsk; Vladimir Lesovoy, V.I. Shapoval Regional Clinical Center for Urology and Nephrology, Kharkiv; Oleksiy Lyulko, Zaporizhia Medical Academy of Postgraduate

Education, Zaporizhia, Ukraine; Piotr Tomczak, Clinical Hospital No. 1 of the Poznan University of Medical Sciences, Poznan; Cezary Szczylik, Military Institute of Health, Warsaw, Poland; Mihai Harza, Fundeni Clinical Institute, Bucharest, Romania; Cora N. Sternberg, San Camillo and Forlanini Hospitals, Rome, Italy; David Cella, Northwestern University Feinberg School of Medicine, Chicago; Andrew Krivoshik, Astellas Pharma Global Development, Northbrook, IL; Cristina Ivanescu, Quintiles, Hoofddorp, the Netherlands; Brooke Esteves, Anna Berkenblit, Andrew Strahs, AVEO Oncology, Cambridge, MA; Thomas E. Hutson, Texas Oncology-Baylor Charles A. Sammons Cancer Center, Dallas, TX.

RESUMEN / SUMMARY: - PURPOSE: Tivozanib is a potent and selective tyrosine kinase inhibitor of vascular endothelial growth factor receptor 1 (VEGFR1), -2, and -3. This phase III trial compared tivozanib with sorafenib as initial targeted therapy in patients with metastatic renal cell carcinoma (RCC). PATIENTS AND METHODS: Patients with metastatic RCC, with a clear cell component, prior nephrectomy, measurable disease, and 0 or 1 prior therapies for metastatic RCC were randomly assigned to tivozanib or sorafenib. Prior VEGF-targeted therapy and mammalian target of rapamycin inhibitor were not permitted. The primary end point was progression-free survival (PFS) by independent review. RESULTS: A total of 517 patients were randomly assigned to tivozanib (n = 260) or sorafenib (n = 257). PFS was longer with tivozanib than with sorafenib in the overall population (median, 11.9 v 9.1 months; hazard ratio [HR], 0.797; 95% CI, 0.639 to 0.993; P = .042). One hundred fifty-six patients (61%) who progressed on sorafenib crossed over to receive tivozanib. The final overall survival (OS) analysis showed a trend toward longer survival on the sorafenib arm than on the tivozanib arm (median, 29.3 v 28.8 months; HR, 1.245; 95% CI, 0.954 to 1.624; P = .105). Adverse events (AEs) more common with tivozanib than with sorafenib were hypertension (44% v 34%) and dysphonia (21% v 5%). AEs more common with sorafenib than with tivozanib were hand-foot skin reaction (54% v 14%) and diarrhea (33% v 23%). CONCLUSION: Tivozanib demonstrated improved PFS, but not OS, and a differentiated safety profile, compared with sorafenib, as initial targeted therapy for metastatic RCC.

TÍTULO / TITLE: - Differences in Time to Disease Progression Do Not Predict for Cancer-specific Survival in Patients Receiving Immediate or Deferred Androgen-deprivation Therapy for Prostate Cancer: Final Results of EORTC Randomized Trial 30891 with 12 Years of Follow-up.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Jul 24. pii: S0302-2838(13)00739-2. doi: 10.1016/j.eururo.2013.07.024.

●● Enlace al texto completo (gratuito o de pago) [1016/j.eururo.2013.07.024](https://doi.org/10.1016/j.eururo.2013.07.024)

AUTORES / AUTHORS: - Studer UE; Whelan P; Wimpissinger F; Casselman J; de Reijke TM; Knonagel H; Loidl W; Isorna S; Sundaram SK; Collette L

INSTITUCIÓN / INSTITUTION: - Department of Urology, Inselspital, Bern, Switzerland.

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RESUMEN / SUMMARY: - BACKGROUND: Trials assessing the benefit of immediate androgen-deprivation therapy (ADT) for treating prostate cancer (PCa) have often done so based on differences in detectable prostate-specific antigen (PSA) relapse or metastatic disease rates at a specific time after randomization. OBJECTIVE: Based on the long-term results of European Organization for Research and Treatment of Cancer (EORTC) trial 30891, we questioned if differences in time to progression predict for survival differences. DESIGN, SETTING, AND PARTICIPANTS: EORTC trial 30891 compared immediate ADT (n=492) with orchiectomy or luteinizing hormone-releasing hormone analog with deferred ADT (n=493) initiated upon symptomatic disease progression or life-threatening complications in randomly assigned T0-4 N0-2 M0 PCa patients. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: Time to first objective progression (documented metastases, ureteric obstruction, not PSA rise) and time to objective castration-resistant progressive disease were compared as well as PCa mortality and overall survival. RESULTS AND LIMITATIONS: After a median of 12.8 yr, 769 of the 985 patients had died (78%), 269 of PCa (27%). For patients receiving deferred ADT, the overall treatment time was 31% of that for patients on immediate ADT. Deferred ADT was significantly worse than immediate ADT for time to first objective disease progression ($p < 0.0001$; 10-yr progression rates 42% vs 30%). However, time to objective castration-resistant disease after deferred ADT did not differ significantly ($p = 0.42$) from that after immediate ADT. In addition, PCa mortality did not differ significantly, except in patients with aggressive PCa resulting in death within 3-5 yr after diagnosis. Deferred ADT was inferior to immediate ADT in terms of overall survival (hazard ratio: 1.21; 95% confidence interval, 1.05-1.39; p [noninferiority]=0.72, p [difference] = 0.0085). CONCLUSIONS: This study shows that if hormonal manipulation is used at different times during the disease course, differences in time to first disease progression cannot predict differences in disease-specific survival. A deferred ADT policy may substantially reduce the time on treatment, but it is not suitable for patients with rapidly progressing disease.

TÍTULO / TITLE: - Case records of the Massachusetts General Hospital. Case 25-2013. A 71-year-old man with hematuria and a mass in the bladder.

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

REVISTA / JOURNAL: - N Engl J Med. 2013 Aug 15;369(7):660-7. doi: 10.1056/NEJMcpc1209278.

●● [Enlace al texto completo \(gratuito o de pago\) 1056/NEJMcpc1209278](#)

AUTORES / AUTHORS: - Olumi AF; Kaufman DS; Zietman A; Harisinghani MG; Wu CL

INSTITUCIÓN / INSTITUTION: - Department of Urology, Massachusetts General Hospital, Boston, USA.

TÍTULO / TITLE: - Randomized Noninferiority Trial of Reduced High-Dose Volume Versus Standard Volume Radiation Therapy for Muscle-Invasive Bladder Cancer: Results of the BC2001 Trial (CRUK/01/004).

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Oct 1;87(2):261-9. doi: 10.1016/j.ijrobp.2013.06.2044.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijrobp.2013.06.2044](https://doi.org/10.1016/j.ijrobp.2013.06.2044)

AUTORES / AUTHORS: - Huddart RA; Hall E; Hussain SA; Jenkins P; Rawlings C; Tremlett J; Crundwell M; Adab FA; Sheehan D; Syndikus I; Hendron C; Lewis R; Waters R; James ND

INSTITUCIÓN / INSTITUTION: - Institute of Cancer Research; Royal Marsden NHSFT (National Health Service Foundation Trust). Electronic address: robert.huddart@icr.ac.uk.

RESUMEN / SUMMARY: - PURPOSE: To test whether reducing radiation dose to uninvolved bladder while maintaining dose to the tumor would reduce side effects without impairing local control in the treatment of muscle-invasive bladder cancer. METHODS AND MATERIALS: In this phase III multicenter trial, 219 patients were randomized to standard whole-bladder radiation therapy (sRT) or reduced high-dose volume radiation therapy (RHDVRT) that aimed to deliver full radiation dose to the tumor and 80% of maximum dose to the uninvolved bladder. Participants were also randomly assigned to receive radiation therapy alone or radiation therapy plus chemotherapy in a partial 2 x 2 factorial design. The primary endpoints for the radiation therapy volume comparison were late toxicity and time to locoregional recurrence (with a noninferiority margin of 10% at 2 years). RESULTS: Overall incidence of late toxicity was less than predicted, with a cumulative 2-year Radiation Therapy Oncology Group grade 3/4 toxicity rate of 13% (95% confidence interval 8%, 20%) and no statistically significant differences between groups. The difference in 2-year locoregional recurrence free rate (RHDVRT - sRT) was 6.4% (95% confidence interval - 7.3%, 16.8%) under an intention to treat analysis and 2.6% (-12.8%, 14.6%) in the "per-protocol" population. CONCLUSIONS: In this study RHDVRT did not result in a statistically significant reduction in late side effects compared with sRT, and noninferiority of locoregional control could not be concluded formally. However, overall low rates of clinically significant toxicity combined with low rates of invasive bladder cancer relapse confirm that (chemo)radiation therapy is a valid option for the treatment of muscle-invasive bladder cancer.

TÍTULO / TITLE: - Do young patients with renal cell carcinoma feature a distinct outcome after surgery? A comparative analysis of patients aged 40 years or less versus patients within the 7th decade of life based on the multinational CORONA database.

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

REVISTA / JOURNAL: - J Urol. 2013 Aug 20. pii: S0022-5347(13)05141-0. doi: 10.1016/j.juro.2013.08.021.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.juro.2013.08.021](#)

AUTORES / AUTHORS: - Aziz A; May M; Zigeuner R; Pichler M; Chromecki T; Cindolo L; Schips L; De Cobelli O; Rocco B; De Nunzio C; Tubaro A; Coman I; Truss M; Dalpiaz O; Hoschke B; Gilfrich C; Feciche B; Fenske F; Sountoulides P; Figenshau RS; Madison K; Sanchez-Chapado M; Martin MD; Wieland WF; Salzano L; Lotrecchiano G; Waidelich R; Stief C; Brookman-May S

INSTITUCIÓN / INSTITUTION: - University of Regensburg, Caritas St. Josef Medical Center, Dept. of Urology, Regensburg, Germany.

RESUMEN / SUMMARY: - **PURPOSE::** To analyze distinct clinico-pathological features and prognosis of patients with renal cell carcinoma aged ≤ 40 years in comparison to a reference group of patients aged 60-70 years. **MATERIALS AND METHODS::** Overall 2.572 patients retrieved from a multi-center international database comprising of 6.234 patients with surgically treated renal cell carcinoma were included in this retrospective study. Clinical and histopathological features of 297 patients aged ≤ 40 years (4.8%) were analyzed in comparison with 2275 patients (36.5%) aged 60-70 years, who represented the reference group. The median follow-up was 59 months. The impact of young age and further parameters on disease-specific mortality and all-cause mortality was evaluated by multivariable Cox proportional-hazards regression analyses. **RESULTS::** Young patients underwent more frequently nephron-sparing surgery (27% vs. 20%; $p=0.008$) and regional lymph node dissection in comparison to older patients (38% vs. 32%; $p=0.025$). Organ-confined tumor stages (81% vs. 70%; $p<0.001$), smaller tumor diameters (4.5 cm vs. 4.7 cm; $p=0.014$), and chromophobe subtype (10% vs. 4%; $p<0.001$) were significantly more frequent in young patients. On multivariable analysis, older patients had a higher disease-specific (HR 2.21; $p<0.001$) and all-cause mortality (HR 3.05; $p<0.001$). The c-indices for the Cox models were 0.87 and 0.78, respectively. However, integration of the variable age group did not significantly gain predictive accuracy of the disease-specific and all-cause-mortality models. **CONCLUSION::** Young renal cell carcinoma patients (≤ 40 years) display significantly different frequencies of clinical and histopathological features and show a significantly lower all-cause and disease-specific mortality compared to patients at the age between 60-70 years.

TÍTULO / TITLE: - Cetuximab and platinum-based chemoradio- or chemotherapy of patients with epidermal growth factor receptor expressing adenoid cystic carcinoma: a phase II trial.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Sep 3;109(5):1117-22. doi: 10.1038/bjc.2013.468. Epub 2013 Aug 13.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.468](#)

AUTORES / AUTHORS: - Hitre E; Budai B; Takacs-Nagy Z; Rubovszky G; Toth E; Remenar E; Polgar C; Lang I

INSTITUCIÓN / INSTITUTION: - National Institute of Oncology, Rath Gy. u. 7-9, 1122 Budapest, Hungary.

RESUMEN / SUMMARY: - Background: Epidermal growth factor receptor (EGFR) is highly expressed in adenoid cystic carcinoma (ACC). The efficacy and toxicity of cetuximab with concomitant platinum-based chemoradio- or chemotherapy in patients with locally advanced or metastatic ACC, respectively, was evaluated. Methods: Eligible patients (9 with locally advanced tumour and 12 with metastases) had positive tumour EGFR expression. The cetuximab loading dose (400 mg m⁻²) was followed by 250 mg m⁻² per week. Locally advanced tumours were irradiated (mean dose 65 Gy) and treated with concomitant cisplatin (75 mg m⁻², intravenously). Patients with metastases received concomitant cisplatin and 5-fluorouracil (4 x 1000 mg m⁻²). Results: For patients with locally advanced disease (median follow-up: 52 months), the median progression-free survival (PFS) was 64 months and the 2-year overall survival (OS) rate was 100%. For patients with metastases (median follow-up: 72 months), the median PFS and OS were 13 and 24 months, respectively. In both groups the objective response rate was >40%. Skin rash, in-field dermatitis, mucositis and vomiting were the most frequent grade 3/4 adverse events. Conclusion: In this single-arm study, the efficacy of cetuximab plus chemoradio- or chemotherapy appeared favourable as compared with historical controls. All side effects were manageable and did not hamper the treatment.

TÍTULO / TITLE: - Sunitinib objective response in metastatic renal cell carcinoma: Analysis of 1059 patients treated on clinical trials.

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

REVISTA / JOURNAL: - Eur J Cancer. 2013 Sep 16. pii: S0959-8049(13)00789-2. doi: 10.1016/j.ejca.2013.08.021.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejca.2013.08.021](#)

AUTORES / AUTHORS: - Molina AM; Lin X; Korytowsky B; Matczak E; Lechuga MJ; Wiltshire R; Motzer RJ

INSTITUCIÓN / INSTITUTION: - Memorial Sloan-Kettering Cancer Center, 1275 York Ave, New York, NY 10021, USA.

RESUMEN / SUMMARY: - BACKGROUND: Retrospective analyses were performed in patients with metastatic renal cell carcinoma (mRCC) to characterise the objective response (OR) rate to sunitinib and differentiate pretreatment features and outcomes of patients with early (response by 12weeks) versus late response, and responders versus non-responders. METHODS: Data were pooled from 1059 patients in six trials. Median progression-free survival (PFS) and overall survival (OS) were estimated by Brookmeyer and Crowley method and compared between groups by log-rank test. Baseline characteristics were compared by Fisher-exact, t-, or Wilcoxon rank-sum tests. Associations between characteristics and survival were investigated by Cox proportional regression analysis. RESULTS: 398 patients (38%) had confirmed OR (12 complete responses); 26%, 61%, 79% and 86% responded by 6, 12, 18 and 24weeks, respectively. Median (range) time to tumour response (TTR) was 10.6 (2.7-94.4) weeks and was similar in treatment-naive and cytokine-refractory patients. Median response duration in early and late responders was 52.0 and 55.0weeks, respectively. Median PFS in early versus late responders was 13.8 versus 20.2months (P=0.001); however, median OS did not significantly differ (37.8 versus 40.8months; P=0.144). Early responders had more lung metastases (P<0.01), but baseline characteristics were otherwise mostly similar. Median PFS (16.3 versus 5.3months) and OS (40.1 versus 14.5months) were longer in responders versus non-responders (both P<0.001); responders had more favourable prognostic factors. CONCLUSIONS: OR occurred in 38% of sunitinib-treated mRCC patients. Sixty-one percent of responses occurred by 12weeks of therapy, and responders had favourable pretreatment features and significantly longer survival.

TÍTULO / TITLE: - Urinary bladder matrix for the treatment of recalcitrant nonhealing radiation wounds.

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

REVISTA / JOURNAL: - Adv Skin Wound Care. 2013 Oct;26(10):450-5. doi: 10.1097/01.ASW.0000434617.57451.e6.

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

[1097/01.ASW.0000434617.57451.e6](#)

AUTORES / AUTHORS: - Rommer EA; Peric M; Wong A

INSTITUCIÓN / INSTITUTION: - Elizabeth A. Rommer, BS, is research coordinator; Mirna Peric, BA, is a research assistant; and Alex Wong, MD, FACS, is assistant professor of surgery, all in the Division of Plastic and Reconstructive Surgery, Keck School of Medicine of the University of Southern California, Los Angeles, California.

RESUMEN / SUMMARY: - Chronic wounds in previously radiated tissue are challenging to treat. In this article, the authors describe 3 such wounds that failed to heal despite multiple treatments with traditional wound healing methods. Treatment with porcine urinary bladder matrix, an extracellular matrix material, was initiated to facilitate

epithelialization and promote wound healing. MatriStem powder (ACell, Inc, Columbia, Maryland), MatriStem (ACell, Inc) sheet, and DuoDerm (ConvaTec, Skillman, New Jersey) were applied biweekly and resulted in complete wound closure within 3 weeks of initial application for all 3 cases. All wounds remained closed 9 months following treatment, suggesting a role for urinary bladder matrix in the management of chronic wounds in the setting of irradiated tissue.

TÍTULO / TITLE: - Growth pattern, an important pathologic prognostic parameter for clear cell renal cell carcinoma.

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

REVISTA / JOURNAL: - Am J Clin Pathol. 2013 Oct;140(4):500-5. doi: 10.1309/AJCPIMPE6ZFT8AME.

●● Enlace al texto completo (gratis o de pago) [1309/AJCPIMPE6ZFT8AME](#)

AUTORES / AUTHORS: - Fukatsu A; Tsuzuki T; Sassa N; Nishikimi T; Kimura T; Majima T; Yoshino Y; Hattori R; Gotoh M

INSTITUCIÓN / INSTITUTION: - Dept of Pathology, Nagoya Daini Red Cross Hospital, 2-9 Myoken-cho, Showa-ku, Nagoya 466-8650, Japan; e-mail: tsuzuki@nagoya2.irc.or.jp.

RESUMEN / SUMMARY: - Objectives: To assess the validity of growth pattern as a unique prognostic parameter for clear cell renal cell carcinoma (ccRCC). Methods: In total, 561 patients with pathologic tumor stage 1 (pT1), pT2, and pT3a ccRCC without preoperative metastasis were evaluated. Clinicopathologic parameters, including pathologic tumor stage, Fuhrman grade, tumor necrosis, lymphovascular invasion, and growth pattern, were analyzed to predict disease-free survival (DFS) and cancer-specific survival (CSS). Results: Growth patterns were defined as follows: expansive included tumors with well-circumscribed margins without normal renal tissue in the tumor, and infiltrative involved tumors with ill-circumscribed margins or normal renal tissue in the tumors. In multivariate analysis, Fuhrman grade, tumor necrosis, and growth pattern were useful predictors of DFS, whereas Fuhrman grade and growth pattern were useful predictors of CSS, although only 30 cases showed the infiltrative pattern. Conclusions: Growth pattern can be considered a new prognostic parameter for ccRCC.

TÍTULO / TITLE: - Re: Long-term follow-up of a phase II trial of chemotherapy plus hormone therapy for biochemical relapse after definitive local therapy for prostate cancer.

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

REVISTA / JOURNAL: - J Urol. 2013 Sep;190(3):880. doi: 10.1016/j.juro.2013.05.105. Epub 2013 Jun 7.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.05.105](#)

AUTORES / AUTHORS: - Taneja SS

TÍTULO / TITLE: - Complement-binding anti-HLA antibodies and kidney-allograft survival.

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

REVISTA / JOURNAL: - N Engl J Med. 2013 Sep 26;369(13):1215-26. doi:
10.1056/NEJMoa1302506.

●● Enlace al texto completo (gratis o de pago) [1056/NEJMoa1302506](#)

AUTORES / AUTHORS: - Loupy A; Lefaucheur C; Vernerey D; Prugger C; van Huyen JP; Mooney N; Suberbielle C; Fremeaux-Bacchi V; Mejean A; Desgrandchamps F; Anglicheau D; Nochy D; Charron D; Empana JP; Delahousse M; Legendre C; Glotz D; Hill GS; Zeevi A; Jouven X

INSTITUCIÓN / INSTITUTION: - Paris Translational Research Center for Organ Transplantation, INSERM Unite 970, Department of Kidney Transplantation, Hopital Necker, Universite Paris Descartes, and Assistance Publique-Hopitaux de Paris (AP-HP), Paris, France. alexandreloupy@gmail.com

RESUMEN / SUMMARY: - BACKGROUND: Anti-HLA antibodies hamper successful transplantation, and activation of the complement cascade is involved in antibody-mediated rejection. We investigated whether the complement-binding capacity of anti-HLA antibodies plays a role in kidney-allograft failure. METHODS: We enrolled patients who received kidney allografts at two transplantation centers in Paris between January 1, 2005, and January 1, 2011, in a population-based study. Patients were screened for the presence of circulating donor-specific anti-HLA antibodies and their complement-binding capacity. Graft injury phenotype and the time to kidney-allograft loss were assessed. RESULTS: The primary analysis included 1016 patients. Patients with complement-binding donor-specific anti-HLA antibodies after transplantation had the lowest 5-year rate of graft survival (54%), as compared with patients with non-complement-binding donor-specific anti-HLA antibodies (93%) and patients without donor-specific anti-HLA antibodies (94%) ($P < 0.001$ for both comparisons). The presence of complement-binding donor-specific anti-HLA antibodies after transplantation was associated with a risk of graft loss that was more than quadrupled (hazard ratio, 4.78; 95% confidence interval [CI], 2.69 to 8.49) when adjusted for clinical, functional, histologic, and immunologic factors. These antibodies were also associated with an increased rate of antibody-mediated rejection, a more severe graft injury phenotype with more extensive microvascular inflammation, and increased deposition of complement fraction C4d within graft capillaries. Adding complement-binding donor-specific anti-HLA antibodies to a traditional risk model improved the stratification of patients at risk for graft failure (continuous net reclassification improvement, 0.75; 95% CI, 0.54 to 0.97). CONCLUSIONS: Assessment of the complement-binding capacity of donor-specific anti-HLA antibodies appears to be useful in identifying patients at high risk for kidney-allograft loss.

TÍTULO / TITLE: - Tumor Growth Rate Provides Useful Information to Evaluate Sorafenib and Everolimus Treatment in Metastatic Renal Cell Carcinoma Patients: An Integrated Analysis of the TARGET and RECORD Phase 3 Trial Data.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Aug 15. pii: S0302-2838(13)00831-2. doi: 10.1016/j.eururo.2013.08.010.

AUTORES / AUTHORS: - Ferte C; Koscielny S; Albiges L; Rocher L; Soria JC; Iacovelli R; Lorient Y; Fizazi K; Escudier B

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Gustave Roussy, Villejuif, France; INSERM U981, Paris Sud University, Gustave Roussy, Villejuif, France; Sage Bionetworks, Fred Hutchinson Cancer Research Center, Seattle, WA, USA.

RESUMEN / SUMMARY: - BACKGROUND: Response Evaluation Criteria in Solid Tumors (RECIST) criteria may not be sufficient to evaluate the response of targeted therapies in metastatic renal cell carcinoma (mRCC). The tumor growth rate (TGR) incorporates the time between evaluations and may be adequate. OBJECTIVE: To determine how TGR is modified along the treatment sequence and is associated with outcome in mRCC patients. DESIGN, SETTING, AND PARTICIPANTS: Medical records from all patients prospectively treated at Gustave Roussy (IGR) in the Treatment Approaches in Renal Cancer Global Evaluation Trial (TARGET) (sorafenib vs placebo, n=84) and the RECORD (everolimus vs placebo, n=43) phase 3 trials were analyzed. TGR was computed across clinically relevant periods: BEFORE treatment introduction (wash-out), UNDER (first cycle), at PROGRESSION (last cycle) and AFTER treatment discontinuation (washout). The association between TGR and outcome (overall survival [OS] and progression-free survival [PFS]) was computed in the entire TARGET cohort (n=903). INTERVENTION: Sorafenib, everolimus, or placebo. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: TGR, RECIST, OS, and PFS rates. RESULTS AND LIMITATIONS: Although nearly all the patients (IGR) were classified as stable disease (RECIST) after the first cycle, the great majority of the patients exhibited a decrease in TGR UNDER compared with BEFORE (sorafenib: $p < 0.00001$; everolimus: $p < 0.00001$). In sorafenib-treated but not in everolimus-treated patients (IGR), TGR at PROGRESSION (last cycle) was still lower than TGR BEFORE (washout) ($p = 0.012$), while TGR AFTER progression (washout) was higher than TGR at PROGRESSION (last cycle) ($p = 0.0012$). Higher TGR (first cycle) was associated with worse PFS (hazard ratio [HR]: 3.61; 95% confidence interval [CI], 2.45-5.34) and worse OS (HR: 4.69; 95% CI, 1.54-14.39), independently from the Motzer score and from the treatment arm in the entire TARGET cohort. CONCLUSIONS: Computing TGR in mRCC patients is simple and provides clinically useful information for mRCC patients: (1) TGR is independently associated with prognosis (PFS, OS), (2) TGR allows for a subtle and quantitative characterization of drug activity at the first evaluation, and (3) TGR reveals clear drug-specific profiles at progression.

TÍTULO / TITLE: - Intraoperative Continuous Norepinephrine Infusion Combined with Restrictive Deferred Hydration Significantly Reduces the Need for Blood Transfusion in Patients Undergoing Open Radical Cystectomy: Results of a Prospective Randomised Trial.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Aug 28. pii: S0302-2838(13)00874-9. doi: 10.1016/j.eururo.2013.08.046.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.eururo.2013.08.046](#)

AUTORES / AUTHORS: - Wuethrich PY; Studer UE; Thalmann GN; Burkhard FC

INSTITUCIÓN / INSTITUTION: - Department of Anaesthesiology and Pain Therapy, Inselspital, University Hospital Bern, Bern, Switzerland.

RESUMEN / SUMMARY: - **BACKGROUND:** Open radical cystectomy (ORC) is associated with substantial blood loss and a high incidence of perioperative blood transfusions. Strategies to reduce blood loss and blood transfusion are warranted. **OBJECTIVE:** To determine whether continuous norepinephrine administration combined with intraoperative restrictive hydration with Ringer's maleate solution can reduce blood loss and the need for blood transfusion. **DESIGN, SETTING, AND PARTICIPANTS:** This was a double-blind, randomised, parallel-group, single-centre trial including 166 consecutive patients undergoing ORC with urinary diversion (UD). Exclusion criteria were severe hepatic or renal dysfunction, congestive heart failure, and contraindications to epidural analgesia. **INTERVENTION:** Patients were randomly allocated to continuous norepinephrine administration starting with 2µg/kg per hour combined with 1ml/kg per hour until the bladder was removed, then to 3ml/kg per hour of Ringer's maleate solution (norepinephrine/low-volume group) or 6ml/kg per hour of Ringer's maleate solution throughout surgery (control group). **OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS:** Intraoperative blood loss and the percentage of patients requiring blood transfusions perioperatively were assessed. Data were analysed using nonparametric statistical models. **RESULTS AND LIMITATIONS:** Total median blood loss was 800ml (range: 300-1700) in the norepinephrine/low-volume group versus 1200ml (range: 400-2800) in the control group ($p < 0.0001$). In the norepinephrine/low-volume group, 27 of 83 patients (33%) required an average of 1.8 U (+/-0.8) of packed red blood cells (PRBCs). In the control group, 50 of 83 patients (60%) required an average of 2.9 U (+/-2.1) of PRBCs during hospitalisation (relative risk: 0.54; 95% confidence interval [CI], 0.38-0.77; $p = 0.0006$). The absolute reduction in transfusion rate throughout hospitalisation was 28% (95% CI, 12-45). In this study, surgery was performed by three high-volume surgeons using a standardised technique, so whether these significant results are reproducible in other centres needs to be shown. **CONCLUSIONS:** Continuous norepinephrine administration combined with restrictive hydration significantly reduces intraoperative blood loss, the

rate of blood transfusions, and the number of PRBC units required per patient undergoing ORC with UD.

TÍTULO / TITLE: - Trans- and extraperitoneal retroperitoneal lymph node dissection (RPLND) in the treatment for nonseminomatous germ cell testicular tumors (NSGCT): a single Chinese center's retrospective analysis.

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

REVISTA / JOURNAL: - Int Urol Nephrol. 2013 Sep 1.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s11255-013-0547-3](#)

AUTORES / AUTHORS: - Tong S; Chen M; Zu X; Li Y; He W; Lei Y; Liu W; Qi L

INSTITUCIÓN / INSTITUTION: - Department of Urology, Xiangya Hospital, Central South University, Changsha City, Hunan Province, China.

RESUMEN / SUMMARY: - **PURPOSE:** To evaluate the role of two different approaches to perform laparoscopic RPLND: transperitoneal laparoscopic retroperitoneal lymph node dissection (TL-RPLND) and extraperitoneal laparoscopic retroperitoneal lymph node dissection (EL-RPLND). **MATERIALS AND METHODS:** Between February 2003 and April 2013, 39 patients with nonseminomatous germ cell testicular tumors were treated by RPLND in our center. Twenty-one patients had TL-RPLND, and 18 patients had EL-RPLND. We performed a comprehensive retrospective study comparing TL-RPLND and EL-RPLND. Certain parameters, including operative time, estimated blood loss, perioperative complications, resected lymph nodes, postoperative intestinal function recovery time, ejaculation, and postoperative tumor markers, were abstracted and compared. **RESULTS:** In the EL-RPLND and TL-RPLND groups, the operation times were 178 +/- 31 and 207 +/- 25 min; the amounts of estimated blood loss were 87 +/- 26 and 111 +/- 21 ml; the postoperative intestinal function recovery times were 1.2 +/- 0.7 and 2.4 +/- 0.6 days; the postoperative hospital stays were 5.8 +/- 1.1 and 5.5 +/- 1.4 days; and the numbers of resected lymph nodes were 16.2 +/- 1.5 and 15.8 +/- 1.6, respectively. No conversion from laparoscopic to open surgery occurred. No patient in either group received an intraoperative blood transfusion. Overall, two patients developed postoperative fever, and one developed abdominal distension. After a median follow-up of 45 months, no regional relapse or metastases occurred, but 4 patients at clinical stage II were treated successfully by three cycles of platinum-based postoperative chemotherapy. Currently, all patients show no evidence of disease. **CONCLUSION:** Our results demonstrate that EL-RPLND was superior to the transperitoneal approach in terms of the operation time, estimated blood loss, and postoperative intestinal function recovery time, whereas no differences were observed in the number of lymph nodes resected. EL-RPLND was demonstrated to be safe and feasible, with satisfactory clinical outcomes when performed by experienced laparoscopic surgeons. Larger cohorts of patients with longer term follow-up are needed for further studies to determine the role of different approaches to L-RPLND.

TÍTULO / TITLE: - Adjuvant leuprolide with or without docetaxel in patients with high-risk prostate cancer after radical prostatectomy (TAX-3501): Important lessons for future trials.

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

REVISTA / JOURNAL: - Cancer. 2013 Aug 13. doi: 10.1002/cncr.28270.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28270](#)

AUTORES / AUTHORS: - Schweizer MT; Huang P; Kattan MW; Kibel AS; de Wit R; Sternberg CN; Epstein JI; Eisenberger MA

INSTITUCIÓN / INSTITUTION: - Prostate Cancer Research Program, Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Baltimore, Maryland.

RESUMEN / SUMMARY: - **BACKGROUND:** The current trial evaluated 2 common therapies for patients with advanced prostate cancer, docetaxel and hormonal therapy (HT), in the surgical adjuvant setting. **METHODS:** TAX-3501 was a randomized, phase 3, adjuvant study post-radical prostatectomy (RP) in high-risk patients with prostate cancer (n = 228) comparing 18 months of HT with (CHT) without docetaxel chemotherapy either immediately (I) or deferred (D). High-risk disease was defined as a 5-year freedom-from-disease-progression rate of $\leq 60\%$ as predicted by a post-RP nomogram. Progression-free survival (PFS), including prostate-specific antigen disease recurrence, was the primary endpoint. The authors also assessed the accuracy of the nomogram and analyzed testosterone recovery in 108 patients treated with HT who had at least 1 posttreatment testosterone value. **RESULTS:** Between December 2005 and September 2007, 228 patients were randomized between the treatment cohorts. TAX-3501 was terminated prematurely because of enrollment challenges, leaving it underpowered to detect differences in PFS. After a median follow-up of 3.4 years (interquartile range, 2.3-3.8 years), 39 of 228 patients (17%) demonstrated PSA disease progression, and metastatic disease progression occurred in 1 patient. The median time to baseline testosterone recovery after the completion of treatment was prolonged at 487 days (95% confidence interval, 457-546 days). The nomogram's predicted versus observed freedom from disease progression was significantly different for the combination D(HT) and D(CHT) group ($P < .00001$). **CONCLUSIONS:** TAX-3501 illustrated several difficulties involved in conducting postoperative adjuvant systemic trials in men with high-risk prostate cancer: the lack of consensus regarding patient selection and treatment, the need for long follow-up time, nonvalidated intermediate endpoints, evolving standard approaches, and the need for long-term research support. Except for selected patients at very high-risk of disease recurrence and death, surgical adjuvant trials in patients with prostate cancer may not be feasible. Cancer 2013. © 2013 American Cancer Society.

TÍTULO / TITLE: - Survival Outcome and Treatment Response of Patients with Late Relapse from Renal Cell Carcinoma in the Era of Targeted Therapy.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Jul 30. pii: S0302-2838(13)00746-X. doi: 10.1016/j.eururo.2013.07.031.

●● Enlace al texto completo (gratis o de pago) 1016/j.eururo.2013.07.031

AUTORES / AUTHORS: - Kroeger N; Choueiri TK; Lee JL; Bjarnason GA; Knox JJ; Mackenzie MJ; Wood L; Srinivas S; Vaishamayan UN; Rha SY; Pal SK; Yuasa T; Donskov F; Agarwal N; Tan MH; Bamias A; Kollmannsberger CK; North SA; Rini BI; Heng DY

INSTITUCIÓN / INSTITUTION: - University of Calgary, Tom Baker Cancer Center, Calgary, AB, Canada; University Medicine Greifswald, Department of Urology, Greifswald, Germany.

RESUMEN / SUMMARY: - **BACKGROUND:** A subset of primarily localized renal cell carcinoma (RCC) patients will experience disease recurrence ≥ 5 yr after initial nephrectomy. **OBJECTIVE:** To characterize the clinical outcome of patients with late recurrence beyond 5 yr. **DESIGN, SETTING, AND PARTICIPANTS:** Patients with metastatic RCC (mRCC) treated with targeted therapy were retrospectively characterized according to time to relapse. Relapse was defined as the diagnosis of recurrent metastatic disease >3 mo after initial curative-intent nephrectomy. Patients with synchronous metastatic disease at presentation were excluded. Patients were classified as early relapsers (ERs) if they recurred within 5 yr; late relapsers (LRs) recurred after 5 yr. **OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS:** Demographics were compared with the Student t test, the chi-square test, or the Fisher exact test. The survival time was estimated with the Kaplan-Meier method, and associations with survival outcome were assessed with univariable and multivariable Cox regression analyses. **RESULTS AND LIMITATIONS:** Among 1210 mRCC patients treated with targeted therapy after surgery for localized disease, 897 (74%) relapsed within the first 5 yr and 313 (26%) (range: 5-35 yr) after 5 yr. LRs presented with younger age ($p < 0.0001$), fewer with sarcomatoid features ($p < 0.0001$), more clear cell histology ($p = 0.001$), and lower Fuhrman grade ($p < 0.0001$). Overall objective response rates to targeted therapy were better in LRs versus ERs (31.8% vs 26.5%; $p = 0.004$). LRs had significantly longer progression-free survival (10.7 mo vs 8.5 mo; $p = 0.005$) and overall survival (OS; 34.0 mo vs 27.4 mo; $p = 0.004$). The study is limited by its retrospective design, noncentralized imaging and pathology review, missing information on metastatectomy, and nonstandardized follow-up protocols. **CONCLUSIONS:** A quarter of patients who eventually developed metastatic disease and were treated with targeted therapy relapsed over 5 yr from initial nephrectomy. LRs have more favorable prognostic features and consequently better treatment response and OS.

TÍTULO / TITLE: - Patient-reported outcomes for patients undergoing radical cystectomy: a prospective case-control study.

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

REVISTA / JOURNAL: - Support Care Cancer. 2013 Sep 13.

●● Enlace al texto completo (gratis o de pago) [1007/s00520-013-1946-9](#)

AUTORES / AUTHORS: - Goossens-Laan CA; Kil PJ; Bosch JL; De Vries J

INSTITUCIÓN / INSTITUTION: - Department of Urology, University Medical Centre Utrecht, Utrecht, The Netherlands, ca.goossens-laan@gmail.com.

RESUMEN / SUMMARY: - PURPOSE: The purpose of this study was to measure patient-reported outcomes (PROs) for patients with muscle-invasive bladder cancer (BC) before the diagnosis of BC was known, thus before cystectomy, and until 1 year postcystectomy. The differences in outcomes between a health status (HS) and quality of life (QoL) questionnaires were examined. METHODS: From July 2007 to July 2010, 598 patients with primary hematuria were enrolled in this prospective, multi-centre case-control (CC) study. Patients undergoing radical cystectomy (RC; N = 18) were compared with patients with other causes of hematuria (CC, N = 20). Measurement points were before diagnosis as well as 3, 6 and 12 months postcystectomy. Questionnaires used were the WHOQOL-BREF, SF-12, International Index of Erectile Function, and 10-item STAI-Trait scale. RESULTS: Prediagnosis patients who later appeared to have BC had the same QoL compared to CC patients. The prediagnosis physical component scale of HS and sexual function were significantly lower for RC vs. CC patients. RC patients had a better prediagnostic QoL and HS than postcystectomy at all time points. CONCLUSIONS: This is the first case-control study with a baseline measurement of PROs before the diagnosis of BC was known. It shows lower physical health and sexual function for RC vs. CC before diagnosis is known. Until 1 year postcystectomy, QoL does not return to baseline level. Future studies including comorbidity and smoking history are needed to examine the generalizability of our results.

TÍTULO / TITLE: - Clinical Outcomes in Metastatic Renal Cell Carcinoma Patients Treated with Alternative Sunitinib Schedules.

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

REVISTA / JOURNAL: - J Urol. 2013 Sep 6. pii: S0022-5347(13)05338-X. doi: 10.1016/j.juro.2013.08.090.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.08.090](#)

AUTORES / AUTHORS: - Atkinson BJ; Kalra S; Wang X; Bathala T; Corn P; Tannir NM; Jonasch E

INSTITUCIÓN / INSTITUTION: - University of Texas M. D. Anderson Cancer Center, Department of Pharmacy Clinical Programs, Houston, TX, USA.

RESUMEN / SUMMARY: - PURPOSE: To identify sunitinib alternative schedules (AS) that maintained dose intensity while decreasing adverse events (AEs) in patients with metastatic renal cell cancer (mRCC), and to determine impact of AS on clinical outcomes. PATIENTS AND METHODS: A retrospective review of patients ≥ 18 yr of age with clear-cell mRCC who received first-line sunitinib between 1/26/06 and 3/1/11 at a major Comprehensive Cancer Center. Subset of patients switched at first intolerable AE from traditional schedule (28 d on, 14 d off; TS) to 14 d on/7 d off schedule or other AS. Control group underwent standard dose reduction. Progression-free survival (PFS) and overall survival (OS) were estimated by the Kaplan-Meier method. Predictors of PFS and OS were analyzed using Cox regression. RESULTS: One hundred eighty five patients were included for analysis; 87% were on TS at baseline. During treatment, 53% of patients continued TS and 47% initiated or transitioned to AS. Baseline characteristics were similar. AEs prompting schedule modification included fatigue (64%), hand-foot syndrome (38%) and diarrhea (32%). Median time to AS was 5.6 mo. Median OS was 17.7 mo (95% confidence interval [CI], 10.8-22.2) on TS compared to 33.0 mo (95% CI, 29.3- not estimable) on AS ($P < 0.0001$). By multivariable analysis; poor ECOG PS, increased LDH, decreased albumin, unfavorable Heng criteria, and TS are associated with decreased OS ($P < 0.05$). CONCLUSION: Sunitinib administered on AS may mitigate AEs and has comparable outcomes as TS for mRCC patients. Prospective investigations of alternate dosing schemas are warranted.

TÍTULO / TITLE: - Nephrologist Caseload and Hemodialysis Patient Survival in an Urban Cohort.

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

REVISTA / JOURNAL: - J Am Soc Nephrol. 2013 Oct;24(10):1678-1687. Epub 2013 Aug 8.

●● Enlace al texto completo (gratis o de pago) [1681/ASN.2013020123](#)

AUTORES / AUTHORS: - Harley KT; Streja E; Rhee CM; Molnar MZ; Kovesdy CP; Amin AN; Kalantar-Zadeh K

INSTITUCIÓN / INSTITUTION: - Harold Simmons Center for Kidney Disease Research and Epidemiology, Division of Nephrology and Hypertension, University of California Irvine Medical Center, Orange, California;

RESUMEN / SUMMARY: - Physician caseload may be a predictor of patient outcomes associated with various medical conditions and procedures, but the association between patient-physician ratio and mortality among patients undergoing hemodialysis has not been determined. We examined whether a higher patient-nephrologist ratio affects patient mortality risk using de-identified data from DaVita dialysis clinics and the U.S. Renal Data System. A total of 41 nephrologists with a caseload of 50-200 hemodialysis patients from an urban California region were retrospectively ranked according to their hemodialysis patient mortality rate during a 6-year period between 2001 and 2007. We calculated all-cause mortality hazard ratios

for each nephrologist and compared patient- and provider-level characteristics between the 10 nephrologists with the highest patient mortality rates and the 10 nephrologists with the lowest patient mortality rates. Nephrologists with the lowest patient mortality rates had significantly lower patient caseloads than nephrologists with the highest mortality rates (median [interquartile range], 65 [55-76] versus 103 [78-144] patients per nephrologist, respectively; $P < 0.001$). Additionally, patients treated by nephrologists with the lowest patient mortality rates received higher dialysis doses, had longer sessions, and received more kidney transplants. In demographic characteristic-adjusted analyses, each 50-patient increase in caseload was associated with a 2% increase in patient mortality risk (hazard ratio, 1.02; 95% confidence interval, 1.00 to 1.04; $P < 0.001$). Hence, these results suggest that nephrologist caseload influences hemodialysis patient outcomes, and future research should focus on identifying the factors underlying this association.

TÍTULO / TITLE: - Small tumour size is associated with new-onset chronic kidney disease after radical nephrectomy in patients with renal cell carcinoma.

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

REVISTA / JOURNAL: - Eur J Cancer. 2013 Sep 20. pii: S0959-8049(13)00786-7. doi: 10.1016/j.ejca.2013.08.018.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejca.2013.08.018](#)

AUTORES / AUTHORS: - Jeon HG; Choo SH; Sung HH; Jeong BC; Seo SI; Jeon SS; Choi HY; Lee HM

INSTITUCIÓN / INSTITUTION: - Department of Urology, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Republic of Korea.

RESUMEN / SUMMARY: - **BACKGROUND:** To investigate the impact of tumour size on postoperative glomerular filtration rate (GFR) in patients undergoing radical nephrectomy (RN) for renal cell carcinoma (RCC). **METHODS:** We retrospectively identified 1371 patients who underwent RN between 1995 and 2010. Serum creatinine levels were measured preoperatively, within 7 days of RN, at 3 months, 1 and 3 years. We divided patients into three groups based on tumour size: A: 4 cm, B: 4-7 cm, C: >7 cm. The changes in GFR were compared and multivariate logistic regression was used to analyse the predictive value of tumour size for new-onset chronic kidney disease (CKD, $\text{GFR} < 60 \text{ mL/min/1.73 m}^2$). **RESULTS:** The preoperative GFR was significantly different among the three groups (A: 83.0, B: 82.0, C: 79.4 mL/min/1.73 m^2 , $P = 0.040$). The decrease in GFR from preoperative to within 7 days was greater in group A than in groups B and C (28.2 versus 24.2 versus 18.5 mL/min/1.73 m^2 , $P < 0.001$). The GFR at 1 year postoperative was lower in group A than in group C (58.4 versus 61.5 mL/min/1.73 m^2 , $P = 0.009$), in contrast to preoperative GFR. The incidence of GFR decrease >30% was higher in Group A than in Groups B and C at 1 year (52.4% versus 41.5% versus 33.7%, $P < 0.001$). On multivariate analysis Groups A and B had a 2.37-fold

(95% confidence interval (CI) 1.56-3.60, $P < 0.001$) and 2.24-fold (95% CI 1.49-3.38, $P < 0.001$) higher risk of new-onset CKD compared with Group C. CONCLUSIONS: Small tumour size is associated with CKD after RN. Partial nephrectomy should be considered in patients with tumour size 7cm or less.

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

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Sep 17. doi: 10.1038/bjc.2013.567.

●● [Enlace al texto completo \(gratis o de pago\) 1038/bjc.2013.567](#)

AUTORES / AUTHORS: - Willemse PM; Burggraaf J; Hamdy NA; Osanto S

INSTITUCIÓN / INSTITUTION: - Department of Clinical Oncology, Leiden University Medical Center, Albinusdreef 2, 2333 Leiden, ZA, The Netherlands.

TÍTULO / TITLE: - Evaluation of patient outcome after discontinuation of alfuzosin treatment for benign prostatic hyperplasia: a multicentre, prospective study.

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

REVISTA / JOURNAL: - Int J Clin Pract. 2013 Sep;67(9):870-5. doi: 10.1111/ijcp.12108.

●● [Enlace al texto completo \(gratis o de pago\) 1111/ijcp.12108](#)

AUTORES / AUTHORS: - Chung JH; Lee JY; Kang DH; Jo JK; Lee JW; Lee SH; Lee KS; Kim TH; Han JH; Lee SW

INSTITUCIÓN / INSTITUTION: - Department of Urology, Hanyang University College of Medicine, Seoul, Korea.

RESUMEN / SUMMARY: - Aims: The aim of this study was to assess patient outcome after discontinuation of alfuzosin treatment in patients with benign prostatic hyperplasia (BPH). Methods: This study included 200 BPH patients. Alpha-blockers were discontinued after 12 weeks of treatment when the International Prostatic Symptom Score (IPSS) was reduced to < 8 points, peak urine flow rate (Q_{max}) was increased to ≥ 15 ml/s, the postvoiding residual (PVR) urine volume was ≤ 100 ml and the patient agreed to discontinue treatment. Urinary symptoms of the patients were assessed at 4, 8, 12 and 24 weeks after discontinuation of medication, and surveys were performed asking whether patients wanted to restart administration of medication. Results: Of 200 enrolled patients, 142 (71.00%) received 12 weeks of treatment with 10 mg of alfuzosin. The medication was discontinued in 58 of 142 patients (40.85%) because urinary symptoms had improved. Among these patients, follow-up observations were performed for 49 patients up to 24 weeks after treatment discontinued. Of these 49 patients, 28 (57.14%) showed correct urination without a need to restart treatment up to 24 weeks after the medication was discontinued. The

discontinuation group demonstrated improved voiding symptoms, including Qmax and PVR, relative to the re-administration group at baseline. Furthermore, the discontinuation group showed a smaller prostate volume than the re-administration group ($p = 0.045$). Conclusion: When patients with BPH displayed symptomatic improvement upon treatment with alpha-blockers, the improvements were maintained in a select subpopulation of patients without the need to re-administer the alpha-blockers.

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

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Sep 17. doi: 10.1038/bjc.2013.566.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.566](#)

AUTORES / AUTHORS: - Singhera M; Huddart R

INSTITUCIÓN / INSTITUTION: - Department of Urology, Institute of Cancer Research and The Royal Marsden NHS Foundation Trust, Surrey, UK.

TÍTULO / TITLE: - Pre-treatment neutrophil-to-lymphocyte ratio may be associated with the outcome in patients treated with everolimus for metastatic renal cell carcinoma.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Oct 1;109(7):1755-1759. doi: 10.1038/bjc.2013.522. Epub 2013 Sep 5.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.522](#)

AUTORES / AUTHORS: - Santoni M; De Giorgi U; Iacovelli R; Conti A; Burattini L; Rossi L; Luca Burgio S; Berardi R; Muzzone G; Cortesi E; Amadori D; Cascinu S

INSTITUCIÓN / INSTITUTION: - Clinica di Oncologia Medica, AOU 'Ospedali Riuniti', Università Politecnica delle Marche, Via Tronto 10/A, 60126 Ancona, Italy.

RESUMEN / SUMMARY: - Background: Everolimus is a mammalian target of rapamycin inhibitor approved for the treatment of metastatic renal cell carcinoma (mRCC). We aimed to assess the association between pre-treatment neutrophil-to-lymphocyte ratio (NLR) and the outcome of patients treated with everolimus for mRCC. Methods: Ninety-seven patients with mRCC were treated with everolimus till April 2013 in our institutions. Patients were stratified in two groups with NLR >3 (Group A) vs <3 (Group B). Progression-free survival (PFS) and overall survival (OS) were estimated using Kaplan-Meier method. Gender, age, Motzer prognostic group, PFS on first-line therapy, neutrophilia and NLR were included in the Cox analysis to investigate their prognostic relevance. Results: Median OS and PFS were 10.6 and 5.3 months, respectively. Median OS was 12.2 months in Group A and 24.4 months in

Group B (P=0.001). Median PFS was 3.4 months in Group A and 9.9 months in Group B (P<0.001). At multivariate analysis, only Motzer prognostic group and NLR were independent prognostic factors for OS and PFS. Conclusion: Pre-treatment NLR is an independent prognostic factor for patients with mRCC treated with second- or third-line everolimus. This should be investigated and validated in prospective studies.

TÍTULO / TITLE: - Impact of Bone and Liver Metastases on Patients with Renal Cell Carcinoma Treated with Targeted Therapy.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Aug 15. pii: S0302-2838(13)00833-6. doi: 10.1016/j.eururo.2013.08.012.

●● Enlace al texto completo (gratis o de pago) 1016/j.eururo.2013.08.012

AUTORES / AUTHORS: - McKay RR; Kroeger N; Xie W; Lee JL; Knox JJ; Bjarnason GA; Mackenzie MJ; Wood L; Srinivas S; Vaishampayan UN; Rha SY; Pal SK; Donskov F; Tantravahi SK; Rini BI; Heng DY; Choueiri TK

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Dana-Farber Cancer Institute, Boston, MA, USA.

RESUMEN / SUMMARY: - BACKGROUND: The skeleton and liver are frequently involved sites of metastasis in patients with metastatic renal cell carcinoma (RCC). OBJECTIVE: To analyze outcomes based on the presence of bone metastases (BMs) and/or liver metastases (LMs) in patients with RCC treated with targeted therapy. DESIGN, SETTING, AND PARTICIPANTS: We conducted a review from the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) of 2027 patients with metastatic RCC. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: We analyzed the impact of the site of metastasis on overall survival (OS) and time-to-treatment failure. Statistical analyses were performed using multivariable Cox regression. RESULTS AND LIMITATIONS: The presence of BMs was 34% overall, and when stratified by IMDC risk groups was 27%, 33%, and 43% in the favorable-, intermediate-, and poor-risk groups, respectively (p<0.001). The presence of LMs was 19% overall and higher in the poor-risk patients (23%) compared with the favorable- or intermediate-risk groups (17%) (p=0.003). When patients were classified into four groups based on the presence of BMs and/or LMs, the hazard ratio, adjusted for IMDC risk factors, was 1.4 (95% confidence interval [CI], 1.22-1.62) for BMs, 1.42 (95% CI, 1.17-1.73) for LMs, and 1.82 (95% CI, 1.47-2.26) for both BMs and LMs compared with other metastatic sites (p<0.0001). The prediction model performance for OS was significantly improved when BMs and LMs were added to the IMDC prognostic model (likelihood ratio test p<0.0001). Data in this analysis were collected retrospectively. CONCLUSIONS: The presence of BMs and LMs in patients treated with targeted agents has a negative impact on survival. Patients with BMs and/or LMs may benefit from earlier inclusion on clinical trials of novel agents or combination-based therapies.

TÍTULO / TITLE: - Gain of 1q is associated with inferior event-free and overall survival in patients with favorable histology Wilms tumor: A report from the children's oncology group.

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

REVISTA / JOURNAL: - Cancer. 2013 Aug 26. doi: 10.1002/cncr.28239.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28239](#)

AUTORES / AUTHORS: - Gratas EJ; Jennings LJ; Anderson JR; Dome JS; Grundy P; Perlman EJ

INSTITUCIÓN / INSTITUTION: - Division of Pediatric Hematology/Oncology, T.C. Thompson Children's Hospital, Chattanooga, Tennessee.

RESUMEN / SUMMARY: - BACKGROUND: Wilms tumor is the most common childhood renal tumor. Although the majority of patients with favorable histology Wilms tumor (FHWT) have good outcomes, some patients still experience disease recurrence and death from disease. The goal of the current study was to determine whether tumor-specific chromosome 1q gain is associated with event-free survival (EFS) and overall survival (OS) in patients with FHWT. METHODS: Unilateral FHWT samples were obtained from patients enrolled on National Wilms Tumor Study-4 and Pediatric Oncology Group Wilms Biology Study (POG 9046). 1q gain, 1p loss, and 16q loss were determined using multiplex ligation-dependent probe amplification. RESULTS: The 8-year EFS rate was 87% (95% confidence interval [95% CI], 82%-91%) for the entire cohort of 212 patients. Tumors from 58 of 212 patients (27%) displayed 1q gain. A strong relationship between 1q gain and 1p/16q loss was observed. The 8-year EFS rate was 76% (95% CI, 63%-85%) for patients with 1q gain and 93% (95% CI, 87%-96%) for those lacking 1q gain (P = .0024). The 8-year OS rate was 89% (95% CI, 78%-95%) for those with 1q gain and 98% (95% CI, 94%-99%) for those lacking 1q gain (P = .0075). Gain of 1q was not found to correlate with disease stage (P = .16). After stratification for stage of disease, 1q gain was associated with a significantly increased risk of disease recurrence (risk ratio estimate: 2.72; P = .0089). CONCLUSIONS: Gain of 1q may provide a valuable prognostic marker with which to stratify therapy for patients with FHWT. A confirmatory study is necessary before this biomarker is incorporated into the risk stratification schema of future therapeutic studies. Cancer 2013. © 2013 American Cancer Society.

TÍTULO / TITLE: - Transperineal template-guided biopsy for diagnosis of prostate cancer in patients with at least two prior negative biopsies.

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

REVISTA / JOURNAL: - Wien Klin Wochenschr. 2013 Sep 24.

●● Enlace al texto completo (gratis o de pago) [1007/s00508-013-0421-4](#)

AUTORES / AUTHORS: - Klatter T; Swietek N; Schatzl G; Waldert M

INSTITUCIÓN / INSTITUTION: - Department of Urology, Medical University of Vienna, Wahringergurtel 18-20, 1090, Vienna, Austria.

RESUMEN / SUMMARY: - **OBJECTIVE:** To evaluate the prostate cancer (PCa) detection rate, PCa location, PCa significance and complications of a standardized 24-core template-guided transperineal biopsy (TPB) approach in patients with at least two negative transrectal biopsies. **METHODS:** We prospectively recruited 50 men who had at least two negative transrectal ultrasound-guided extended biopsies in the past 24 months, a prostate-specific antigen (PSA) < 20 ng/mL, a prostate volume < 100 mL, and life expectancy of at least 90 % at 10 years. All patients underwent a standardized 24-core template-guided TPB biopsy. The PCa detection rate, PCa location, PCa significance, and complications were recorded. **RESULTS:** Median age was 57.5 years and the median PSA level was 7.3 ng/ml. PCa was detected in 24 patients (48 %). The anterior zone was involved in 16 (32 %) PCa. Six PCa (25 %) were insignificant. Biopsy related complications occurred in 2 patients (4 %). **CONCLUSIONS:** A 24-core TPB is a safe procedure with a high PCa detection rate. Few of the detected PCa are clinically insignificant. Men with at least two negative transrectal biopsies may be counseled to undergo TPB.

TÍTULO / TITLE: - Adjuvant Chemotherapy for Invasive Bladder Cancer: A 2013 Updated Systematic Review and Meta-Analysis of Randomized Trials.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Aug 28. pii: S0302-2838(13)00861-0. doi: 10.1016/j.eururo.2013.08.033.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.eururo.2013.08.033](#)

AUTORES / AUTHORS: - Leow JJ; Martin-Doyle W; Rajagopal PS; Patel CG; Anderson EM; Rothman AT; Cote RJ; Urun Y; Chang SL; Choueiri TK; Bellmunt J

INSTITUCIÓN / INSTITUTION: - Harvard School of Public Health, Harvard University, Boston, MA, USA; Center for Surgery and Public Health, Brigham and Women's Hospital, Boston, MA, USA; Division of Urology, Brigham and Women's Hospital, Boston, MA, USA.

RESUMEN / SUMMARY: - **CONTEXT:** The role of adjuvant chemotherapy remains poorly defined for the management of muscle-invasive bladder cancer (MIBC). The last meta-analysis evaluating adjuvant chemotherapy, conducted in 2005, had limited power to fully support its use. **OBJECTIVE:** To update the current evidence of the benefit of postoperative adjuvant cisplatin-based chemotherapy compared with control (ie, surgery alone) in patients with MIBC. **EVIDENCE ACQUISITION:** A comprehensive literature review was performed to identify all randomized controlled trials (RCTs) comparing adjuvant cisplatin-based chemotherapy with control for patients with MIBC. The search included the Medline, Embase, Cochrane Central Register of

Controlled Trials databases, and abstracts from the American Society of Clinical Oncology meetings up to May 2013. An updated systematic review and meta-analysis was performed. EVIDENCE SYNTHESIS: A total of 945 patients included in nine RCTs (five previously analyzed, one updated, and three new) were examined. For overall survival, the pooled hazard ratio (HR) across all nine trials was 0.77 (95% confidence interval [CI], 0.59-0.99; $p=0.049$). For disease-free survival, the pooled HR across seven trials reporting this outcome was 0.66 (95% CI, 0.45-0.91; $p=0.014$). This disease-free survival benefit was more apparent among those with positive nodal involvement ($p=0.010$). CONCLUSIONS: This updated and improved meta-analysis of randomized trials provides further evidence of an overall survival and disease-free survival benefit in patients with MIBC receiving adjuvant cisplatin-based chemotherapy after radical cystectomy.

TÍTULO / TITLE: - Early operation is associated with a survival benefit for patients with adhesive bowel obstruction.

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

REVISTA / JOURNAL: - Ann Surg. 2013 Sep;258(3):459-65. doi: 10.1097/SLA.0b013e3182a1b100.

●● [Enlace al texto completo \(gratis o de pago\) 1097/SLA.0b013e3182a1b100](#)

AUTORES / AUTHORS: - Teixeira PG; Karamanos E; Talving P; Inaba K; Lam L; Demetriades D

INSTITUCIÓN / INSTITUTION: - Los Angeles County + University of Southern California Medical Center, Los Angeles.

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate the effect of surgical delay on the outcomes of patients with adhesive small bowel obstruction (ASBO). BACKGROUND: It is generally accepted that patients with uncomplicated ASBO failing nonoperative management should be operated on within 5 days. However, the optimal time of operation within this 5-day period is unknown. METHODS: Patients requiring surgery for ASBO were identified from the National Surgical Quality Improvement Program database. Linear regression was performed to evaluate the impact of incremental surgical delay in mortality and complications. The study population was stratified by time to intervention (24-hour intervals), and logistic regression was performed to adjust for pre-morbid conditions and presentation physiology. The outcomes included 30-day mortality and infectious complications. RESULTS: A total of 4163 patients underwent laparotomy for ASBO. Mortality and complications increased significantly with operative delay. Delay of 24 hours or more was associated with significantly higher mortality: 6.5% vs 3.0%; adjusted odds ratio (AOR) [95% confidence interval (CI), 1.58 (1.12-2.24)]; $P = 0.009$. The delayed operation group (≥ 24 hours) also had significantly higher rates of surgical site infections [12.9% vs 10.0%; AOR (95% CI), 1.33 (1.08-1.62)]; $P = 0.007$, pneumonia (7.9% vs 5.2%; AOR (95% CI), 1.36 (1.04-1.78); $P =$

0.025], sepsis [7.6% vs 5.1%; AOR (95% CI), 1.45 (1.10-1.90); P = 0.007], and septic shock [6.2% vs 3.5%; AOR (95% CI), 1.47 (1.07-2.02); P = 0.018]. Early operation was associated with significantly shorter hospital stay [8.4 +/- 8.3 vs 14.4 +/- 13.5 days; adjusted mean difference (95% CI), -5.2 (-5.9 to -4.4); P<0.001]. CONCLUSIONS: Early operative intervention for patients with ASBO is associated with a significant survival benefit, lower incidence of local and systemic complications, and shorter hospitalization.

TÍTULO / TITLE: - Initial Biopsy Gleason Score as a Predictive Marker for Survival Benefit in Patients with Castration-resistant Prostate Cancer Treated with Docetaxel: Data from the TAX327 Study.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Aug 11. pii: S0302-2838(13)00828-2. doi: 10.1016/j.eururo.2013.08.007.

●● Enlace al texto completo (gratis o de pago) [1016/j.eururo.2013.08.007](#)

AUTORES / AUTHORS: - van Soest RJ; de Morree ES; Shen L; Tannock IF; Eisenberger MA; de Wit R

INSTITUCIÓN / INSTITUTION: - Department of Urology, Erasmus University Medical Center, Rotterdam, The Netherlands. Electronic address: r.vansoest@erasmusmc.nl.

RESUMEN / SUMMARY: - BACKGROUND: Since 2004, docetaxel has been the standard first-line systemic therapy for patients with metastatic castration-resistant prostate cancer (mCRPC). With abiraterone recently becoming available in the predocetaxel setting, it is warranted to identify subgroups of patients who may obtain the greatest benefit from docetaxel and particularly qualify for receiving docetaxel as first-line treatment for mCRPC. OBJECTIVE: We aimed to identify factors that could characterize subgroups of patients who obtain the greatest benefit from the use of docetaxel. DESIGN, SETTING, AND PARTICIPANTS: TAX327 was multinational, randomized, phase 3 study that was conducted from 2000 to 2002 in 1006 men with mCRPC. INTERVENTION: Patients were randomized to receive docetaxel every 3 wk (D3), weekly docetaxel (D1), or mitoxantrone every 3 wk (M3), each with prednisone. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: We investigated whether patients with poorly differentiated tumors (Gleason score ≥ 7) at diagnosis had greater benefit from D3 compared with M3 than patients with better differentiated tumors (Gleason score ≤ 6). Using a Cox model, we compared overall survival (OS) between the treatment groups within each subgroup of Gleason score. RESULTS AND LIMITATIONS: The TAX 327 data showed that the OS benefit of D3 versus M3 was greater in patients with high-grade tumors (median OS: 18.9 vs 14.5 mo; $p=0.009$) than in patients with low-grade tumors (median OS: 21.6 vs 20.7 mo; $p=0.674$). Limitations of a retrospective analysis apply. CONCLUSIONS: The survival benefit obtained with docetaxel is most pronounced in patients with high-Gleason-score tumors (Gleason

>/=7). In a time of shifting paradigms in mCRPC, with abiraterone becoming available prior to docetaxel chemotherapy, Gleason score may help in selecting patients who obtain the greatest benefit from docetaxel as first-line treatment for mCRPC. Prospective validation of these findings is warranted.

TÍTULO / TITLE: - Prevalence of extramedullary relapses is higher after allogeneic stem cell transplantation than after chemotherapy in adult patients with acute myeloid leukemia.

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

REVISTA / JOURNAL: - Leuk Res. 2013 Sep 5. pii: S0145-2126(13)00299-3. doi: 10.1016/j.leukres.2013.08.017.

●● Enlace al texto completo (gratis o de pago) 1016/j.leukres.2013.08.017

AUTORES / AUTHORS: - Shimizu H; Saitoh T; Hatsumi N; Takada S; Handa H; Jimbo T; Sakura T; Miyawaki S; Nojima Y

INSTITUCIÓN / INSTITUTION: - Department of Medicine and Clinical Science, Gunma University, Gunma, Japan. Electronic address: hiroakis@ked.biglobe.ne.jp.

RESUMEN / SUMMARY: - Although studies have demonstrated a high prevalence of extramedullary (EM) relapse after allogeneic stem cell transplantation (allo-SCT) in patients with acute myeloid leukemia (AML), the prevalence of EM relapse has not been compared with that after chemotherapy. This study investigated the prevalence of EM relapse among 498 adult AML patients (median age, 57 years; range, 15-82 years) who underwent intensive chemotherapy. A total of 281 relapses occurred in 210 patients (36 after allo-SCT; 245 after chemotherapy), and 33 relapses (11.7%) were accompanied by EM disease. Among these relapses, EM disease was more frequently observed at relapse after allo-SCT than after chemotherapy (25% vs. 9%, respectively; $p=0.008$). Eight of 33 relapses after the first allo-SCT had EM disease, and only presence of extensive chronic graft-versus-host disease (GVHD) was identified as a predisposing factor for EM relapse. Additionally, the 1-year overall survival rate after relapse was not significantly different when comparing those with EM relapse and those with BM relapse (38% vs. 16%, respectively; $p=0.279$). These data suggest that AML patients undergoing allo-SCT should be closely followed for signs of EM relapse, especially those with extensive chronic GVHD.

TÍTULO / TITLE: - Efficacy of postoperative adjuvant transfusion of cytokine-induced killer cells combined with chemotherapy in patients with colorectal cancer.

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

REVISTA / JOURNAL: - Cancer Immunol Immunother. 2013 Oct;62(10):1629-35. doi: 10.1007/s00262-013-1465-z. Epub 2013 Aug 23.

●● Enlace al texto completo (gratis o de pago) 1007/s00262-013-1465-z

AUTORES / AUTHORS: - Zhu Y; Zhang H; Li Y; Bai J; Liu L; Liu Y; Qu Y; Qu X

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Guangdong Provincial Hospital of Chinese Medicine, N.O. 111, Dade Road, Guangzhou, 510120, Guangdong Province, China.

RESUMEN / SUMMARY: - **PURPOSE:** To assess the activity and safety of postoperative adjuvant immunotherapy with transfusion of cytokine-induced killer (CIK) cells combined with chemotherapy in patients with colorectal cancer. **METHODS:** We retrospectively studied 96 consecutive patients with colorectal cancer who were treated with resection between January 2010 and December 2012 as well as adjuvant chemotherapy. Twenty-one of these patients accepted at least 1 cycle of CIK cell transfusion for immunotherapy (CIK group). Disease free survival (DFS), immune cells and treatment related side effects were assessed. The patients were followed up until May 2013. **RESULTS:** By the end of follow-up, 10 patients (10.42 %) had died. Eighteen patients (18.75 %) had withdrawn. All the patients in the CIK group are still alive, and only 1 patient had withdrawn. Patients in the CIK group had significantly longer DFS than those in the control group [HR = 0.28, 95 % CI (0.09, 0.91), p = 0.034]. The 2-year DFS rates of patients in the CIK group and the control group were 59.65 +/- 24.80 % and 29.35 +/- 6.39 %, respectively. The CD4(+)/CD8(+) ratios were significantly lower during the period of chemotherapy than those before chemotherapy (p = 0.0038), while the ratios were significantly higher during the period of CIK cell transfusion than those before CIK therapy (p = 0.0484). There were no immediate adverse reactions to the CIK cell transfusions. **CONCLUSION:** Adjuvant transfusion of CIK cells prolongs DFS in patients with colorectal cancer.

TÍTULO / TITLE: - Intranasal Delivery of Mesenchymal Stem Cells Significantly Extends Survival of Irradiated Mice with Experimental Brain Tumors.

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

REVISTA / JOURNAL: - Mol Ther. 2013 Sep 3. doi: 10.1038/mt.2013.199.

●● [Enlace al texto completo \(gratis o de pago\) 1038/mt.2013.199](#)

AUTORES / AUTHORS: - Balyasnikova IV; Prasol MS; Ferguson SD; Han Y; Ahmed AU; Gutova M; Tobias AL; Mustafi D; Rincon E; Zhang L; Aboody KS; Lesniak MS

INSTITUCIÓN / INSTITUTION: - The Brain Tumor Center, The University of Chicago, Chicago, IL 60637, USA.

RESUMEN / SUMMARY: - Treatment options of glioblastoma multiforme are limited due to the blood brain barrier. In this study, we investigated the utility of intranasal delivery as a means of transporting stem cell based anti-glioma therapeutics. We hypothesized that mesenchymal stem cells (MSCs) delivered via nasal application could impart therapeutic efficacy when expressing TNF-related apoptosis-inducing ligand (TRAIL) in a model of human glioma. ¹¹¹In-oxine, histology and magnetic resonance imaging were utilized to track MSCs within the brain and associated tumor. We

demonstrate that MSCs can penetrate the brain from nasal cavity and infiltrate intracranial glioma xenografts in a mouse model. Furthermore, irradiation of tumor-bearing mice tripled the penetration of In111-oxine labeled MSCs in the brain with a five-fold increase in cerebellum. Significant increase in CXCL12 expression was observed in irradiated xenograft tissue, implicating a CXCL12-dependent mechanism of MSCs migration towards irradiated glioma xenografts. Finally, MSCs expressing TRAIL improved the median survival of irradiated mice bearing intracranial U87 glioma xenografts in comparison with non-irradiated and irradiated control mice. Cumulatively, our data suggest that intranasal delivery of stem cell-based therapeutics is a feasible and highly efficacious treatment modality, allowing for repeated application of modified stem cells to target malignant glioma. *Molecular Therapy* (2013); doi:10.1038/mt.2013.199.

TÍTULO / TITLE: - Cross-validation analysis of the prognostic significance of mucin expression in patients with resected non-small cell lung cancer treated with adjuvant chemotherapy: Results from IALT, JBR.10 and ANITA.

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

REVISTA / JOURNAL: - *Lung Cancer*. 2013 Oct;82(1):149-55. doi: 10.1016/j.lungcan.2013.06.015. Epub 2013 Aug 4.

●● Enlace al texto completo (gratis o de pago) [1016/j.lungcan.2013.06.015](#)

AUTORES / AUTHORS: - Graziano SL; Lacas B; Vollmer R; Kratzke R; Popper H; Filipits M; Seymour L; Shepherd FA; Rosell R; Veillard AS; Taron M; Pignon JP

INSTITUCIÓN / INSTITUTION: - Department of Medicine, State University of New York Upstate Medical University, Syracuse, NY, USA(2). Electronic address:

grazians@upstate.edu.

RESUMEN / SUMMARY: - INTRODUCTION: CALGB 9633 was a randomized trial of observation versus adjuvant chemotherapy for patients with stage IB non-small cell lung cancer (NSCLC). In CALGB 9633, the presence of mucin in the primary tumor was associated with shorter disease-free survival (DFS; hazard ratio (HR)=1.9, p=0.002) and overall survival (OS; HR=1.9, p=0.004). METHODS: To validate these results, mucin staining was performed on primary tumor specimens from 780 patients treated on IALT, 351 on JBR.10 and 150 on ANITA. The histochemical technique using mucicarmine was performed. The prognostic value of mucin for DFS and OS was tested in a Cox model stratified by trial and adjusted for clinical and pathological factors. A pooled analysis of all 4 trials was performed for the predictive value of mucin for benefit from adjuvant chemotherapy. RESULTS: The cross-validation group had 48% squamous, 37% adenocarcinoma and 15% other NSCLC compared with 29%, 56%, and 15%, respectively in CALGB. Among 1262 patients with assessable results, mucin was positive in IALT 24%, JBR.10 30%, ANITA 22% compared with 45% in CALGB. Histology was the only significant covariate (p<0.0001) in multivariate analysis with mucin seen

more commonly in adenocarcinoma (56%) compared with squamous (5%) and other NSCLC (15%). Mucin was a borderline negative prognostic factor for DFS (HR=1.2 [1.0-1.5], p=0.06) but not significantly so for OS (HR=1.1 [0.9-1.4], p=0.25). Prognostic value did not vary according to histology: HR=1.3 [1.0-1.6] in adenocarcinoma vs. 1.6 [1.2-2.2] for DFS in other histology (interaction p=0.69). Mucin status was not predictive for benefit from adjuvant chemotherapy (test of interaction: DFS p=0.27; OS p=0.49). CONCLUSIONS: Mucin was less frequent in the cross-validation group due to its higher percentage of squamous cell carcinomas. The negative impact of mucin was confirmed for DFS but not for OS. Mucin expression was not predictive of overall survival benefit from adjuvant chemotherapy.

TÍTULO / TITLE: - Response endpoints and failure-free survival after initial treatment for acute graft-versus-host disease.

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

REVISTA / JOURNAL: - Haematologica. 2013 Sep 20.

●● [Enlace al texto completo \(gratis o de pago\) 3324/haematol.2013.093062](#)

AUTORES / AUTHORS: - Inamoto Y; Martin PJ; Storer BE; Mielcarek M; Storb RF; Carpenter PA

INSTITUCIÓN / INSTITUTION: - USA;

RESUMEN / SUMMARY: - We evaluated short-term response endpoints for acute graft-versus-host disease treatment trials. We postulated that response endpoints should correlate with reduced symptom burden and decreased subsequent treatment failure defined as nonrelapse mortality, recurrent malignancy, or additional systemic treatment. The cohort included 303 consecutive patients who received initial systemic steroid treatment for acute graft-versus-host disease. Response was evaluated at day 28 after initial treatment, which in all cases preceded the onset of chronic graft-versus-host disease. At day 28, 36% of patients had complete response, 26% very good partial response, 10% other partial response and 28% no response. As expected, the symptom burden was lower in patients with very good partial response compared to those with other partial response. The frequencies of subsequent treatment failure were similar in patients with complete and very good partial response, but lower than in patients with other partial response or no response at day 28. The frequency of second-line treatment was lower in patients with very good partial response than in those with other partial response. Risk factors associated with a lower probability of complete or very good partial response at day 28 were unrelated or human leukocyte antigen-mismatched related donor grafts and liver or gastrointestinal involvement at onset of initial treatment. Taken together, these results suggest that endpoints in acute graft-versus-host disease treatment trials should distinguish between very good partial response and other partial response. Our results support the use of complete or very good partial response at day 28 as an appropriate short-term primary endpoint.

TÍTULO / TITLE: - A randomized phase II study comparing erlotinib versus erlotinib with alternating chemotherapy in relapsed non-small-cell lung cancer patients: the NVALT-10 study.

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

REVISTA / JOURNAL: - Ann Oncol. 2013 Aug 28.

●● Enlace al texto completo (gratis o de pago) [1093/annonc/mdt341](#)

AUTORES / AUTHORS: - Aerts JG; Codrington H; Lankheet NA; Burgers S; Biesma B; Dingemans AM; Vincent AD; Dalesio O; Groen HJ; Smit EF

INSTITUCIÓN / INSTITUTION: - Department of Pulmonary Diseases, Amphia Hospital, Breda.

RESUMEN / SUMMARY: - BACKGROUND: Epidermal growth factor receptor tyrosine kinase inhibitors (TKIs) administered concurrently with chemotherapy did not improve outcome in non-small-cell lung cancer (NSCLC). However, in preclinical models and early phase noncomparative studies, pharmacodynamic separation of chemotherapy and TKIs did show a synergistic effect. PATIENTS AND METHODS: A randomized phase II study was carried out in patients with advanced NSCLC who had progressed on or following first-line chemotherapy. Erlotinib 150 mg daily (monotherapy) or erlotinib 150 mg during 15 days intercalated with four 21-day cycles docetaxel for squamous (SQ) or pemetrexed for nonsquamous (NSQ) patients was administered (combination therapy). After completion of chemotherapy, erlotinib was continued daily. Primary end point was progression-free survival (PFS). RESULTS: Two hundred and thirty-one patients were randomized, 115 in the monotherapy arm and 116 in the combination arm. The adjusted hazard ratio for PFS was 0.76 [95% confidence interval (CI) 0.58-1.02; P = 0.06], for overall survival (OS) 0.67 (95% CI 0.49-0.91; P = 0.01) favoring the combination arm. This improvement was primarily observed in NSQ subgroup. Common Toxicity Criteria grade 3+ toxic effect occurred in 20% versus 56%, rash in 7% versus 15% and febrile neutropenia in 0% versus 6% in monotherapy and combination therapy, respectively. CONCLUSIONS: PFS was not significantly different between the arms. OS was significantly improved in the combination arm, an effect restricted to NSQ histology. STUDY REGISTRATION NUMBER: NCT00835471.

TÍTULO / TITLE: - Association of Smoking History with Cancer Recurrence and Survival in Stage III-IV Male Gastric Cancer Patients.

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

REVISTA / JOURNAL: - Cancer Epidemiol Biomarkers Prev. 2013 Sep 18.

●● Enlace al texto completo (gratis o de pago) [1158/1055-9965.EPI-13-0385](#)

AUTORES / AUTHORS: - Han MA; Kim YW; Choi IJ; Oh MG; Kim CG; Lee JY; Cho SJ; Eom BW; Yoon HM; Ryu KW

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Department of Preventive Medicine, College of Medicine; Department of Medicine, Graduate School, Chosun University, Gwangju; Center for Gastric Cancer, National Cancer Center, Goyang; and Department of Internal Medicine, Haengchon Medical Foundation, Haenam General Hospital, Haenam, Republic of Korea.

RESUMEN / SUMMARY: - **BACKGROUND:** Smoking and drinking alcohol are major risk factors for cancer development, and we investigated their effects on gastric cancer prognosis following initial resection. **METHODS:** Data from male patients with stage III-IV gastric adenocarcinoma who underwent surgery between 2001 and 2006 were retrospectively reviewed. Patients were followed up until 2011. Kaplan-Meier plots and Cox proportional hazards regressions were applied for survival rates. **RESULTS:** Among 238 patients, 151 (63.4%) smoked and 146 (61.3%) drank alcohol. Current smokers had an increased risk of cancer recurrence or death from any cause [adjusted HR (aHR), 1.94; 95% confidence interval (CI), 1.18-3.21], cancer recurrence (aHR, 1.89; 95% CI, 1.12-3.21), and overall mortality (aHR, 2.14; 95% CI, 1.23-3.73) compared with never-smokers. Patients with a lifetime cigarette smoking of <40 and ≥40 pack-years had increased cancer recurrence or death from any cause (aHR, 1.72 and 2.43, respectively; 95% CI, 1.03-2.86 and 1.38-4.30, respectively), cancer recurrence (aHR, 1.63 and 2.61, respectively; 95% CI, 0.95-2.79 and 1.43-4.77, respectively), and overall mortality (aHR, 1.92 and 2.75, respectively; 95% CI, 1.09-3.38 and 1.47-5.12, respectively) compared with never-smokers. However, drinking alcohol was not associated with postsurgery survival. **CONCLUSIONS:** Cigarette-smoking history at the time of diagnosis, but not drinking history, is associated with cancer recurrence and poor survival after surgery in male patients with stage III-IV gastric cancer. **IMPACT:** These findings encourage physicians to advise patients with gastric cancer to stop smoking to obtain a general health benefit and likely improvement in the gastric cancer course. *Cancer Epidemiol Biomarkers Prev*; 1-8. ©2013 AACR.

TÍTULO / TITLE: - Denileukin diftitox (ONTAK) induces a tolerogenic phenotype in dendritic cells and stimulates survival of resting Treg.

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

REVISTA / JOURNAL: - *Blood*. 2013 Sep 26;122(13):2185-94. doi: 10.1182/blood-2012-09-456988. Epub 2013 Aug 19.

●● Enlace al texto completo (gratis o de pago) [1182/blood-2012-09-456988](#)

AUTORES / AUTHORS: - Baur AS; Lutz MB; Schierer S; Beltrame L; Theiner G; Zinser E; Ostalecki C; Heidkamp G; Haendle I; Erdmann M; Wiesinger M; Leisgang W; Gross S; Pommer AJ; Kampgen E; Dudziak D; Steinkasserer A; Cavalieri D; Schuler-Thurner B; Schuler G

INSTITUCIÓN / INSTITUTION: - Department of Dermatology, University Hospital Erlangen, Erlangen, Germany;

RESUMEN / SUMMARY: - Denileukin diftotox (DD), a diphtheria toxin fragment IL-2 fusion protein, is thought to target and kill CD25(+) cells. It is approved for the treatment of cutaneous T-cell lymphoma and is used experimentally for the depletion of regulatory T cells (Treg) in cancer trials. Curiously enough, clinical effects of DD did not strictly correlate with CD25 expression, and Treg depletion was not confirmed unambiguously. Here, we report that patients with melanoma receiving DD immediately before a dendritic cell (DC) vaccine failed to develop a tumor-antigen-specific CD4 and CD8 T-cell immune response even after repeated vaccinations. Analyzing the underlying mechanism, so far we found unknown effects of DD. First, DD modulated DCs toward tolerance by downregulating costimulatory receptors such as CD83 and CD25 while upregulating tolerance-associated proteins/pathways including Stat-3, beta-catenin, and class II transactivator-dependent antigen presentation. Second, DD blocked Stat3 phosphorylation in maturing DCs. Third, only activated, but not resting, Treg internalized DD and were killed. Conversely, resting Treg showed increased survival because of DD-mediated antiapoptotic IL-2 signaling. We conclude that DD exerts functions beyond CD25(+) cell killing that may affect their clinical use and could be tested for novel indications. This trial was registered at www.clinicaltrials.gov, #NCT00056134.

TÍTULO / TITLE: - DOCK8 is critical for the survival and function of NKT cells.

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

REVISTA / JOURNAL: - Blood. 2013 Sep 19;122(12):2052-61. doi: 10.1182/blood-2013-02-482331. Epub 2013 Aug 8.

●● Enlace al texto completo (gratis o de pago) 1182/blood-2013-02-482331

AUTORES / AUTHORS: - Crawford G; Enders A; Gileadi U; Stankovic S; Lambe T; Crockford TL; Lockstone HE; Freeman A; Arkwright PD; Smart JM; Ma CS; Tangye SG; Goodnow CC; Cerundolo V; Godfrey DI; Su HC; Randall KL; Cornall RJ

INSTITUCIÓN / INSTITUTION: - Medical Research Council Human Immunology Unit, Weatherall Institute for Molecular Medicine, Oxford University, John Radcliffe Hospital, Oxford, United Kingdom;

RESUMEN / SUMMARY: - Patients with the defector of cytokines 8 (DOCK8) immunodeficiency syndrome suffer from recurrent viral and bacterial infections, hyper-immunoglobulin E levels, eczema, and greater susceptibility to cancer. Because natural killer T (NKT) cells have been implicated in these diseases, we asked if these cells were affected by DOCK8 deficiency. Using a mouse model, we found that DOCK8 deficiency resulted in impaired NKT cell development, principally affecting the formation and survival of long-lived, differentiated NKT cells. In the thymus, DOCK8-deficient mice lack a terminally differentiated subset of NK1.1(+) NKT cells expressing the integrin CD103, whereas in the liver, DOCK8-deficient NKT cells express reduced levels of the prosurvival factor B-cell lymphoma 2 and the integrin lymphocyte

function-associated antigen 1. Although the initial NKT cell response to antigen is intact in the absence of DOCK8, their ongoing proliferative and cytokine responses are impaired. Importantly, a similar defect in NKT cell numbers was detected in DOCK8-deficient humans, highlighting the relevance of the mouse model. In conclusion, our data demonstrate that DOCK8 is required for the development and survival of mature NKT cells, consistent with the idea that DOCK8 mediates survival signals within a specialized niche. Accordingly, impaired NKT cell numbers and function are likely to contribute to the susceptibility of DOCK8-deficient patients to recurrent infections and malignant disease.

TÍTULO / TITLE: - MicroRNA-146a regulates survival and maturation of human plasmacytoid dendritic cells.

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

REVISTA / JOURNAL: - Blood. 2013 Sep 6.

●● [Enlace al texto completo \(gratis o de pago\) 1182/blood-2012-12-475087](#)

AUTORES / AUTHORS: - Karrich JJ; Jachimowski LC; Libouban M; Iyer A; Brandwijk K; Taanman-Kueter EW; Nagasawa M; de Jong EC; Uittenbogaart CH; Blom B

INSTITUCIÓN / INSTITUTION: - Department of Cell Biology and Histology, Academic Medical Center, University of Amsterdam, Amsterdam, Netherlands;

RESUMEN / SUMMARY: - During microbial infections, plasmacytoid dendritic cells (pDCs) are a main source of type I interferons (IFNs)-alpha/beta. Nucleic acids from microbes are sensed by Toll-like-receptor (TLR)-7/9, which are selectively expressed in pDCs. Activated pDCs also produce pro-inflammatory cytokines and upregulate co-stimulatory molecules. Together this equips pDCs with the ability to prime T, B, and NK cells and conventional ©-DCs, thereby initiating adaptive immune responses. To avoid deleterious effects to the host, tight regulation of pDC activation is required. Despite numerous data linking aberrant activation of pDCs with autoimmune diseases, little is known about mechanisms controlling pDC activation. Here, we investigated the role of microRNA-146a (miR-146a) in TLR pathway regulation in human pDCs. We show that miR-146a expression was induced upon TLR7/9 signalling. Furthermore, ectopic miR-146a expression effectively impaired TLR-mediated signalling in pDCs as TLR-induced NF-kappaB activation was reduced. This consequently diminished the production of pro-inflammatory cytokines, and reduced pDC survival. Moreover, miR-146a expressing pDCs had decreased ability to induce CD4+ T cell proliferation likely due to reduced expression levels of MHCII and co-stimulatory molecules. Taken together, these data unravel the crucial immunomodulatory role of miR-146a in pDCs and may add to our understanding of aberrant responses in autoimmune diseases.

TÍTULO / TITLE: - LOXL2 expression is associated with invasiveness and negatively influences survival in breast cancer patients.

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

REVISTA / JOURNAL: - Breast Cancer Res Treat. 2013 Aug;141(1):89-99. doi: 10.1007/s10549-013-2662-3. Epub 2013 Aug 10.

●● Enlace al texto completo (gratis o de pago) [1007/s10549-013-2662-3](#)

AUTORES / AUTHORS: - Ahn SG; Dong SM; Oshima A; Kim WH; Lee HM; Lee SA; Kwon SH; Lee JH; Lee JM; Jeong J; Lee HD; Green JE

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Gangnam Severance Hospital, Yonsei University College of Medicine, 712 Eonjuro, Gangnam-gu, Seoul, Republic of Korea.

RESUMEN / SUMMARY: - Lysyl oxidase-like 2 (LOXL2) is associated with invasiveness and metastasis in breast cancer. We analyzed the prognostic impact of LOXL2 for breast cancer patients and investigated the role of LOXL2 in breast cancer cell lines. Immunohistochemical study of LOXL2 expression was done in samples from 309 patients. Survival analysis was performed using log-rank test and Cox regression hazard model. After identification of LOXL2 expression in breast cancer cell lines, we performed matrigel invasion and wound-healing assays with LOXL2-silenced cell lines. In the human study, LOXL2 was expressed in 16.2 % of patients. Comparing the LOXL2-positive versus negative groups, there was a significantly higher proportion of estrogen receptor-negative patients (54.0 vs. 37.0 %, respectively; $p = 0.029$) and triple-negative patients (34.0 vs. 18.0 %; $p = 0.022$) in the positive group. In multivariate analysis for overall survival and metastasis-free survival, positive LOXL2 was demonstrated as a poor prognostic factor (HR 2.27 and 2.10, respectively). In vitro study indicated that LOXL2 silencing induces a mesenchymal-epithelial transition-like process in basal cell lines (MDA-MB-231 and BT549) associated with decreased invasive and migratory properties. These clinical and preclinical data confirm that higher LOXL2 expression is associated with invasiveness of basal-like breast cancer cells and lower survival of breast cancer patients. Our results suggest the clinical value of LOXL2 as a therapeutic target in breast cancer.

TÍTULO / TITLE: - Hypothyroidism after 3-dimensional conformal radiotherapy and intensity modulated radiotherapy for head and neck cancers: Prospective data from two randomized controlled trials.

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

REVISTA / JOURNAL: - Head Neck. 2013 Aug 30. doi: 10.1002/hed.23482.

●● Enlace al texto completo (gratis o de pago) [1002/hed.23482](#)

AUTORES / AUTHORS: - Murthy V; Narang K; Ghosh-Laskar S; Gupta T; Budrukkar A; Agrawal JP

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Tata Memorial Centre, Mumbai, India.

RESUMEN / SUMMARY: - Background: This study aimed to determine the incidence of hypothyroidism after chemoradiation in head and neck squamous cell cancers (HNSCC). Methods: 122 patients treated with 3DCRT (70Gy/35#) or IMRT (66Gy/30#) in two identical simultaneous randomized trials were studied. Thyroid function was assessed at baseline and 3-6 monthly. Development of subclinical (TSH >4.67microIU/ml) or biochemical (T4 <4.5microg/dl) hypothyroidism was noted. Multivariate analyses were done to determine the factors associated with hypothyroidism. Results: At a median of 41 months, 55.1% patients developed hypothyroidism (39.3% subclinical, 15.7% biochemical). IMRT arm had higher subclinical hypothyroidism (51.1% vs 27.3%, p=0.021) peaking around 1 year post radiotherapy in both arms. Younger age, hypopharynx/larynx primary, node positivity, higher dose/fraction (IMRT arm) and D100 were statistically significant factors for developing hypothyroidism. Conclusion: Post radiotherapy hypothyroidism peaks at 1 year. Higher dose per fraction possibly led to greater incidence of hypothyroidism in the IMRT cohort. Head Neck, 2013.

TÍTULO / TITLE: - Class III beta-tubulin overexpression within the tumor microenvironment is a prognostic biomarker for poor overall survival in ovarian cancer patients treated with neoadjuvant carboplatin/paclitaxel.

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

REVISTA / JOURNAL: - Clin Exp Metastasis. 2013 Sep 5.

●● Enlace al texto completo (gratis o de pago) [1007/s10585-013-9614-5](#)

AUTORES / AUTHORS: - Roque DM; Buza N; Glasgow M; Bellone S; Bortolomai I; Gasparini S; Cocco E; Ratner E; Silasi DA; Azodi M; Rutherford TJ; Schwartz PE; Santin AD

INSTITUCIÓN / INSTITUTION: - Division of Gynecologic Oncology, Yale University School of Medicine, 333 Cedar Street FMB 328, Box 208063, New Haven, CT, 06520, USA.

RESUMEN / SUMMARY: - Critics have suggested that neoadjuvant chemotherapy (NACT) followed by interval debulking may select for resistant clones or cancer stem cells when compared to primary cytoreduction. beta-tubulins are chemotherapeutic targets of taxanes and epothilones. Class III beta-tubulin overexpression has been linked to chemoresistance and hypoxia. Herein, we describe changes in class III beta-tubulin in patients with advanced ovarian carcinoma in response to NACT, in relationship to clinical outcome, and between patients who underwent NACT versus primary debulking; we characterize in vitro chemosensitivity to paclitaxel/patupilone of cell lines established from this patient population, and class III beta-tubulin expression following repeated exposure to paclitaxel. Using immunohistochemistry, we observed among 22 paired specimens obtained before/after NACT decreased expression of class

III beta-tubulin following therapy within stroma ($p = 0.07$), but not tumor ($p = 0.63$). Poor median overall survival was predicted by high levels of class III beta-tubulin in both tumor (HR 3.66 [1.11,12.05], $p = 0.03$) and stroma (HR 4.53 [1.28,16.1], $p = 0.02$). Class III beta-tubulin expression by quantitative-real-time-polymerase-chain-reaction was higher among patients who received NACT ($n = 12$) compared to primary cytoreduction ($n = 14$) (mean \pm SD fold-change: 491.2 \pm 115.9 vs. 224.1 \pm 55.66, $p = 0.037$). In vitro subculture with paclitaxel resulted in class III beta-tubulin upregulation, however, cell lines that overexpressed class III beta-tubulin remained sensitive to paclitaxel. Overexpression of class III beta-tubulin in patients dispositioned to NACT may thus identify an intrinsically aggressive phenotype, and predict poor overall survival and paclitaxel resistance. Decreases in stromal expression may represent normalization of the tumor microenvironment following therapy. Epothilones warrant study for patients who have received neoadjuvant carboplatin and paclitaxel.

TÍTULO / TITLE: - Intraislet SLIT-ROBO signaling is required for beta-cell survival and potentiates insulin secretion.

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

REVISTA / JOURNAL: - Proc Natl Acad Sci U S A. 2013 Sep 24.

●● [Enlace al texto completo \(gratis o de pago\) 1073/pnas.1214312110](#)

AUTORES / AUTHORS: - Yang YH; Manning Fox JE; Zhang KL; Macdonald PE; Johnson JD

INSTITUCIÓN / INSTITUTION: - Department of Cellular and Physiological Sciences, University of British Columbia, Vancouver, BC, Canada V6T 1Z3.

RESUMEN / SUMMARY: - We previously cataloged putative autocrine/paracrine signaling loops in pancreatic islets, including factors best known for their roles in axon guidance. Emerging evidence points to nonneuronal roles for these factors, including the Slit-Roundabout receptor (Robo) family, in cell growth, migration, and survival. We found SLIT1 and SLIT3 in both beta cells and alpha cells, whereas SLIT2 was predominantly expressed in beta cells. ROBO1 and ROBO2 receptors were detected in beta and alpha cells. Remarkably, even modest knockdown of Slit production resulted in significant beta-cell death, demonstrating a critical autocrine/paracrine survival role for this pathway. Indeed, recombinant SLIT1, SLIT2, and SLIT3 decreased serum deprivation, cytokine, and thapsigargin-induced cell death under hyperglycemic conditions. SLIT treatment also induced a gradual release of endoplasmic reticulum luminal Ca^{2+} , suggesting a unique molecular mechanism capable of protecting beta cells from endoplasmic reticulum stress-induced apoptosis. SLIT treatment was also associated with rapid actin remodeling. SLITs potentiated glucose-stimulated insulin secretion and increased the frequency of glucose-induced Ca^{2+} oscillations. These observations point to unexpected roles for local Slit secretion in the survival and function of pancreatic beta cells. Because diabetes results from a deficiency in functional beta-cell

mass, these studies may contribute to therapeutic approaches for improving beta-cell survival and function.

TÍTULO / TITLE: - Sentinel Lymph Node Biopsy Versus Axillary Lymphadenectomy in Patients Treated with Lumpectomy: An Analysis of Short-Term Outcomes.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Sep 18.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3248-3](#)

AUTORES / AUTHORS: - Khavanin N; Gart MS; Berry T; Thornton B; Saha S; Kim JY

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Feinberg School of Medicine, Northwestern University, Chicago, IL, USA.

RESUMEN / SUMMARY: - **BACKGROUND:** Sentinel lymph node biopsy (SLNB) has been shown to reduce many of the long-term complications associated with a traditional axillary lymph node dissection (ALND); however, short-term outcomes have yet to be characterized. This study was designed to identify trends and differences in 30-day outcomes of partial mastectomy with concurrent SLNB or complete ALND to more effectively determine which patients may be at risk for perioperative complications. **METHODS:** A retrospective review of the National Surgical Quality Improvement Program database from 2010 to 2011 was performed to identify all female patients undergoing partial mastectomy with concurrent ALND or SLNB. Logistic regression analysis was used to investigate the relationship between surgical management of the axilla and 30-day complications and readmissions. **RESULTS:** Of the 6,841 patients identified, 1,877 (27.4 %) received a complete ALND. Overall, the ALND cohort demonstrated significantly more readmissions and reoperations, as well as longer operative times and fewer outpatient procedures. No difference was detected in postoperative complications between the two groups. However, after adjusting for potential confounders, ALND did not predict increased risk of 30-day morbidity or unplanned 30-day readmission compared with SLNB in patients undergoing partial mastectomy. **CONCLUSIONS:** After adjusting for potential confounders, ALND does not significantly increase the risk of 30-day postoperative overall morbidity or readmission compared with SLNB. Improvement of postoperative outcomes should focus on management of high-risk patients and perioperative complications regardless of surgical management of the axilla.

TÍTULO / TITLE: - Multimodal exercise training during myeloablative chemotherapy: a prospective randomized pilot trial.

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

REVISTA / JOURNAL: - Support Care Cancer. 2013 Aug 29.

●● Enlace al texto completo (gratis o de pago) [1007/s00520-013-1927-z](#)

AUTORES / AUTHORS: - Oechsle K; Aslan Z; Suesse Y; Jensen W; Bokemeyer C; de Wit M

INSTITUCIÓN / INSTITUTION: - Pneumology Section, Department of Oncology, Hematology and Bone Marrow Transplantation, University Medical Center Eppendorf, Hamburg, Germany.

RESUMEN / SUMMARY: - PURPOSE: Cancer and its treatment-related side effects induce loss of physical performance. This study evaluated the effects of multimodal aerobic and strength exercises on physical performance in hospitalized cancer patients while receiving myeloablative chemotherapy. METHODS: In this prospective pilot study, 48 evaluable patients were randomly assigned to a training (TG, n = 24) or control (CG, n = 24) group. The TG performed an individually supervised exercise program five times a week with ergometer training and strength exercises for 20 min each during the hospitalization period for chemotherapy. The CG received standard physiotherapy. Physical performance was evaluated using spiroergometry, lung function, and muscle strength testing. Treatment-related side effects were assessed by daily interviews, quality of life by EORTC-QLQ-C30, and fatigue using the Modified Fatigue Impact Scale (MFIS) questionnaire. RESULTS: Physical performance significantly increased in the TG (8.96 +/- 24 W) and decreased in the CG (-7.24 +/- 20 W, p = 0.02). At 2-mmol/ml blood lactate concentration, the TG achieved significantly increased oxygen consumption (p = 0.03) and expiratory minute ventilation (p = 0.04) compared to the CG. Furthermore, physical functioning increased significantly in the TG (p = 0.04). Patients in the TG required less antiemetics (p = 0.01) and experienced significantly less fatigue (p = 0.04), although MFIS analysis was not able to detect this beneficial effect. Patients of the CG displayed higher impairments of cognitive (p = 0.02) and psychosocial function (p = 0.03) after chemotherapy. No adverse events due to the study intervention were observed. CONCLUSIONS: Multimodal exercise has beneficial effects on physical performance, physical functioning, and treatment-related symptoms even during myeloablative chemotherapy. We suggest an enhanced physical activity intervention program during hospitalization of cancer patients.

TÍTULO / TITLE: - MicroRNA let-7f is down-regulated in patients with refractory acute myeloid leukemia and is involved in chemotherapy resistance of adriamycin-resistant leukemic cells.

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

REVISTA / JOURNAL: - Leuk Lymphoma. 2013 Sep 25.

●● Enlace al texto completo (gratis o de pago) [3109/10428194.2013.847936](https://doi.org/10.1007/s10428194.2013.847936)

AUTORES / AUTHORS: - Dai CW; Bai QW; Zhang GS; Cao YX; Shen JK; Pei CM; Yin CC

TÍTULO / TITLE: - Severity of Hematuria Effects Resolution in Patients Treated with Hyperbaric Oxygen Therapy for Radiation-Induced Hematuria.

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

REVISTA / JOURNAL: - Urol Int. 2013 Aug 6.

●● Enlace al texto completo (gratis o de pago) [1159/000351331](#)

AUTORES / AUTHORS: - Liss MA; Osann K; Cho J; Chua WC; Dash A

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of California - Irvine, Orange, Calif., USA.

RESUMEN / SUMMARY: - Introduction: We investigated the differences between prostate cancer patients with radiation-induced hematuria treated with hyperbaric oxygen (HBO) therapy that did or did not have a resolution of hematuria. Materials and Methods: We performed a retrospective review of prostate cancer patients with radiation-induced hematuria who underwent HBO from April 2000 to March 2010. We performed an analysis of demographic data and severity of hematuria in those who had resolution of or persistent hematuria. Additionally, prostate-specific antigen (PSA) data were also obtained during the study period. Results: Overall, 11/22 men had resolution of hematuria after HBO therapy with a median follow-up of 2.2 (0.35-13.6) years. The Radiation Therapy Oncology Group (RTOG) grade of hematuria is predictive of final hematuria outcome (resolution vs. persistent) after HBO ($p = 0.026$). No significant PSA changes were noted before and after HBO therapy. Conclusions: The RTOG hematuria grade is associated with the resolution of hematuria after HBO therapy for radiation-induced hematuria in men treated for prostate cancer. This information may be helpful during shared medical decision-making regarding utility of HBO therapy in the context of severity of hematuria.

TÍTULO / TITLE: - Are Transrectal Prostate Biopsies Routinely Indicated in Patients with Incidentally Diagnosed Prostate Cancer following Transurethral Resection of the Prostate for Benign Disease.

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

REVISTA / JOURNAL: - Urol Int. 2013 Aug 1.

●● Enlace al texto completo (gratis o de pago) [1159/000350898](#)

AUTORES / AUTHORS: - Lee LS; Thiruneelakandasivam S; Hong MK; Peters JS; Warren A; Mills R; Greenberg D; Wright K; Gnanapragasam V

INSTITUCIÓN / INSTITUTION: - Department of Urology, Addenbrookes Hospital, Cambridge, UK.

RESUMEN / SUMMARY: - Objective: To determine the indication of routine transrectal ultrasound-guided needle biopsy (TRUSBx) of the prostate gland following incidental cancer diagnosis after transurethral resection of the prostate (TURP) for benign prostatic hyperplasia. Materials and Methods: A multi-institutional search identified 63 patients with incidental TURP-diagnosed prostate cancer from 2001 to 2010, who underwent subsequent TRUSBx or radical prostatectomy (RP). The Gleason scores from TURP were compared to those from TRUSBx or RP. Whole mount maps from RP

were analysed to provide an anatomical basis for the correlation observed. To determine the clinical impact of this problem, the incidence of TURP-diagnosed prostate cancer in the population was also determined. Results: Of 22 patients who underwent TRUSBx, the rates of Gleason score concordance, upgrading and downgrading were 32, 14 and 54% respectively (Spearman correlation coefficient 0.20). Most cases of pathological downgrading consisted of benign cores at biopsy. Therefore, TRUSBx did not give additional Gleason score (GS) information in 86% of patients. Of 41 RP patients, the respective rates were 61, 22 and 17% (Spearman correlation coefficient 0.15). The majority of them retained a similar or lower GS between TURP and RP. Of 13 whole mount maps analysed, 6 (46%) were found with anterior/transitional zone (AZ/TZ) tumours, 6 (46%) with multifocal tumours and 1 (8%) with a large peripheral zone (PZ) tumour extending into the TZ. Regional population data show that despite a gradual reduction in the proportion of TURP-diagnosed cases over the past decade, they still account for 8.5-13% of all new cases. Conclusion: TURP-diagnosed prostate cancers represent predominantly AZ tumours. A TRUSBx does not give additional GS information in a majority of cases, and therefore is not routinely indicated. It may be selectively useful prior to active surveillance, but not in all pursuing radical treatment. These findings may help reduce unnecessary TRUSBx in the population. © 2013 S. Karger AG, Basel.

TÍTULO / TITLE: - Mismatch repair protein MSH2 regulates translesion DNA synthesis following exposure of cells to UV radiation.

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

REVISTA / JOURNAL: - Nucleic Acids Res. 2013 Sep 12.

●● [Enlace al texto completo \(gratis o de pago\) 1093/nar/gkt793](#)

AUTORES / AUTHORS: - Lv L; Wang F; Ma X; Yang Y; Wang Z; Liu H; Li X; Liu Z; Zhang T; Huang M; Friedberg EC; Tang TS; Guo C

INSTITUCIÓN / INSTITUTION: - Laboratory of Cancer Genomics and Individualized Medicine, Beijing Institute of Genomics, Chinese Academy of Sciences, Beijing 100101, China, State Key Laboratory of Biomembrane and Membrane Biotechnology, Institute of Zoology, Chinese Academy of Sciences, Beijing 100101, China and Department of Pathology, University of Texas Southwestern Medical Center, Dallas, TX 75390, USA.

RESUMEN / SUMMARY: - Translesion DNA synthesis (TLS) can use specialized DNA polymerases to insert and/or extend nucleotides across lesions, thereby limiting stalled replication fork collapse and the potential for cell death. Recent studies have shown that monoubiquitinated proliferating cell nuclear antigen (PCNA) plays an important role in recruitment of Y-family TLS polymerases to stalled replication forks after DNA damage treatment. To explore the possible roles of other factors that regulate the ultraviolet (UV)-induced assembly of specialized DNA polymerases at arrested replication forks, we performed immunoprecipitation experiments combined with

mass spectrometry and established that DNA polymerase kappa (Polkappa) can partner with MSH2, an important mismatch repair protein associated with hereditary non-polyposis colorectal cancer. We found that depletion of MSH2 impairs PCNA monoubiquitination and the formation of foci containing Polkappa and other TLS polymerases after UV irradiation of cells. Interestingly, expression of MSH2 in Rad18-deficient cells increased UV-induced Polkappa and REV1 focus formation without detectable changes in PCNA monoubiquitination, indicating that MSH2 can regulate post-UV focus formation by specialized DNA polymerases in both PCNA monoubiquitination-dependent and -independent fashions. Moreover, we observed that MSH2 can facilitate TLS across cyclobutane pyrimidine dimers photoproducts in living cells, presenting a novel role of MSH2 in post-UV cellular responses.

TÍTULO / TITLE: - Stereotactic body radiotherapy for localized prostate cancer: Pooled analysis from a multi-institutional consortium of prospective phase II trials.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Sep 20. pii: S0167-8140(13)00430-1. doi: 10.1016/j.radonc.2013.08.030.

●● Enlace al texto completo (gratis o de pago) [1016/j.radonc.2013.08.030](#)

AUTORES / AUTHORS: - King CR; Freeman D; Kaplan I; Fuller D; Bolzicco G; Collins S; Meier R; Wang J; Kupelian P; Steinberg M; Katz A

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, UCLA, Los Angeles, CA. Electronic address: crking@mednet.ucla.edu.

RESUMEN / SUMMARY: - PURPOSE: The effectiveness of stereotactic body radiotherapy (SBRT) for localized prostate cancer is tested. METHODS AND MATERIALS: A total of 1100 patients with clinically localized prostate cancer were enrolled in separate prospective phase 2 clinical trials of SBRT from 8 institutions during 2003-11 and pooled for analysis. SBRT using the CyberKnife delivered a median dose of 36.25Gy in 4-5 fractions. Patients were low-risk (58%), intermediate-risk (30%) and high-risk (11%). A short-course of androgen deprivation therapy (ADT) was given to 14%. PSA relapse defined as a rise >2ng/ml above nadir was analyzed with the Kaplan Meier method. RESULTS: With a median follow-up of 36months there were 49 patients with PSA failure (4.5%), 9 of whom were subsequently determined to be benign PSA bounces. The 5-year biochemical relapse free survival (bRFS) rate was 93% for all patients; 95%, 83% and 78% for GS 6, 7 and 8, respectively (p=0.001), and 95%, 84% and 81% for low-, intermediate- and high-risk patients, respectively (p<0.001). No differences were observed with ADT (p=0.71) or as a function of total dose (p=0.17). A PSA bounce of >0.2ng/ml was noted among 16% of patients. For 135 patients possessing a minimum of 5years follow-up, the 5-year bRFS rate for low- and intermediate-risk patients was 99% and 93%, respectively. CONCLUSION: PSA relapse-free survival rates after SBRT compare favorably with other definitive treatments for

low and intermediate risk patients. The current evidence supports consideration of SBRT among the therapeutic options for these patients.

TÍTULO / TITLE: - Adjuvant Versus Salvage Radiation Therapy for Prostate Cancer Patients With Adverse Pathologic Features: Comparative Analysis of Long-term Outcomes.

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

REVISTA / JOURNAL: - Am J Clin Oncol. 2013 Mar 26.

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

[1097/COC.0b013e318287bb6b](#)

AUTORES / AUTHORS: - Mishra MV; Scher ED; Andrel J; Margules AC; Hegarty SE; Trabulsi EJ; Hyslop T; Den RB; Lallas CD; Gomella LG; Dicker AP; Showalter TN

INSTITUCIÓN / INSTITUTION: - *Department of Radiation Oncology daggerRobert Wood Johnson School of Osteopathic Medicine, University of Medicine & Dentistry of New Jersey, New Brunswick, NJ double daggerDepartment of Pharmacology and Experimental Therapeutics, Division of Biostatistics section signDepartment of Urology, Kimmel Cancer Center, Jefferson Medical College, Thomas Jefferson University, Philadelphia, PA.

RESUMEN / SUMMARY: - **OBJECTIVES::** To compare long-term outcomes of men with adverse pathologic features after adjuvant radiation therapy (ART) versus salvage radiation therapy (SRT) after radical prostatectomy at our institution. **METHODS::** Patients treated with postprostatectomy radiation therapy with pT3 tumors, or pT2 with positive surgical margins, were identified. Cumulative freedom from biochemical failure (FFBF), freedom from metastatic failure (FFMF), and overall survival rates were estimated utilizing the Kaplan-Meier method. Multivariate analyses were performed to determine independent prognostic factors correlated with study endpoints. Propensity score analyses were performed to adjust for confounding because of nonrandom treatment allocation. **RESULTS::** A total of 186 patients with adverse pathologic features treated with ART or SRT were identified. The median follow-up time after radical prostatectomy was 103 and 88 months after completion of radiation therapy. The Kaplan-Meier estimates for 10-year FFBF was 73% and 41% after ART and SRT, respectively (log-rank, P=0.0001). Ten-year FFMF was higher for patients who received ART versus SRT (98.6% vs. 80.9%, P=0.0028). On multivariate analyses there was no significant difference with respect to treatment group in terms of FFBF, FFMF, and overall survival after adjusting for propensity score. **CONCLUSIONS::** Although unadjusted analyses showed improved FFBF with ART, the propensity score-adjusted analyses demonstrated that long-term outcomes of patients treated with ART and SRT do not differ significantly. These results, with decreased effect size of ART after adjusting for propensity score, demonstrate the potential impact of confounding on observational research.

TÍTULO / TITLE: - Overall survival for sorafenib plus interleukin-2 compared with sorafenib alone in metastatic renal cell carcinoma (mRCC): final results of the ROSORC trial.

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

REVISTA / JOURNAL: - Ann Oncol. 2013 Sep 24.

●● Enlace al texto completo (gratis o de pago) [1093/annonc/mdt375](#)

AUTORES / AUTHORS: - Procopio G; Verzoni E; Bracarda S; Ricci S; Sacco C; Ridolfi L; Porta C; Miceli R; Zilembo N; Bajetta E

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Unit 1, Fondazione IRCCS Istituto Nazionale dei Tumori, Milan.

RESUMEN / SUMMARY: - BACKGROUND: The ROSORC trial, a randomised, phase II trial comparing sorafenib plus interleukin (IL-2) versus sorafenib alone as first-line treatment of metastatic renal cell carcinoma (mRCC) failed to demonstrate differences in progression-free survival (PFS). Updated overall survival (OS) results are reported. PATIENTS AND METHODS: In this study, 128 patients were randomised to receive sorafenib 400 mg twice daily plus subcutaneous IL-2 4.5 million international units (MIU) five times per week for 6 weeks every 8 weeks (arm A) or sorafenib alone (arm B). OS was estimated with the Kaplan-Meier method and compared with the two-sided log-rank test. RESULTS: After a median follow-up of 58 months (interquartile range: 28-63 months), the median OS was 38 and 33 months in arms A and B, respectively (P = 0.667). The 5-year OS was 26.3% [95% confidence interval (CI) 15.9-43.5] and 23.1% (95% CI 13.2-40.5) for the combination- and single-agent arm, respectively. Most of the patients who were refractory to first-line treatment were subsequently treated with different targeted agents; they had a median survival greater than expected. CONCLUSIONS: This outcome suggests a synergistic effect of the subsequent therapies following sorafenib failure. CLINICALTRIALS.GOV IDENTIFIER: NCT00609401.

TÍTULO / TITLE: - Trends in Epidemiology, Treatment, and Survival of Hepatocellular Carcinoma Patients Between 1998 and 2009: An Analysis of 1066 Cases of a German HCC Registry.

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

REVISTA / JOURNAL: - J Clin Gastroenterol. 2013 Sep 25.

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

[1097/MCG.0b013e3182a8a793](#)

AUTORES / AUTHORS: - Weinmann A; Koch S; Niederle IM; Schulze-Bergkamen H; König J; Hoppe-Lotichius M; Hansen T; Pitton MB; Duber C; Otto G; Schuchmann M; Galle PR; Worns MA

INSTITUCIÓN / INSTITUTION: - Departments of *Internal Medicine I parallel Diagnostic and Interventional Radiology #Transplantation and Hepatobiliopancreatic Surgery section sign Institute of Medical Biostatistics, Epidemiology and Informatics (IMBEI) paragraph sign Institute of Pathology dagger Clinical Registry Unit (CRU), University Medical Center of the Johannes Gutenberg University Mainz, Mainz double dagger National Center for Tumor Diseases (NCT), Department of Medical Oncology, University Clinic of Heidelberg, Heidelberg, Germany.

RESUMEN / SUMMARY: - **GOALS:** The aim of this study was to analyze clinical presentation, course of disease, and management of patients with hepatocellular carcinoma (HCC) in a German referral center between 1998 and 2009. **BACKGROUND:** HCC is a rare tumor in Germany, but its incidence has increased over the last 30 years. New therapies such as chemoembolization with drug-eluting beads, selective internal radiotherapy, and sorafenib were introduced recently; however, the impact on clinical management and overall survival (OS) is unclear. **STUDY:** In this retrospective analysis, 1066 patients with HCC, separated into two 6-year periods (n=385; 1998 to 2003 and n=681; 2004 to 2009) were evaluated. **RESULTS:** The number of patients presenting each year (64 vs. 114 per year), with an age over 80 years or with nonalcoholic steatohepatitis increased significantly between periods. The main risk factors were alcoholic liver disease in 51.7%, chronic hepatitis C virus in 28.2%, and chronic hepatitis B virus in 13.4% of patients with liver cirrhosis and HCC. Patients presented with more advanced tumor stages and with worse liver function in period 2. The majority (61.6%) of patients received local treatment over a spectrum of Barcelona Clinic Liver-Cancer (BCLC) stages, whereas systemic therapy was offered to a minority (8.8%) and limited to BCLC stage C patients only. OS decreased in BCLC stage A and D and improved in BCLC stage B and C and decreased for all patients from 16.5 to 15.3 months between periods. **CONCLUSIONS:** No improvement of OS was observed when comparing time periods, partly because of the more advanced stage of HCC and because of the increasing age in the second time period. Improved and new therapeutic options and the intensification of surveillance programs are likely to increase survival of HCC patients in the future.

TÍTULO / TITLE: - Survival outcome of patients with spontaneously ruptured hepatocellular carcinoma treated surgically or by transarterial embolization.

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

REVISTA / JOURNAL: - World J Gastroenterol. 2013 Jul 28;19(28):4537-44. doi: 10.3748/wjg.v19.i28.4537.

●● Enlace al texto completo (gratuito o de pago) [3748/wjg.v19.i28.4537](#)

AUTORES / AUTHORS: - Jin YJ; Lee JW; Park SW; Lee JI; Lee DH; Kim YS; Cho SG; Jeon YS; Lee KY; Ahn SI

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, Inha University Hospital, Inha University School of Medicine, Incheon 400-711, South Korea.

RESUMEN / SUMMARY: - AIM: To evaluate clinical outcomes of patients that underwent surgery, transarterial embolization (TAE), or supportive care for spontaneously ruptured hepatocellular carcinoma (HCC). METHODS: A consecutive 54 patients who diagnosed as spontaneously ruptured HCC at our institution between 2003 and 2012 were retrospectively enrolled. HCC was diagnosed based on the diagnostic guidelines issued by the 2005 American Association for the Study of Liver Diseases. HCC rupture was defined as disruption of the peritumoral liver capsule with enhanced fluid collection in the perihepatic area adjacent to the HCC by dynamic liver computed tomography, and when abdominal paracentesis showed an ascitic red blood cell count of $> 50000 \text{ mm}^3/\text{mL}$ in bloody fluid. RESULTS: Of the 54 patients, 6 (11.1%) underwent surgery, 25 (46.3%) TAE, and 23 (42.6%) supportive care. The 2-, 4- and 6-mo cumulative survival rates at 2, 4 and 6 mo were significantly higher in the surgery (60%, 60% and 60%) or TAE (36%, 20% and 20%) groups than in the supportive care group (8.7%, 0% and 0%), respectively (each, $P < 0.01$), and tended to be higher in the surgical group than in the TAE group. Multivariate analysis showed that serum bilirubin (HR = 1.09, $P < 0.01$), creatinine (HR = 1.46, $P = 0.04$), and vasopressor requirement (HR = 2.37, $P = 0.02$) were significantly associated with post-treatment mortality, whereas surgery (HR = 0.41, $P < 0.01$), and TAE (HR = 0.13, $P = 0.01$) were inversely associated with post-treatment mortality. CONCLUSION: Post-treatment survival after surgery or TAE was found to be better than after supportive care, and surgery tended to provide better survival benefit than TAE.

TÍTULO / TITLE: - Late divergence of survival curves in cancer immunotherapy trials: interpretation and implications.

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

REVISTA / JOURNAL: - Cancer Immunol Immunother. 2013 Oct;62(10):1547-51. doi: 10.1007/s00262-013-1458-y. Epub 2013 Aug 24.

●● Enlace al texto completo (gratis o de pago) [1007/s00262-013-1458-y](#)

AUTORES / AUTHORS: - Thoren FB; Anderson H; Strannegard O

INSTITUCIÓN / INSTITUTION: - Sahlgrenska Cancer Center, University of Gothenburg, Box 425, 405 30, Goteborg, Sweden, fredrik.thoren@gu.se.

RESUMEN / SUMMARY: - Late divergence of survival curves of treated patients and controls is commonly seen in successful cancer immunotherapy trials. Although late survival curve divergence may be caused by a delayed action of therapy, it may also be related to early effects of the treatment. We suggest that late survival divergence most often reflects a specific benefit of therapy for patients who suffer from a comparatively slow progression of disease. The occurrence of delayed survival curve divergence has important implications for the statistical analysis of immunotherapy

trials. Thus, it leads to non-proportional hazard ratios that make commonly used statistical tests, e.g., the logrank test, suboptimal. It is therefore suggested that the statistical analysis of immunotherapy trials primarily should be based on a test that compares the survival curves at or after a prespecified, fixed, late time point.

TÍTULO / TITLE: - Medical comorbidities but not interventions adversely affect survival in patients with intermittent claudication.

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

REVISTA / JOURNAL: - J Vasc Surg. 2013 Aug 21. pii: S0741-5214(13)01322-0. doi: 10.1016/j.jvs.2013.07.012.

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

AUTORES / AUTHORS: - Kret MR; Perrone KH; Azarbal AF; Mitchell EL; Liem TK; Landry GJ; Moneta GL

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Division of Vascular Surgery, Oregon Health and Science University, Portland, Ore.

RESUMEN / SUMMARY: - **OBJECTIVE:** Intermittent claudication (IC) is common and associated with decreased survival. While patients with IC infrequently progress to critical limb ischemia (CLI), many elect to pursue intervention initially or during follow-up. However, controversy exists as to whether intervention in patients with IC adversely impacts survival or limb salvage. The purpose of this study was to characterize patient demographics and comorbidities with respect to differences in survival and limb salvage among patients who elect no intervention (NI) vs those electing immediate intervention (II) or delayed intervention (DI) for IC. **METHODS:** Patients referred to a university practice for limb ischemia were identified via a query of the electronic medical record from 2007 to 2011. Patients with prior lower extremity interventions or CLI were excluded. IC patients were classified according to intervention: NI during follow-up, II, and DI. Patient demographics, Charlson morbidity index, survival, and reintervention rates were analyzed. **RESULTS:** A total of 262 of 1320 patients met inclusion criteria. Thirty patients with possible IC were believed to have nonarterial related symptoms. Study patients included 132 with NI, 62 with II, and 38 with DI. DI patients were younger and less frequently diabetic (median age, 65.5 years, 63.5 years, 58.0 years; $P = .002$; diabetes, 43.2%, 39.5%, 22.6%; $P = .02$ for NI, II, and DI, respectively). NI patients had higher Charlson comorbidity scores ($P < .05$). Hypertension, hyperlipidemia, and diabetes were associated with decreased survival in all groups ($P < .05$). Median survival was greatest for DI patients and least for NI patients (NI 92 months, II 95 months, DI 143 months; log-rank = .015). Primary patency of interventions at 1 and 5 years were equal for II and DI patients (1 year, II 80% vs DI 79%; 5 years, II 45% vs DI 50%; $P = .9$). Reintervention was common with rates similar between the II and DI groups ($P > .05$). Four of 38 DI patients required minor amputation for progression to CLI. There were no major amputations in any

group. CONCLUSIONS: Progression to CLI is uncommon in IC. Survival of claudicants is decreased by diabetes, hypertension, and hyperlipidemia but not by intervention for IC. Reintervention is common in treated IC patients but no different among those undergoing II and DI. Intervention did not lead to major amputation. II or DI in IC patients does not affect survival or major amputation.

TÍTULO / TITLE: - Colorectal Cancer Liver Metastases: Long-Term Survival and Progression-Free Survival After Thermal Ablation Using Magnetic Resonance-Guided Laser-Induced Interstitial Thermotherapy in 594 Patients: Analysis of Prognostic Factors.

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

REVISTA / JOURNAL: - Invest Radiol. 2013 Sep 19.

●● Enlace al texto completo (gratis o de pago) [1097/RLI.0b013e3182a6094e](#)

AUTORES / AUTHORS: - Vogl TJ; Dommermuth A; Heinle B; Nour-Eldin NE; Lehnert T; Eichler K; Zangos S; Bechstein WO; Naguib NN

INSTITUCIÓN / INSTITUTION: - From the *Institute for Diagnostic and Interventional Radiology, Johann Wolfgang Goethe University Frankfurt, Frankfurt am Main, Germany; daggerDepartment of Radiology, Faculty of Medicine, Cairo University, Cairo, Egypt; double daggerDepartment of Surgery, Johann Wolfgang Goethe University Frankfurt, Frankfurt am Main, Germany; and section signDepartment of Radiology, Alexandria Faculty of Medicine, Alexandria University, Alexandria, Egypt.

RESUMEN / SUMMARY: - **PURPOSE:** The purpose of this study was the evaluation of prognostic factors for long-term survival and progression-free survival (PFS) after treatment of colorectal cancer (CRC) liver metastases with magnetic resonance-guided laser-induced interstitial thermotherapy (LITT). **PATIENTS AND METHODS:** We included 594 patients (mean age, 61.2 years) with CRC liver metastases who were treated with LITT. The statistical analysis of the long-term survival and PFS were based on the Kaplan-Meier method. The Cox regression model tested different parameters that could be of prognostic value. The tested prognostic factors were the following: sex, age, the location of primary tumor, the number of metastases, the maximal diameter and total volume of metastases and necroses, the quotient of total volumes of metastases and necroses, the time of appearance of liver metastases and location in the liver, the TNM classification of CRC, extrahepatic metastases, and neoadjuvant treatments. **RESULTS:** The median survival was 25 months starting from the date of the first LITT. The 1-, 2-, 3-, 4-, and 5-year survival rates were 78%, 50.1%, 28%, 16.4%, and 7.8%, respectively. The median PFS was 13 months. The 1-, 2-, 3-, 4-, and 5-year PFS rates were 51.3%, 35.4%, 30.7%, 25.4%, and 22.3%, respectively. The number of metastases and their maximal diameter were the most important prognostic factors for both long-term survival and PFS. Long-term survival was also highly influenced by the initial involvement of the lymph nodes. **CONCLUSIONS:** For patients treated with

LITT for CRC liver metastases, the number and size of metastases, together with the initial lymph node status, are significant prognostic factors for long-term survival.

TÍTULO / TITLE: - Predictors of Treatment with Mastectomy, Use of Sentinel Lymph Node Biopsy and Upstaging to Invasive Cancer in Patients Diagnosed with Breast Ductal Carcinoma In situ (DCIS) on Core Biopsy.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Sep 18.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3239-4](#)

AUTORES / AUTHORS: - Chin-Lenn L; Mack LA; Temple W; Cherniak W; Quinn RR; Ravani P; Lewin AM; Quan ML

INSTITUCIÓN / INSTITUTION: - Division of Surgical Oncology, University of Calgary, Calgary, AB, Canada, laura.chinlenn@gmail.com.

RESUMEN / SUMMARY: - BACKGROUND: There are few established indications for sentinel lymph node biopsy (SLNB) in breast ductal carcinoma in situ (DCIS). This study examines factors contributing to the high rate of SLNB in DCIS in Alberta, Canada. METHODS: Patients who underwent definitive surgery from January 2009 to July 2011 for DCIS diagnosed on preoperative core-needle biopsy were identified using a provincial synoptic operative report database (WebSMR). The relationship between baseline patient and tumor characteristics and treatment with total mastectomy™, use of SLNB, and upstaging were examined. RESULTS: There were 394 patients identified in the study cohort. Mean age was 57 years, and average preoperative tumor size was 3 cm. Overall, 148 patients (37.6 %) underwent TM; predictors were preoperative tumor size [odds ratio (OR), 1.92 per 1-cm increase in size; 95 % CI 1.65-2.24] and surgeon. Upstaging to invasive cancer at surgery occurred in 23 %, predicted only by preoperative tumor size (OR 1.14 per 1 cm; 95 % CI 1.03-1.27). SLNB was performed in 306 patients overall (77 %) and 140 of those treated with BCS (61 %). Predictors of SLNB were larger preoperative tumor size (OR 1.55 per 1 cm; 95 % CI 1.18-2.04) and the surgeon. In patients treated with BCS, 3 patients who were upstaged had positive SLNs (>0.2 mm), and no patients with DCIS had a positive SLN. CONCLUSIONS: SLNB use is high in patients undergoing BCS for DCIS. Tumor size and the operating surgeon predicted SLNB use. Despite a 23 % upstaging rate, the rate of clinically significant positive SLNs in patients treated with BCS is low, supporting omission of upfront SLNB.

TÍTULO / TITLE: - Determinants of patient satisfaction during receipt of radiation therapy.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Sep 1;87(1):148-52. doi: 10.1016/j.ijrobp.2013.05.020.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijrobp.2013.05.020](https://doi.org/10.1016/j.ijrobp.2013.05.020)

AUTORES / AUTHORS: - Famiglietti RM; Neal EC; Edwards TJ; Allen PK; Buchholz TA

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of Texas MD Anderson Cancer Center, Houston, Texas, USA. rfamigli@mdanderson.org

RESUMEN / SUMMARY: - PURPOSE: To evaluate the correlations and relative contributions of components of a radiation oncology-specific patient satisfaction survey to their overall satisfaction scores. METHODS AND MATERIALS: From September 2006 through August 2012, we prospectively collected data from 8069 patients receiving radiation treatments with a 26-question survey. Each question was rated on a 10-point Likert scale. We analyzed the correlation between scores for each question and the overall satisfaction question. We also dichotomized the scores to reflect satisfaction versus dissatisfaction and used logistic regression to assess the relationship between items in 4 domains (the patient-provider relationship, access and environmental issues, wait times, and educational information) and overall satisfaction. RESULTS: Scores on all questions correlated with overall patient satisfaction scores ($P < .0001$). Satisfaction with patient-provider relationships had the greatest influence on overall satisfaction ($R(2) = 0.4219$), followed by wait times ($R(2) = 0.4000$), access/environment ($R(2) = 0.3837$), and patient education ($R(2) = 0.3700$). The specific variables with the greatest effect on patient satisfaction were the care provided by radiation therapists (odds ratio 1.91) and pain management (odds ratio 1.29). CONCLUSIONS: We found that patients' judgment of provider relationships in an outpatient radiation oncology setting were the greatest contributors to their overall satisfaction ratings. Other measures typically associated with patient satisfaction (phone access, scheduling, and ease of the check-in process) correlated less strongly with overall satisfaction. These findings may be useful for other practices preparing to assess patient ratings of quality of care.

TÍTULO / TITLE: - Tumor suppressor p16INK4A is necessary for survival of cervical carcinoma cell lines.

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

REVISTA / JOURNAL: - Proc Natl Acad Sci U S A. 2013 Oct 1;110(40):16175-16180. Epub 2013 Sep 17.

●● Enlace al texto completo (gratis o de pago) [1073/pnas.1310432110](https://doi.org/10.1073/pnas.1310432110)

AUTORES / AUTHORS: - McLaughlin-Drubin ME; Park D; Munger K

INSTITUCIÓN / INSTITUTION: - Division of Infectious Diseases, Brigham and Women's Hospital, Boston, MA 02115.

RESUMEN / SUMMARY: - The tumor suppressor p16INK4A inhibits formation of enzymatically active complexes of cyclin-dependent kinases 4 and 6 (CDK4/6) with D-

type cyclins. Oncogenic stress induces p16INK4A expression, which in turn triggers cellular senescence through activation of the retinoblastoma tumor suppressor. Subversion of oncogene-induced senescence is a key step during cancer development, and many tumors have lost p16INK4A activity by mutation or epigenetic silencing. Human papillomavirus (HPV)-associated tumors express high levels of p16INK4A in response to E7 oncoprotein expression. Induction of p16INK4A expression is not a consequence of retinoblastoma tumor suppressor inactivation but is triggered by a cellular senescence response and is mediated by epigenetic derepression through the H3K27-specific demethylase (KDM)6B. HPV E7 expression causes an acute dependence on KDM6B expression for cell survival. The p16INK4A tumor suppressor is a critical KDM6B downstream transcriptional target and its expression is critical for cell survival. This oncogenic p16INK4A activity depends on inhibition of CDK4/CDK6, suggesting that in cervical cancer cells where retinoblastoma tumor suppressor is inactivated, CDK4/CDK6 activity needs to be inhibited in order for cells to survive. Finally, we note that HPV E7 expression creates a unique cellular vulnerability to small-molecule KDM6A/B inhibitors.

TÍTULO / TITLE: - Variation in centre-specific survival in patients starting renal replacement therapy in England is explained by enhanced comorbidity information from hospitalization data.

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

REVISTA / JOURNAL: - Nephrol Dial Transplant. 2013 Sep 19.

●● Enlace al texto completo (gratis o de pago) [1093/ndt/gft363](#)

AUTORES / AUTHORS: - Fotheringham J; Jacques RM; Fogarty D; Tomson CR; El Nahas M; Campbell MJ

INSTITUCIÓN / INSTITUTION: - School for Health and Related Research, University of Sheffield, Sheffield, UK.

RESUMEN / SUMMARY: - BACKGROUND: Unadjusted survival on renal replacement therapy (RRT) varies widely from centre to centre in England. Until now, missing data on case mix have made it impossible to determine whether this variation reflects genuine differences in the quality of care. Data linkage has the capacity to reduce missing data. METHODS: Modelling of survival using Cox proportional hazards of data returned to the UK Renal Registry on patients starting RRT for established renal failure in England. Data on ethnicity, socioeconomic status and comorbidity were obtained by linkage to the Hospital Episode Statistics database, using data from hospitalizations prior to starting RRT. RESULTS: Patients with missing data were reduced from 61 to 4%. The prevalence of comorbid conditions was remarkably similar across centres. When centre-specific survival was compared after adjustment solely for age, survival was below the 95% limit for 6 of 46 centres. The addition of variables into the multivariable model altered the number of centres that appeared to be 'outliers' with

worse than expected survival as follows: ethnic origin four outliers, socioeconomic status eight outliers and year of the start of RRT four outliers. The addition of a combination of 16 comorbid conditions present at the start of RRT reduced the number of centres with worse than expected survival to one. CONCLUSIONS: Linked data between a national registry and hospital admission dramatically reduced missing data, and allowed us to show that nearly all the variation between English renal centres in 3-year survival on RRT was explained by demographic factors and by comorbidity.

TÍTULO / TITLE: - The +252A/G polymorphism in the lymphotoxin- alpha gene influence long-term survival in myelodysplastic syndromes patients with excess blasts.

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

REVISTA / JOURNAL: - Leuk Lymphoma. 2013 Aug 12.

●● Enlace al texto completo (gratis o de pago) [3109/10428194.2013.832242](#)

AUTORES / AUTHORS: - Xu J; Wang J; Ai X; Xu Z; Qin T; Fang L; Zhang H; Pan L; Hu N; Zhang Y; Xiao Z

TÍTULO / TITLE: - Molecular subtypes, histopathological grade and survival in a historic cohort of breast cancer patients.

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

REVISTA / JOURNAL: - Breast Cancer Res Treat. 2013 Aug;140(3):463-73. doi: 10.1007/s10549-013-2647-2. Epub 2013 Jul 31.

●● Enlace al texto completo (gratis o de pago) [1007/s10549-013-2647-2](#)

AUTORES / AUTHORS: - Engstrom MJ; Opdahl S; Hagen AI; Romundstad PR; Akslen LA; Haugen OA; Vatten LJ; Bofin AM

INSTITUCIÓN / INSTITUTION: - Department of Laboratory Medicine, Children's and Women's Health, Norwegian University of Science and Technology, Trondheim, Norway, Monica.j.engstrom@ntnu.no.

RESUMEN / SUMMARY: - Molecular subtyping of breast cancer may provide additional prognostic information regarding patient outcome. However, its clinical significance remains to be established. In this study, the main aims were to discover whether reclassification of breast cancer into molecular subtypes provides more precise information regarding outcome compared to conventional histopathological grading and to study breast cancer-specific survival in the different molecular subtypes. Cases of breast cancer occurring in a cohort of women born between 1886 and 1928 with long-term follow-up were included in the study. Tissue microarrays were constructed from archival formalin-fixed, paraffin-embedded tissue from 909 cases. Using immunohistochemistry and in situ hybridisation as surrogates for gene expression analyses, all cases were reclassified into the following molecular subtypes: Luminal A;

Luminal B (HER2-); Luminal B (HER2+); HER2 subtype; Basal phenotype; and five negative phenotype. Kaplan-Meier survival curves and Cox proportional hazards models were used in the analyses. During the first 5 years after diagnosis, there were significant differences in prognosis according to molecular subtypes with the best survival for the Luminal A subtype and the worst for HER2 and five negative phenotype. In this historic cohort of women with breast cancer, differences in breast cancer-specific survival according to subtype occur almost exclusively amongst the histopathological grade 2 tumours. From 5 years after time of diagnosis until the end of follow-up, there appears to be no difference in survival according to molecular subtype or histopathological grade.

TÍTULO / TITLE: - C-reactive protein predicts fatigue independently of depression in breast cancer patients prior to chemotherapy.

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

REVISTA / JOURNAL: - Brain Behav Immun. 2013 Aug 6. pii: S0889-1591(13)00411-X. doi: 10.1016/j.bbi.2013.07.177.

●● Enlace al texto completo (gratis o de pago) [1016/j.bbi.2013.07.177](#)

AUTORES / AUTHORS: - Pertl MM; Hevey D; Boyle NT; Hughes MM; Collier S; O'Dwyer AM; Harkin A; Kennedy MJ; Connor TJ

INSTITUCIÓN / INSTITUTION: - School of Psychology, Trinity College, Dublin 2, Ireland. Electronic address: pertlm@tcd.ie.

RESUMEN / SUMMARY: - Heightened inflammatory activity has been proposed as a mechanism for the development of cancer-related fatigue (CRF), a common and distressing condition that can negatively affect quality of life. Inflammation is also implicated in the pathogenesis of depression, and depression is a strong predictor of CRF. Thus, the role of the pro-inflammatory cytokine network in CRF may be mediated by depression or both conditions may share similar underlying physiological processes. The current study investigated associations between fatigue, depression and inflammatory cytokine (IFN-gamma, IL-6, TNF-alpha) and CRP concentrations, as well as kynurenine pathway (KP) activation, in 61 breast cancer patients prior to chemotherapy. Changes in inflammatory markers and KP activation over time were also explored, and associations with changes in fatigue and depression were examined. Higher levels of CRP were significantly correlated with fatigue and depression before chemotherapy; nevertheless, CRP predicted fatigue independently of depression. Although greater kynurenine concentrations were associated with increased immune activation, there was no evidence that the KP played a role in fatigue or depression. Furthermore, no relationships emerged between either fatigue or depression and IFN-gamma, IL-6, or TNF-alpha before chemotherapy. Nevertheless, kynurenine levels pre- and post-treatment significantly predicted changes in depression, suggesting that heightened KP activation may contribute to depressive symptoms in patients treated

for cancer. In addition, IL-6 significantly covaried with fatigue. These preliminary findings provide some support for the idea that low-grade inflammation contributes to the development of CRF, independently of depression; however, there was no evidence that this is mediated by KP activity.

TÍTULO / TITLE: - A core/satellite multifunctional nanotheranostic for in vivo imaging and tumor eradication by radiation/photothermal synergistic therapy.

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

REVISTA / JOURNAL: - J Am Chem Soc. 2013 Sep 4;135(35):13041-8. doi: 10.1021/ja404985w. Epub 2013 Aug 21.

●● Enlace al texto completo (gratis o de pago) [1021/ja404985w](#)

AUTORES / AUTHORS: - Xiao Q; Zheng X; Bu W; Ge W; Zhang S; Chen F; Xing H; Ren Q; Fan W; Zhao K; Hua Y; Shi J

INSTITUCIÓN / INSTITUTION: - State Key Laboratory of High Performance Ceramics and Superfine Microstructures, Shanghai Institute of Ceramics, Chinese Academy of Sciences, Shanghai, 200050, P.R. China.

RESUMEN / SUMMARY: - To integrate photothermal ablation (PTA) with radiotherapy (RT) for improved cancer therapy, we constructed a novel multifunctional core/satellite nanotheranostic (CSNT) by decorating ultrasmall CuS nanoparticles onto the surface of a silica-coated rare earth upconversion nanoparticle. These CSNTs could not only convert near-infrared light into heat for effective thermal ablation but also induce a highly localized radiation dose boost to trigger substantially enhanced radiation damage both in vitro and in vivo. With the synergistic interaction between PTA and the enhanced RT, the tumor could be eradicated without visible recurrence in 120 days. Notably, hematological analysis and histological examination unambiguously revealed their negligible toxicity to the mice within a month. Moreover, the novel CSNTs facilitate excellent upconversion luminescence/magnetic resonance/computer tomography trimodal imagings. This multifunctional nanocomposite is believed to be capable of playing a vital role in future oncology by the synergistic effects between enhanced RT and PTA under the potential trimodal imaging guidance.

TÍTULO / TITLE: - Maternal Race/Ethnicity and Survival Experience of Children with Congenital Heart Disease.

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

REVISTA / JOURNAL: - J Pediatr. 2013 Aug 6. pii: S0022-3476(13)00854-8. doi: 10.1016/j.jpeds.2013.06.084.

●● Enlace al texto completo (gratis o de pago) [1016/j.jpeds.2013.06.084](#)

AUTORES / AUTHORS: - Wang Y; Liu G; Druschel CM; Kirby RS

INSTITUCIÓN / INSTITUTION: - Congenital Malformations Registry, Bureau of Environmental and Occupational Epidemiology, Center for Environmental Health, New York State Department of Health, Albany, NY; School of Public Health, State University of New York, Albany, NY. Electronic address: wxy01@health.state.ny.us.

RESUMEN / SUMMARY: - OBJECTIVE: To investigate the existence of racial/ethnic disparity in mortality risk among children with individual congenital heart defects and identify any other risk factors. STUDY DESIGN: The study cohort, comprising children born between 1983 and 2006 with a selected congenital heart defect, was matched to death records to ascertain vital status. The birth and maternal risk factors were obtained from birth certificates. RESULTS: After adjusting for covariates using a multivariate regression model, the risk of mortality was significantly higher in children of non-Hispanic black mothers with transposition of the great arteries (hazard ratio (HR), 1.31; 95% CI, 1.07-1.60), tetralogy of Fallot (HR, 1.34; 95% CI, 1.06-1.69), and coarctation of the aorta (HR, 1.40; 95% CI, 1.10-1.79), compared with children of non-Hispanic white mothers. Time trends analysis examining the mortality risk by survival age and birth period found a significant decrease in 5-year mortality risk from 1983 to 2003 births, with a nearly 50% reduction for hypoplastic left heart syndrome and coarctation of the aorta across 3 maternal racial/ethnic groups examined. CONCLUSION: Our findings may help identify at-risk populations and mortality risk factors and thereby contribute to improved survival and quality of life for these children across the lifespan.

TÍTULO / TITLE: - Functional and oncological outcomeS of patients younger than 50 years treated with radical prostatectomy for localized prostate cancer in A European population.

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

REVISTA / JOURNAL: - BJU Int. 2013 Aug 12. doi: 10.1111/bju.12407.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12407](#)

AUTORES / AUTHORS: - Becker A; Tennstedt P; Hansen J; Trinh QD; Kluth L; Atassi N; Schlomm T; Salomon G; Haese A; Budaeus L; Michl U; Heinzer H; Hulan H; Graefen M; Steuber T

INSTITUCIÓN / INSTITUTION: - Martini-Clinic, Prostate Cancer Center Hamburg-Eppendorf, Hamburg, Germany; Cancer Prognostics and Health Outcomes Unit, University of Montreal Health Center, Montreal, Canada.

RESUMEN / SUMMARY: - OBJECTIVES: To address the biochemical and functional outcomes after radical prostatectomy (RP) of men <50 years of age in a large European population. PATIENTS AND METHODS: Among 13268 patients who underwent RP for clinically localized prostate cancer (PCa) at our centre (1992-2011), 443 (3.3%) men <50 years of age were identified. Biochemical recurrence (BCR) and functional outcomes (International Index of Erectile Function (IIEF-5), use of pads), were

prospectively evaluated and compared between men < 50 and older patients. RESULTS: Men <50 were more likely to harbour D'Amico low-risk (49.4 vs. 34.9%, p<0.001), organ-confined (82.6 vs. 69.4%, p<0.0001) and low-grade tumors (Gleason score (GS) <7: 33.1 vs. 28.7%, p<0.001). Multivariate Cox regression analysis revealed that age <50 (HR: 0.99; CI: 0.72-1.31; P=0.9) represented no predictor of BCR. Urinary continence was more favorable in younger patients, resulting in continence rates of 97.4 vs. 91.6% in most recent years (2009-2011) for patients <50 vs. ≥50 years of age. Postoperatively, a median IIEF-5 drop of 4 points in younger men vs. 8 points in older patients was recorded (<0.001). Favorable recovery of urinary continence and erectile function in patients younger than 50 years of age compared to their older counterparts was confirmed after multivariable adjustment. CONCLUSION: Men <50 years diagnosed with localized PCa should not be discouraged from RP as the postoperative rates of urinary incontinence and erectile dysfunction are low and probability of BCR-free survival at 2 and 5-yrs is high.

TÍTULO / TITLE: - Blockade of interleukin 6 signaling improves the survival rate of transplanted bone marrow stromal cells and increases locomotor function in mice with spinal cord injury.

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

REVISTA / JOURNAL: - J Neuropathol Exp Neurol. 2013 Oct;72(10):980-93. doi: 10.1097/NEN.0b013e3182a79de9.

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

[1097/NEN.0b013e3182a79de9](#)

AUTORES / AUTHORS: - Tan Y; Uchida K; Nakajima H; Guerrero AR; Watanabe S; Hirai T; Takeura N; Liu SY; Johnson WE; Baba H

INSTITUCIÓN / INSTITUTION: - From the Department of Spine Surgery, The First Affiliated Hospital, Sun Yat-Sen University, Guangzhou, People's Republic of China (YT, SYL); Department of Orthopaedics and Rehabilitation Medicine, Faculty of Medical Sciences, University of Fukui, Fukui, Japan (YT, KU, HN, ARG, SW, TH, NT, HB); and Life and Health Sciences, Aston University, Aston Triangle, Birmingham, United Kingdom (WEBJ).

RESUMEN / SUMMARY: - Bone marrow stromal cells (BMSCs) have the potential to improve functional recovery in patients with spinal cord injury (SCI); however, they are limited by low survival rates after transplantation in the injured tissue. Our objective was to clarify the effects of a temporal blockade of interleukin 6 (IL-6)/IL-6 receptor (IL-6R) engagement using an anti-mouse IL-6R monoclonal antibody (MR16-1) on the survival rate of BMSCs after their transplantation in a mouse model of contusion SCI. MR16-1 cotreatment improved the survival rate of transplanted BMSCs, allowing some BMSCs to differentiate into neurons and astrocytes, and improved locomotor function recovery compared with BMSC transplantation or MR16-1 treatment alone. The death

of transplanted BMSCs could be mainly related to apoptosis rather than necrosis. Transplantation of BMSC with cotreatment of MR16-1 was associated with a decrease of some proinflammatory cytokines, an increase of neurotrophic factors, decreased apoptosis rates of transplanted BMSCs, and enhanced expression of survival factors Akt and extracellular signal-regulated protein kinases ½. We conclude that MR16-1 treatment combined with BMSC transplants helped rescue neuronal cells and axons after contusion SCI better than BMSCs alone by modulating the inflammatory/immune responses and decreasing apoptosis.

TÍTULO / TITLE: - Balancing Survival: The Role of CTGF in Controlling Experience-Modulated Olfactory Circuitry.

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

REVISTA / JOURNAL: - Neuron. 2013 Sep 18;79(6):1037-9. doi: 10.1016/j.neuron.2013.09.003.

●● Enlace al texto completo (gratis o de pago) [1016/j.neuron.2013.09.003](#)

AUTORES / AUTHORS: - Sharma T; Reed RR

INSTITUCIÓN / INSTITUTION: - Department of Neuroscience, Department of Molecular Biology and Genetics, Center for Sensory Biology, Johns Hopkins University School of Medicine, 855 N. Wolfe Street, Baltimore, MD 21205, USA.

RESUMEN / SUMMARY: - The subventricular zone (SVZ) continuously supplies new interneurons that incorporate into pre-existing olfactory bulb circuitry. Khodosevich et al. (2013) show that connective tissue growth factor (CTGF) regulates a multicellular signaling cascade determining the number of postnatally born inhibitory interneurons in odor-activated glomeruli.

TÍTULO / TITLE: - Effect of abiraterone acetate treatment on the quality of life of patients with metastatic castration-resistant prostate cancer after failure of docetaxel chemotherapy.

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

REVISTA / JOURNAL: - Eur J Cancer. 2013 Aug 22. pii: S0959-8049(13)00720-X. doi: 10.1016/j.ejca.2013.07.144.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejca.2013.07.144](#)

AUTORES / AUTHORS: - Harland S; Staffurth J; Molina A; Hao Y; Gagnon DD; Sternberg CN; Cella D; Fizazi K; Logothetis CJ; Kheoh T; Haqq CM; de Bono JS; Scher HI

INSTITUCIÓN / INSTITUTION: - UCL Cancer Institute, London, UK. Electronic address: stephen.harland@uclh.nhs.uk.

RESUMEN / SUMMARY: - BACKGROUND: In a recent randomised, double-blind, phase III clinical trial among 1195 patients with metastatic castration-resistant prostate cancer (mCRPC) who had failed docetaxel chemotherapy, abiraterone acetate was shown to

significantly prolong overall survival compared with prednisone alone. Here we report on the impact of abiraterone therapy on the health-related quality of life (HRQoL) observed during this trial, assessed using the validated Functional Assessment of Cancer Therapy-Prostate (FACT-P) questionnaire. METHODS: All analyses were conducted using prespecified criteria for clinically meaningful improvement and deterioration in FACT-P total score as well as subscale scores; all respective thresholds were defined using an accepted methodology. Improvement was assessed only in patients with clinically significant functional status impairment at baseline. RESULTS: Significant improvements in the FACT-P total score were observed in 48% of patients receiving abiraterone versus 32% of patients receiving prednisone ($p < 0.0001$). Also, the median time to deterioration in FACT-P total score was longer ($p < 0.0001$) in patients receiving abiraterone (59.9 weeks versus 36.1 weeks). Similar differences were observed in all FACT-P subscales, with the exception of the social/family well-being domain. Median time to improvement in the physical well-being domain and the trial outcome index was significantly shorter ($p < 0.01$) with abiraterone when compared with the prednisone arm. CONCLUSIONS: The previously demonstrated survival benefit for abiraterone is accompanied by improvements in patient-reported HRQoL and a significant delay in HRQoL deterioration when compared with prednisone.

TÍTULO / TITLE: - Connective tissue growth factor regulates interneuron survival and information processing in the olfactory bulb.

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

REVISTA / JOURNAL: - Neuron. 2013 Sep 18;79(6):1136-51. doi: 10.1016/j.neuron.2013.07.011. Epub 2013 Aug 29.

●● Enlace al texto completo (gratis o de pago) [1016/j.neuron.2013.07.011](https://doi.org/10.1016/j.neuron.2013.07.011)

AUTORES / AUTHORS: - Khodosevich K; Lazarini F; von Engelhardt J; Kaneko H; Lledo PM; Monyer H

INSTITUCIÓN / INSTITUTION: - Department of Clinical Neurobiology, Heidelberg University Medical Center, 69120 Heidelberg, Germany; Department of Clinical Neurobiology/A230, German Center for Cancer Research (DKFZ), 69120 Heidelberg, Germany.

RESUMEN / SUMMARY: - Neurogenesis underlies plastic changes in defined neuronal circuits in the postnatal and adult brain. Here we identify connective tissue growth factor (CTGF) as a critical factor in the mouse olfactory bulb (OB) in determining the efficiency of incorporation of postnatally born inhibitory neurons, thus gating the output of glomeruli, the first relay station of olfactory processing in the brain. In the OB, CTGF expression was restricted to prenatally born external tufted cells. CTGF enhanced the proapoptotic activity of glial-derived TGF-beta2, decreasing the survival of periglomerular inhibitory neurons. Changes in CTGF expression levels in the OB led to modifications in local neuronal circuitry and olfactory behaviors. We show that the

odorant-specific recruitment of distinct glomeruli resulted in enhanced local CTGF expression levels in the activated glomeruli. Collectively our data reveal a molecular mechanism controlling the survival of defined postnatally born neurons, thus adapting neuronal integration to the sensory experiences.

TÍTULO / TITLE: - Re: Effect of Age, Tumor Risk, and Comorbidity on Competing Risks for Survival in a U.S. Population-Based Cohort of Men with Prostate Cancer.

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

REVISTA / JOURNAL: - J Urol. 2013 Oct;190(4):1247. doi: 10.1016/j.juro.2013.06.105. Epub 2013 Jul 4.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.06.105

AUTORES / AUTHORS: - Taneja SS

TÍTULO / TITLE: - Metastasis-free survival is associated with overall survival in men with PSA-recurrent prostate cancer treated with deferred androgen deprivation therapy.

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

REVISTA / JOURNAL: - Ann Oncol. 2013 Aug 14.

●● Enlace al texto completo (gratis o de pago) 1093/annonc/mdt335

AUTORES / AUTHORS: - Schweizer MT; Zhou XC; Wang H; Yang T; Shaukat F; Partin AW; Eisenberger MA; Antonarakis ES

INSTITUCIÓN / INSTITUTION: - Sidney Kimmel Comprehensive Cancer Center.

RESUMEN / SUMMARY: - BACKGROUND: Clinical trials in men with biochemically recurrent prostate cancer (BRPC) have been hampered by long survival times, making overall survival (OS) a difficult end point to reach. Intermediate end points are needed in order to conduct such trials within a more feasible time frame. PATIENTS AND METHODS: This is a retrospective analysis of 450 men with BRPC following prostatectomy treated at a single institution between 1981 and 2010, of which 140 developed subsequent metastases. Androgen deprivation therapy (ADT) was deferred until after the development of metastases. Cox regression models were developed to investigate factors influencing OS. RESULTS: Median metastasis-free survival (MFS) was 10.2 years [95% confidence interval (CI) 7.6-14.0 years]; median OS after metastasis was 6.6 years (95%CI 5.8-8.4 years). Multivariable Cox regressions identified four independently prognostic variables for OS: MFS (HR 0.77; 95% CI 0.63-0.94), number of metastases (<=3 versus >=4; HR 0.50; 95% CI 0.29-0.85), pain (absent versus present; HR 0.43; 95% CI 0.25-0.72), and bisphosphonate use (yes versus no; HR 0.60; 95% CI 0.37-0.98). CONCLUSIONS: MFS emerged as an independent predictor of OS in men with BRPC treated with deferred ADT after the development of metastases. MFS may be a reasonable intermediate end point in future clinical trials. This observation requires prospective validation.

- CASTELLANO -

TÍTULO / TITLE: Calidad de vida y supervivencia global en pacientes de alto riesgo tras cistectomía radical con una derivación urinaria simple.

TÍTULO / TITLE: - Quality of life and overall survival in high risk patients after radical cystectomy with a simple urinary derivation.

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

REVISTA / JOURNAL: - Cir Esp. 2013 Sep 17. pii: S0009-739X(13)00224-8. doi: 10.1016/j.ciresp.2013.03.012.

●● [Enlace al texto completo \(gratuito o de pago\) 1016/j.ciresp.2013.03.012](#)

AUTORES / AUTHORS: - Mucciardi G; Macchione L; Gali A; di Benedetto A; Subba E; Pappalardo R; Mucciardi M; Buttice S; Inferrera A; Magno C

INSTITUCIÓN / INSTITUTION: - Departamento de Urología, Universidad de Messina-Italia.

RESUMEN / SUMMARY: - **OBJECTIVE:** To evaluate quality of life (QoL) and overall survival after radical cystectomy with cutaneous ureterostomies for advanced bladder cancer in elderly patients with high surgical risk. **METHODS:** 58 patients, over 74 years of age (mean age 80,6+/-4,3) with locally advanced bladder cancer (group A), underwent radical cystectomy and ureterocutaneous diversion. Patients completed the EORTC QLQC30 before and six months after surgery to assess functional, clinical and QoL outcomes. The same evaluation was carried out in a control group (group B) of 29 patients (mean age 82,3+/-3,8 years), who had refused cystectomy. Questionnaires were also administered to patients of both groups who survived at 20 months and 5 years. **RESULTS:** All patients presented an ASA score ≥ 3 . Mean hospital stay was 15.1 days (+/-4.8) in group A and 23.5 days (+/-4.1) in Group B for frequent hospitalizations. No intraoperative complications occurred in group A. Postoperative morbidity were defined and classified according to the Clavien score system. Postoperative overall survival evaluated within 6 months in group A was 97% versus 79% in group B ($p < 0.001$). Relation between two groups at 6 months for QoL, functional and symptomatic items investigated showed in group A a statistically significant improvement for all parameters ($p < 0,001$). This advantage for patients belonging to group A still resulted evident at 20 months and 5 years. Short-term and 20 months overall survival resulted statistically significant in favour of group A ($p < 0.001$). **CONCLUSION:** Radical cystectomy with cutaneous ureterostomy represents a valid alternative in elderly patients with invasive bladder cancer and high operative risk. Comparison between two groups showed a statistically significant difference for almost all the QoL related parameters and for short and medium term overall survival.

TÍTULO / TITLE: - Ethoxyquin prevents chemotherapy-induced neurotoxicity via Hsp90 modulation.

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

REVISTA / JOURNAL: - Ann Neurol. 2013 Aug 16. doi: 10.1002/ana.24004.

●● Enlace al texto completo (gratis o de pago) [1002/ana.24004](#)

AUTORES / AUTHORS: - Zhu J; Chen W; Mi R; Zhou C; Reed N; Hoke A

INSTITUCIÓN / INSTITUTION: - Departments of Neurology and Neuroscience, Johns Hopkins School of Medicine.

RESUMEN / SUMMARY: - Objective: Peripheral neurotoxicity is a major dose-limiting side effect of many chemotherapeutic drugs. Currently there are no effective disease-modifying therapies for chemotherapy induced peripheral neuropathies, but these side effects of chemotherapy are potentially ideal targets for development of neuroprotective therapies because candidate drugs can be co- or pre-administered before the injury to peripheral axons takes place. Methods: We used a phenotypic drug screening approach to identify ethoxyquin as a potential neuroprotective drug and carried out additional biochemical experiments to identify its mechanism of action. Results: We validated the screening results with ethoxyquin and its derivatives and showed that they prevented paclitaxel induced peripheral neuropathy without blocking paclitaxel's ability to kill tumor cells. Furthermore, we demonstrate that ethoxyquin acts by modulating the chaperone activity of heat shock protein 90 (Hsp90) and blocking the binding of two of its client proteins, ataxin-2 and Sf3b2. Ethoxyquin induced reduction in levels of both of these proteins resulted in prevention of axonal degeneration caused by paclitaxel. Interpretation: Ethoxyquin and its novel derivatives as well as other classes of small molecules that act as hsp90 modulators may offer a new opportunity for development of drugs to prevent chemotherapy induced axonal degeneration. ANN NEUROL 2013. © 2013 American Neurological Association.

TÍTULO / TITLE: - A new concept for Early Recovery After Surgery in patients undergoing radical cystectomy for bladder cancer - results of a prospective randomized study.

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

REVISTA / JOURNAL: - J Urol. 2013 Aug 19. pii: S0022-5347(13)05139-2. doi: 10.1016/j.juro.2013.08.019.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.08.019](#)

AUTORES / AUTHORS: - Karl A; Buchner A; Becker A; Staehler M; Seitz M; Khoder K; Schneevoigt B; Weninger E; Rittler P; Grimm T; Gratzke C; Stief C

INSTITUCIÓN / INSTITUTION: - Department of Urology, Ludwig-Maximilians-University, Munich, Germany. Electronic address: alexander.karl@med.uni-muenchen.de.

RESUMEN / SUMMARY: - OBJECTIVE: Early recovery after surgery (ERAS) concepts have gained wide acceptance in various surgical specialities. However, limited data are available for radical cystectomy. A new ERAS concept was compared to a more

conservative regimen (CR) in patients undergoing radical cystectomy for bladder cancer. MATERIALS AND METHODS: 101 consecutive patients were prospectively randomized to ERAS (n=62) or CR (n=39) (intended randomization ERAS:CR=2:1). Primary endpoints were differences in quality of life; secondary endpoints included postoperative morbidity, demand of analgesics, time spent at intermediate care unit, mobility and number of gastrointestinal events during hospital stay. RESULTS: Quality of life parameters, as measured by the EORTC-QLQ-30, did not change significantly between day 3, 7 and at discharge in CR whereas a significant improvement was observed in the ERAS group. Postoperative morbidity was lower for ERAS regarding wound healing disorders (p=0.006), fever (0.004), and thrombosis (0.027). Demand for analgesics was significantly lower for ERAS; the amount of consumed food in relation to the amount of offered food was significantly higher for ERAS as soon as day 3 (p=0.02). Time spent at intermediate care unit was significantly shorter for ERAS (p<0.001). There were no significant differences with respect to gastrointestinal events. Main limitations of this study are the lack of long term data as well as the single center approach. CONCLUSIONS: ERAS in patients after radical cystectomy appears to have significant benefits as compared to a conservative regimen with regard to postoperative morbidity, quality of life, use of analgesics and time spent at the ICU.

TÍTULO / TITLE: - MicroRNA-31 Predicts the Presence of Lymph Node Metastases and Survival in Patients with Lung Adenocarcinoma.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Oct 1;19(19):5423-5433. Epub 2013 Aug 14.

●● [Enlace al texto completo \(gratis o de pago\) 1158/1078-0432.CCR-13-0320](#)

AUTORES / AUTHORS: - Meng W; Ye Z; Cui R; Perry J; Dedousi-Huebner V; Huebner A; Wang Y; Li B; Volinia S; Nakanishi H; Kim T; Suh SS; Ayers LW; Ross P; Croce CM; Chakravarti A; Jin VX; Lautenschlaeger T

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Department of Molecular Medicine, The University of Texas Health Science Center, San Antonio, Texas; Department of Radiation Oncology, Department of Molecular Virology, Immunology and Medical Genetics; Comprehensive Cancer Center; Department of Pathology, College of Medicine; Department of Surgery, Division of Thoracic Surgery, The Ohio State University, Columbus, Ohio; and Yanbian University College of Medicine, Ji Lin, China.

RESUMEN / SUMMARY: - PURPOSE: We conducted genome-wide miRNA-sequencing (miRNA-seq) in primary cancer tissue from patients of lung adenocarcinoma to identify markers for the presence of lymph node metastasis. EXPERIMENTAL DESIGN: Markers for lymph node metastasis identified by sequencing were validated in a separate cohort using quantitative PCR. After additional validation in the The Cancer Genome Atlas (TCGA) dataset, functional characterization studies were conducted in

vitro. RESULTS: MiR-31 was upregulated in lung adenocarcinoma tissues from patients with lymph node metastases compared with those without lymph node metastases. We confirmed miR-31 to be upregulated in lymph node-positive patients in a separate patient cohort (P = 0.009, t test), and to be expressed at higher levels in adenocarcinoma tissue than in matched normal adjacent lung tissues (P < 0.0001, paired t test). MiR-31 was then validated as a marker for lymph node metastasis in an external validation cohort of 233 lung adenocarcinoma cases of the TCGA (P = 0.031, t test). In vitro functional assays showed that miR-31 increases cell migration, invasion, and proliferation in an ERK1/2 signaling-dependent manner. Notably, miR-31 was a significant predictor of survival in a multivariate cox regression model even when controlling for cancer staging. Exploratory in silico analysis showed that low expression of miR-31 is associated with excellent survival for T2N0 patients. CONCLUSIONS: We applied miRNA-seq to study microRNomes in lung adenocarcinoma tissue samples for the first time and potentially identified a miRNA predicting the presence of lymph node metastasis and survival outcomes in patients of lung adenocarcinoma. Clin Cancer Res; 19(19); 5423-33. ©2013 AACR.

TÍTULO / TITLE: - Improving Survival in Acute Myeloid Leukemia: Pick the Best Subjects?

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Sep 23.

●● Enlace al texto completo (gratis o de pago) [1200/JCO.2013.52.0296](#)

AUTORES / AUTHORS: - Lazarus HM; Litzow MR; Gale RP

INSTITUCIÓN / INSTITUTION: - University Hospitals Case Medical Center, Case Western Reserve University, Cleveland, OH.

TÍTULO / TITLE: - Functional polymorphisms of matrix metalloproteinase-9 and survival in patients with locoregionally advanced nasopharyngeal carcinoma treated with chemoradiotherapy.

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

REVISTA / JOURNAL: - Med Oncol. 2013 Dec;30(4):685. doi: 10.1007/s12032-013-0685-6. Epub 2013 Aug 18.

●● Enlace al texto completo (gratis o de pago) [1007/s12032-013-0685-6](#)

AUTORES / AUTHORS: - Liu H; Huang PY; Tang LQ; Chen QY; Zhang Y; Zhang L; Guo L; Luo DH; Mo HY; Xiang YQ; Qiu F; Sun R; Chen MY; Hua YJ; Lv X; Wang L; Zhao C; Guo X; Cao KJ; Qian CN; Hong MH; Mai HQ

INSTITUCIÓN / INSTITUTION: - State Key Laboratory of Oncology in South China, Sun Yat-sen University Cancer Center, Guangzhou, People's Republic of China.

RESUMEN / SUMMARY: - To investigate the prognostic role of major matrix metalloproteinase (MMP) gene polymorphisms in patients with locoregionally

advanced nasopharyngeal carcinoma (NPC) treated with chemoradiotherapy. Four hundred twenty-one consecutive NPC patients were prospectively recruited. Two hundred patients were randomly selected as the training cohort, and the remaining 221 patients were the validation cohort. Twelve polymorphisms in the MMP-1, 2, 3, 7, 8, and 9 genes were genotyped by ligase detection reaction-PCR. MMP-9 rs2250889 PR/RR (HR = 2.287, 95 % CI 1.400-3.735) and rs17576 RQ/QQ (HR = 2.347, 95 % CI 1.431-3.849) genotypes were significantly related with increased death risk in the training cohort. Analysis of the validation cohort confirmed these results (rs2250889: HR = 2.231, 95 % CI 1.281-3.886; rs17576: HR = 2.987, 95 % CI 1.674-5.330). Multivariate analysis showed that rs17576 (HR = 2.284, 95 % CI 1.123-4.643, P = 0.023) was still an independent prognostic factor. The MMP-9 rs17576 is a novel independent prognostic marker in patients with locoregionally advanced NPC treated with chemoradiotherapy.

TÍTULO / TITLE: - Prognostic Factors and Long-Term Outcome of Pancreatic Neuroendocrine Neoplasms: Ki-67 Index Shows a Greater Impact on Survival than Disease Stage. The Large Experience of the Spanish National Tumor Registry (RGETNE).

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

REVISTA / JOURNAL: - Neuroendocrinology. 2013 Sep 19:156-168.

●● [Enlace al texto completo \(gratis o de pago\) 1159/000355152](#)

AUTORES / AUTHORS: - Martin-Perez E; Capdevila J; Castellano D; Jimenez-Fonseca P; Salazar R; Beguiristain-Gomez A; Alonso-Orduna V; Martinez Del Prado P; Villabona-Artero C; Diaz-Perez JA; Monleon A; Marazuela M; Pachon V; Sastre-Valera J; Sevilla I; Castano A; Garcia-Carbonero R

INSTITUCIÓN / INSTITUTION: - Department of Surgery, University Hospital La Princesa, Madrid, España.

RESUMEN / SUMMARY: - Introduction: Pancreatic neuroendocrine neoplasms (PNENs) are uncommon neoplasms with a wide spectrum of clinical behavior. The objective of this study was to assess in a large cohort of patients the relative impact of prognostic factors on survival. Methods: From June 2001 through October 2010, 1,271 patients were prospectively registered online (www.getne.org) at the Spanish National Cancer Registry for Gastroenteropancreatic Neuroendocrine Tumors (RGETNE) by participating centers. Clinical and histopathological features were assessed as potential prognostic factors by uni- and multivariate analyses. Results: Of 483 PNENs, 171 (35%) were functional (F) and 312 (65%) non-functional (NF). NF-PNENs were associated with a higher incidence of histological features denoting more aggressive disease, such as poor tumor differentiation, Ki-67 >20%, or vascular invasion (NF- vs. F-PNENs, respectively, p < 0.05). Nevertheless, functionality was not a significant predictor of survival (p = 0.19). Stage at diagnosis, Ki-67 index, tumor differentiation and surgical resection of the primary tumor were all significant prognostic factors in univariate

analysis. However, Ki-67 (>20 vs. ≤2%) (hazard ratio (HR) 2.21, p = 0.01) and surgical resection (yes vs. no) (HR 0.92, p = 0.001) were the only independent predictors of survival in multivariate analysis. Among patients who underwent surgery, high Ki-67 index (HR 10.37, p = 0.02) and poor differentiation (HR 8.16, p = 0.03) were the only independent predictors of clinical outcome. Conclusion: Ki-67 index and tumor differentiation are key prognostic factors influencing survival of patients with PNENs and, in contrast to what it is observed for other solid malignancies, they seem to have a greater impact on survival than the extent of disease. This should be borne in mind by physicians in order to appropriately tailor therapeutic strategies and surveillance of these patients.

TÍTULO / TITLE: - Par-4/THAP1 complex and Notch3 competitively regulated pre-mRNA splicing of CCAR1 and affected inversely the survival of T-cell acute lymphoblastic leukemia cells.

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

REVISTA / JOURNAL: - Oncogene. 2013 Aug 26. doi: 10.1038/onc.2013.349.

●● [Enlace al texto completo \(gratis o de pago\) 1038/onc.2013.349](#)

AUTORES / AUTHORS: - Lu C; Li JY; Ge Z; Zhang L; Zhou GP

INSTITUCIÓN / INSTITUTION: - Department of Pediatrics, the First Affiliated Hospital of Nanjing Medical University, Jiangsu, China.

RESUMEN / SUMMARY: - Although the intensification of therapy for children with T-cell acute lymphoblastic leukemia (T-ALL) has substantially improved clinical outcomes, T-ALL remains an important challenge in pediatric oncology. Here, we report that the cooperative synergy between prostate apoptosis response factor-4 (Par-4) and THAP1 induces cell cycle and apoptosis regulator 1 (CCAR1) gene expression and cellular apoptosis in human T-ALL cell line Jurkat cells, CEM cells and primary cultured neoplastic T lymphocytes from children with T-ALL. Par-4 and THAP1 collaborated to activate the promoter of CCAR1 gene. Mechanistic investigations revealed that Par-4 and THAP1 formed a protein complex by the interaction of their carboxyl termini, and THAP1 bound to CCAR1 promoter through its zinc-dependent DNA-binding domain at amino terminus. Par-4/THAP1 complex and Notch3 competitively bound to CCAR1 promoter and competitively modulated alternative pre-mRNA splicing of CCAR1, which resulted in two different transcripts and played an opposite role in T-ALL cell survival. Despite Notch3 induced a shift splicing from the full-length isoform toward a shorter form of CCAR1 mRNA by splicing factor SRp40 and SRp55, Par-4/THAP1 complex strongly antagonized this inductive effect. Our finding revealed a mechanistic rationale for Par-4/THAP1-induced apoptosis in T-ALL cells that would be of benefit to develop a new therapy strategy for T-ALL. Oncogene advance online publication, 26 August 2013; doi:10.1038/onc.2013.349.

TÍTULO / TITLE: - Impact of multimodal therapy on the survival of patients with newly diagnosed uterine carcinosarcoma.

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

REVISTA / JOURNAL: - Eur J Gynaecol Oncol. 2013;34(4):291-5.

AUTORES / AUTHORS: - Machida H; Takahashi K; Nomura H; Matoda M; Omatsu K; Kato K; Umayahara K; Takeshima N

INSTITUCIÓN / INSTITUTION: - Department of Gynecology, Cancer Institute Hospital, Kotou-Ku, Japan. hiroko.machida@jfc.or.jp

RESUMEN / SUMMARY: - PURPOSE: To investigate treatment outcomes of uterine carcinosarcoma (CS) patients who underwent complete surgical resection of all visible disease and platinum-based adjuvant chemotherapy (multimodal therapy). MATERIALS AND METHODS: The authors reviewed 127 uterine CS patients treated at this institution from 1990 to 2010. They operated 123 patients in clinical Stages 1-3, 97 of which underwent complete resection and systemic lymphadenectomy. RESULTS: A total of 97 patients (FIGO 2008: Stage 1 in 50 patients, Stage 2 in six, Stage 3 in 37, and Stage 4 in four) underwent surgical staging, 74 of which were administered five cycles (median) of platinum-based adjuvant chemotherapy. The median overall survival (OS) associated with multimodal therapy 50.6 months compared with 34.9 months incomplete multimodal therapy. After multimodal treatment, 32.9% (32/97) patients showed recurrence (24/32 hematogenous). CONCLUSION: Multimodal therapy increased survival among uterine CS patients, but the recurrence rate remained high. Further consideration of treatment options for uterine CS is required.

TÍTULO / TITLE: - PINCH expression in relation to radiation response in co-cultured colon cancer cells and in rectal cancer patients.

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

REVISTA / JOURNAL: - Oncol Rep. 2013 Nov;30(5):2097-104. doi: 10.3892/or.2013.2673. Epub 2013 Aug 20.

●● [Enlace al texto completo \(gratis o de pago\) 3892/or.2013.2673](#)

AUTORES / AUTHORS: - Holmqvist A; Holmlund B; Ardsby M; Pathak S; Sun XF

INSTITUCIÓN / INSTITUTION: - Department of Clinical and Experimental Medicine, Linköping University, Linköping, Sweden.

RESUMEN / SUMMARY: - Particularly interesting new cysteine-histidine rich protein (PINCH), involved in cell spreading, motility and proliferation, has been shown to enhance radioresistance in colon cancer cell lines. The expression of PINCH in relation to radiation was studied in co-cultured colon cancer cells. Furthermore, the clinical significance between PINCH and radiotherapy (RT) was analyzed in rectal cancer patients with or without RT. The relative PINCH expression in colon cancer (KM12C) cells cultured separately and in co-culture was examined by western blotting and real-

time PCR, and was analyzed over a period of 8 and 24 h after radiation. PINCH expression was immunohistochemically examined in 137 primary rectal tumors for which 65 cases did not receive RT and 72 cases received RT. PINCH expression tended to decrease from that in the separately cultured KM12C cells without radiation to that in cells with radiation at 8 h ($P=0.060$); while in the co-cultured cells, no significant difference was found ($P=0.446$). In patients with RT, strong PINCH expression was related to worse survival, when compared to patients with weak expression, independent of TNM stage, degree of differentiation, age and p53 status ($P=0.029$, RR 4.03, 95% CI 1.3412.1). No survival relationship for the patients without RT was observed ($P=0.287$). A statistical interaction analysis between PINCH, RT and survival showed a trend towards significance ($P=0.057$). In conclusion, PINCH predicts survival in rectal cancer patients with RT, but not in patients without RT. The expression of PINCH may be regulated by radiation and by environmental factors surrounding the cells.

TÍTULO / TITLE: - High LC3 expression correlates with poor survival in patients with oral squamous cell carcinoma.

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

REVISTA / JOURNAL: - Hum Pathol. 2013 Sep 19. pii: S0046-8177(13)00287-6. doi: 10.1016/j.humpath.2013.06.017.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.humpath.2013.06.017](#)

AUTORES / AUTHORS: - Tang JY; Hsi E; Huang YC; Hsu NC; Chu PY; Chai CY

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Faculty of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung 80756, Taiwan; Department of Radiation Oncology, Kaohsiung Medical University Hospital, Kaohsiung 80756, Taiwan; Cancer Center, Kaohsiung Medical University Hospital, Kaohsiung 80756, Taiwan.

RESUMEN / SUMMARY: - Oral squamous cell carcinoma (OSCC) is a destructive disease with very poor prognosis and no effective treatment. Autophagy is a dynamic cellular process involved in various physiological processes and diseases including cancer that degrades cytoplasmic proteins and organelles. The role of autophagy in the pathogenesis of OSCC is not yet understood. Microtubule-associated protein light chains 3 (LC3) is a reliable autophagosome markers for monitoring autophagy. In the present study, LC3 expression was determined in a cohort of 90 OSCC samples by immunohistochemistry. The results were correlated with clinical and pathological characteristics of patients. High LC3 expression ($N = 57$; 63.3%) correlated with stage ($P < .0001$), tumor size ($P < .0001$), and lymph node involvement ($P = .0003$) and with an increased risk of death ($P < .0001$; hazard ratio, 3.59) in a univariate analysis. In the multivariate analysis adjusted for grade, stage, and alcohol, betel, and tobacco consumption, high LC3 expression retained statistical significance with regard to

survival ($P = .0043$; hazard ratio, 2.99). The Kaplan-Meier survival curve also showed that high LC3 expression was significantly associated with poor overall survival ($P = .0001$). Elevated LC3 expression, which corresponds to increased level of autophagy activity, is a frequent event and an indicator of poor prognosis in human OSCC.

TÍTULO / TITLE: - Notch-induced transcription factors are predictive of survival and 5-fluorouracil response in colorectal cancer patients.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Aug 20;109(4):1023-30. doi: 10.1038/bjc.2013.431. Epub 2013 Jul 30.

●● [Enlace al texto completo \(gratis o de pago\) 1038/bjc.2013.431](#)

AUTORES / AUTHORS: - Candy PA; Phillips MR; Redfern AD; Colley SM; Davidson JA; Stuart LM; Wood BA; Zeps N; Leedman PJ

INSTITUCIÓN / INSTITUTION: - 1] Laboratory for Cancer Medicine, University of Western Australia Centre for Medical Research, Western Australian Institute for Medical Research (WAIMR), Perth, Western Australia 6000, Australia [2] School of Medicine and Pharmacology, University of Western Australia, Perth, Western Australia 6009, Australia.

RESUMEN / SUMMARY: - Background: The purpose of this study was to evaluate the expression of Notch-induced transcription factors (NTFs) HEY1, HES1 and SOX9 in colorectal cancer (CRC) patients to determine their clinicopathologic and prognostic significance. Methods: Levels of HEY1, HES1 and SOX9 protein were measured by immunohistochemistry in a nonmalignant and malignant tissue microarray of 441 CRC patients, and the findings correlated with pathologic, molecular and clinical variables. Results: The NTFs HEY1, HES1 and SOX9 were overexpressed in tumours relative to colonic mucosa (OR=3.44, $P < 0.0001$; OR=7.40, $P < 0.0001$; OR=4.08 $P < 0.0001$, respectively). HEY1 overexpression was a negative prognostic factor for all CRC patients (HR=1.29, $P = 0.023$) and strongly correlated with perineural and vascular invasion and lymph node (LN) metastasis. In 5-fluorouracil (5-FU)-treated patients, the tumour overexpression of SOX9 correlated with markedly poorer survival (HR=8.72, $P = 0.034$), but had no predictive effect in untreated patients (HR=0.70, $P = 0.29$). When HEY1, HES1 and SOX9 expression were combined to predict survival with chemotherapy, in treated patients there was an additive increase in the risk of death with each NTF overexpressed (HR=2.09, $P = 0.01$), but no prognostic import in the untreated patient group (HR=0.74, $P = 0.19$). Conclusion: The present study is the first to discover that HEY1 overexpression correlates with poorer outcome in CRC, and NTF expression is predictive of CRC patient survival with 5-FU chemotherapy. If confirmed in future studies, testing of NTF expression has the potential to enter routine pathological practice for the selection of patients to undergo chemotherapy alone or in combination with Notch inhibitors.

TÍTULO / TITLE: - High plasma fibrinogen level represents an independent negative prognostic factor regarding cancer-specific, metastasis-free, as well as overall survival in a European cohort of non-metastatic renal cell carcinoma patients.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Sep 3;109(5):1123-9. doi: 10.1038/bjc.2013.443. Epub 2013 Aug 6.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.443](#)

AUTORES / AUTHORS: - Pichler M; Hutterer GC; Stojakovic T; Mannweiler S; Pummer K; Zigeuner R

INSTITUCIÓN / INSTITUTION: - Division of Oncology, Department of Internal Medicine, Medical University of Graz, Auenbruggerplatz 25, Graz A=8036, Austria.

RESUMEN / SUMMARY: - Background:In recent years, plasma fibrinogen has been ascribed an important role in the pathophysiology of tumour cell invasion and metastases. A relatively small-scale study has indicated that plasma fibrinogen levels may serve as a prognostic factor for predicting clinical outcomes in non-metastatic renal cell carcinoma (RCC) patients.Methods:Data from 994 consecutive non-metastatic RCC patients, operated between 2000 and 2010 at a single, tertiary academic centre, were evaluated. Analyses of plasma fibrinogen levels were performed one day before the surgical interventions. Patients were categorised using a cut-off value of 466 mg dl(-1) according to a calculation by receiver-operating curve analysis. Cancer-specific (CSS), metastasis-free (MFS), as well as overall survival (OS) were assessed using the Kaplan-Meier method. To evaluate the independent prognostic impact of plasma fibrinogen level, a multivariable Cox regression model was performed for all three different endpoints.Results:High plasma fibrinogen levels were associated with various well-established prognostic factors, including age, advanced tumour stage, tumour grade and histologic tumour necrosis (all P<0.05). Furthermore, in multivariable analysis, a high plasma fibrinogen level was statistically significantly associated with a poor outcome for patients' CSS (hazard ratio (HR): 2.47, 95% confidence interval (CI): 1.49-4.11, P<0.001), MFS (HR: 2.15, 95% CI: 1.44-3.22, P<0.001) and OS (HR: 2.48, 95% CI: 1.80-3.40, P<0.001).Conclusion:A high plasma fibrinogen level seems to represent a strong and independent negative prognostic factor regarding CSS, MFS and OS in non-metastatic RCC patients. Thus, this easily determinable laboratory value should be considered as an additional prognostic factor for RCC patients' individual risk assessment.

TÍTULO / TITLE: - Resolution of New-Onset Diabetes After Radical Pancreatic Resection Predicts Long-term Survival in Patients with Pancreatic Ductal Cell Adenocarcinoma.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Aug 14.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3095-2](https://doi.org/10.1245/s10434-013-3095-2)

AUTORES / AUTHORS: - He XY; Li JF; Yao WY; Yuan YZ

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

RESUMEN / SUMMARY: - **PURPOSE:** To demonstrate the effect of diabetes mellitus (DM) (stratified by long-term/new-onset presurgical diabetes, resolved/unresolved postsurgical diabetes) on prognosis for pancreatic ductal cell adenocarcinoma (PDAC) after radical resection. **METHODS:** One hundred ninety-nine patients who underwent radical resection for PDAC between 2007 and 2011 at Ruijin Hospital (Shanghai, China) were retrospectively analyzed. Clinical and pathologic characteristics, surgical and adjuvant chemotherapy related outcomes, disease-free survival (DFS), and postoperative survival were compared among patients with long-term (≥ 2 years)/new-onset (< 2 years) presurgical diabetes and resolved/unresolved postsurgical diabetes. Univariate and multivariable analysis was performed to determine factors associated with DFS and overall survival (OS). **RESULTS:** Of 199 patients, 90 (44.7 %) had DM, 64 of which were new onset and 26 of which were long-standing. Resolution of DM after radical pancreatic resection was observed in 65 % (42 of 64) in the new-onset group, but in none of the long-standing group. Resolved new-onset DM patients had larger, well-differentiated tumors compared to patients with unresolved new-onset DM. Patients with long-standing DM had shorter postoperative DFS and OS than nondiabetic/new-onset DM, whereas postoperative resolved new-onset DM is associated with longer DFS and OS than unresolved DM. Morbidity was higher and postoperative hospital stay was longer in patients with new-onset DM compared with patients with long-standing DM and patients without DM. There was no difference in the adjuvant chemotherapy toxicity rate among patients with long-standing or new-onset DM and those without DM. **CONCLUSIONS:** Different status of DM has different effects on outcome after resection for PDAC. Long-standing DM is related to progression of disease, whereas postsurgical resolved new-onset DM is a favorable prognostic factor.

TÍTULO / TITLE: - Evaluation of Outcomes in Patients With Carcinoma of the Cervix Treated With Concurrent Radiation and Cisplatin Versus Cisplatin/5-FU Compared With Radiation Alone.

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

REVISTA / JOURNAL: - Am J Clin Oncol. 2013 Jul 24.

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

[1097/COC.0b013e3182a1b448](https://doi.org/10.1097/COC.0b013e3182a1b448)

AUTORES / AUTHORS: - Donnelly ED; Refaat T; Gentile M; Herskovic A; Boyle J; Helenowski I; Rademaker A; Lurain J; Schink J; Singh D; Strauss JB; Small W Jr

INSTITUCIÓN / INSTITUTION: - Departments of *Radiation Oncology double daggerPreventive Medicine section signObstetrics and Gynecology, Robert H. Lurie Comprehensive Cancer Center, Northwestern University Feinberg School of Medicine, Chicago, IL daggerDepartment of Clinical Oncology, Alexandria University, Alexandria, Egypt.

RESUMEN / SUMMARY: - **OBJECTIVES:** The objective of this study was to compare outcomes for patients with cervical cancer treated with radiation concurrently with cisplatin, cisplatin/5-fluorouracil (5-FU), or without chemotherapy. **MATERIALS AND METHODS:** We reviewed the records of eligible patients with locoregionally confined, stage IB1 through IVA, intact cervical cancer who were treated at Northwestern Memorial Hospital. All patients underwent definitive radiotherapy with combined external beam radiation-the majority with extended-field (62%)-and received low-dose rate brachytherapy. **RESULTS:** A total of 236 patients were included: 99 had no concurrent chemotherapy, 95 were treated with concurrent cisplatin, and 42 were treated with cisplatin/5-FU. For all patients treated with or without chemotherapy, overall survival at 5 and 10 years was 64% and 59%, respectively. Patients treated with chemotherapy had a superior recurrence-free survival rate of 69% at 5 years versus 49% in patients who did not receive chemotherapy (P=0.09). Twenty-six percent of patients treated with cisplatin alone, 31% of patients treated with cisplatin/5-FU, and 45% of patients who did not receive chemotherapy experienced a disease recurrence. Adenosquamous histology conferred a higher rate of recurrence as compared with adenocarcinoma and squamous cell histologies (54% vs. 34%, respectively; P=0.05). **CONCLUSIONS:** Cisplatin-based concurrent chemoradiotherapy showed a trend toward improved recurrence-free survival survival in the definitive treatment of nonmetastatic cervical cancer. The addition of 5-FU to cisplatin did not appear to significantly impact survival or recurrence-free survival. Adenosquamous histology was associated with a higher risk of recurrence as compared with other histologic subtypes.

TÍTULO / TITLE: - Prognostic value of metabolic tumor volume and total lesion glycolysis from 18F-FDG PET/CT in patients undergoing stereotactic body radiation therapy for stage I non-small-cell lung cancer.

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

REVISTA / JOURNAL: - Nucl Med Commun. 2013 Oct;34(10):959-63. doi: 10.1097/MNM.0b013e32836491a9.

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

[1097/MNM.0b013e32836491a9](#)

AUTORES / AUTHORS: - Vu CC; Matthews R; Kim B; Franceschi D; Bilfinger TV; Moore WH

INSTITUCIÓN / INSTITUTION: - Departments of aRadiology bRadiation Oncology cSurgery, Division of Cardiothoracic Surgery, Stony Brook University Medical Center, Stony Brook, New York, USA.

RESUMEN / SUMMARY: - OBJECTIVES: The aim of this study was to evaluate the prognostic value of pretreatment F-fluorodeoxyglucose PET/computed tomography (CT), particularly in the assessment of metabolic tumor burden markers such as metabolic tumor volume (MTV) and total lesion glycolysis (TLG), with respect to clinical outcomes in stage I non-small-cell lung cancer (NSCLC) patients undergoing stereotactic body radiation therapy (SBRT). METHODS: This retrospective study evaluated 50 patients who underwent SBRT for stage I NSCLC from May 2007 to December 2012. The maximum standardized uptake value (SUVmax), average SUV (SUVavg), MTV, and TLG were measured from the PET/CT scan. The study population was dichotomized at the median into high and low groups. Kaplan-Meier log-rank tests were then used to compare high with low PET/CT parameter groups, and univariate Cox proportional hazards regression analysis was carried out to identify predictors of overall survival. RESULTS: The 2-year local control rate was 93.7%. After a median follow-up of 25.1 months, the 2-year overall survival was 79.3%. Eight patients (16%) had disease recurrence. There were three local failures (6%), three mediastinal failures (6%), and six cases of distant metastases (12%). Both Kaplan-Meier actuarial analysis and Cox proportional hazards regression found no correlation between SUVmax, SUVavg, MTV, and TLG and overall survival. CONCLUSION: Standard PET/CT measures, such as SUVmax, as well as newer measures of metabolic tumor burden, such as MTV and TLG, were not correlated with overall survival in our study population of stage I NSCLC patients undergoing SBRT. Larger studies with longer follow-up periods are needed to confirm these results.

TÍTULO / TITLE: - Neurological and cytological response as potential early predictors of time-to-progression and overall survival in patients with leptomeningeal carcinomatosis treated with intrathecal liposomal cytarabine: a retrospective cohort study.

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

REVISTA / JOURNAL: - J Neurooncol. 2013 Sep 15.

●● Enlace al texto completo (gratis o de pago) [1007/s11060-013-1241-0](#)

AUTORES / AUTHORS: - Fusco JP; Castanon E; Carranza OE; Zubiri L; Martin P; Espinos J; Rodriguez J; Santisteban M; Aramendia JM; Gil-Bazo I

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Clinica Universidad de Navarra, c/Pio XII 36, 31008, Pamplona, España.

RESUMEN / SUMMARY: - Interesting neurological and cytological response rates after intrathecal (i.t) liposomal cytarabine have been observed in patients with leptomeningeal carcinomatosis (LMC) from solid tumors. However, the potential use of those responses as early predictors of time-to-progression (TTP) and overall survival (OS) is unexplored. 27 consecutive patients with LMC treated with 50 mg i.t liposomal cytarabine under compassionate drug use were retrospectively studied. All patients

received i.t treatment every 2 weeks during induction and every 4 weeks during maintenance periods. Neurological and cytological responses were assessed before every liposomal cytarabine cycle. Most of the patients were female (17/27) diagnosed with breast cancer (15/27). A complete neurological response was seen among 11 % of the patients; partial response in 22 % of the patients; stable disease in 30 % of the patients and progressive disease in 37 % of them. Cytological assessment was available in 11/27 patients showing a 26 % complete response rate. The median time to neurological and cytological response was 15 days and 14 days, respectively. Patients showing a combined neurological and cytological response showed a significantly longer median TTP (122 vs. 3 days; $p = 0.001$) and OS (141 vs. 3 days; $p = 0.002$) compared to those showing both neurological and cytological progression. No grade 4 toxicities were recorded. According to these preliminary results, early neurological and cytological responses may be further studied as early predictors of TTP and OS in patients receiving i.t liposomal cytarabine for LMC.

TÍTULO / TITLE: - Radical treatment of synchronous oligometastatic non-small cell lung carcinoma (NSCLC): Patient outcomes and prognostic factors.

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

REVISTA / JOURNAL: - Lung Cancer. 2013 Oct;82(1):95-102. doi: 10.1016/j.lungcan.2013.07.023. Epub 2013 Aug 6.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.lungcan.2013.07.023](#)

AUTORES / AUTHORS: - Griffioen GH; Toguri D; Dahele M; Warner A; de Haan PF; Rodrigues GB; Slotman BJ; Yaremko BP; Senan S; Palma DA

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, VU University Medical Center, De Boelelaan 1117, PO Box 7057, 1007 MB Amsterdam, The Netherlands. Electronic address: g.griffioen@vumc.nl.

RESUMEN / SUMMARY: - OBJECTIVES: Metastatic non-small cell lung carcinoma (NSCLC) generally carries a poor prognosis, and systemic therapy is the mainstay of treatment. However, extended survival has been reported in patients presenting with a limited number of metastases, termed oligometastatic disease. We retrospectively reviewed the outcomes of such patients treated at two centers. MATERIALS AND METHODS: From September 1999-July 2012, a total of 61 patients with 1-3 synchronous metastases, who were treated with radical intent to all sites of disease, were identified from records of two cancer centers. Treatment was considered radical if it involved surgical resection and/or delivery of radiation doses $\geq 13 \times 3 \text{Gy}$. RESULTS: Besides the primary tumor, 50 patients had a solitary metastasis, 9 had two metastases, and 2 had three metastases. Locations of metastases included the brain ($n=36$), bone ($n=11$), adrenal ($n=4$), contralateral lung ($n=4$), extra-thoracic lymph nodes ($n=4$), skin ($n=2$) and colon ($n=1$). Only one patient had metastases in two different organs. Median follow-up was 26.1 months (m), median overall survival (OS) was 13.5m, median

progression free survival (PFS) was 6.6m and median survival after first progression (SAFP) was 8.3m. The 1- and 2-year OS were, 54% and 38%, respectively. Significant predictors of improved OS were: smaller radiotherapy planning target volume (PTV) ($p=0.004$) and surgery for the primary lung tumor ($p<0.001$). Factors associated with improved SAFP included surgery for the primary lung tumor, presence of brain metastases, and absence of bone metastases. No significant differences in outcomes were observed between the two centers. CONCLUSION: Radical treatment of selected NSCLC patients presenting with 1-3 synchronous metastases can result in favorable 2-year survivals. Favorable outcomes were associated with intra-thoracic disease status: patients with small radiotherapy treatment volumes or resected disease had the best OS. Future prospective clinical trials, ideally randomized, should evaluate radical treatment strategies in such patients.

TÍTULO / TITLE: - Role of Type II Pneumocyte Senescence in Radiation-Induced Lung Fibrosis.

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

REVISTA / JOURNAL: - J Natl Cancer Inst. 2013 Oct 2;105(19):1474-1484. Epub 2013 Sep 19.

●● Enlace al texto completo (gratis o de pago) [1093/jnci/djt212](#)

AUTORES / AUTHORS: - Citrin DE; Shankavaram U; Horton JA; Shield W 3rd; Zhao S; Asano H; White A; Sowers A; Thetford A; Chung EJ

INSTITUCIÓN / INSTITUTION: - Affiliations of authors: Radiation Oncology Branch (DEC, US, JAH, WS, SZ, HA, AY, EJC) and Radiation Biology Branch (AS, AT), Center for Cancer Research, National Institutes of Health, Bethesda, MD.

RESUMEN / SUMMARY: - BACKGROUND: Radiation is a commonly delivered therapeutic modality for cancer. The causes underlying the chronic, progressive nature of radiation injury in the lung are poorly understood. METHODS: C57Bl/6NCr mice were exposed to thoracic irradiation ($n = 3$ per dose and time point for tissue collection). Microarray analysis of gene expression from irradiated murine lung was performed using one-way analysis of variance with post hoc Scheffe analysis. Senescence and type II airway epithelial cell (AECII) count were assayed in irradiated murine lung tissue ($n = 3$ per condition). Irradiated mice were treated with diphenyleneiodonium (DPI), an inhibitor of NADPH oxidase (NOX), and fibrosis was assessed by collagen assays. All statistical tests were two-tailed. RESULTS: Gene expression in lung tissue from mice irradiated to 17.5 Gy clustered with that of aged unirradiated mice. Only fibrogenic exposures led to AECII senescence (0 Gy: 0.66% +/- 0.67%; 5 Gy: 4.5% +/- 1.19%; 17.5 Gy: 18.7% +/- 3.05; $P = .007$) and depletion (0 Gy: 2.89 per alveolus +/- 0.26; 5 Gy: 2.41 +/- 0.19; 17.5 Gy: 1.6 +/- 0.14; $P < .001$) at 30 weeks. Treatment of irradiated mice with DPI for 16 weeks markedly reduced collagen accumulation (5x6 Gy: 57.26 mug/lung +/- 9.91; 5x6 Gy +/- DPI: 36.54mug/lung +/- 4.39; $P = .03$) and AECII senescence (5x6 Gy: 37.61% +/-

4.82%; 5x6 Gy +/- DPI: 12.38% +/- 2.78; P < .001). CONCLUSIONS: These studies identify senescence as an important process in AECII in vivo and indicate that NOX is a critical mediator of radiation-induced AECII senescence and pulmonary fibrosis.

TÍTULO / TITLE: - A randomized trial comparing thulium laser resection to standard transurethral resection of the prostate for symptomatic benign prostatic hyperplasia: four-year follow-up results.

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

REVISTA / JOURNAL: - World J Urol. 2013 Aug 3.

●● Enlace al texto completo (gratis o de pago) 1007/s00345-013-1103-6

AUTORES / AUTHORS: - Cui D; Sun F; Zhuo J; Sun X; Han B; Zhao F; Jing Y; Lu J; Xia S

INSTITUCIÓN / INSTITUTION: - Department of Urology, Shanghai First People's Hospital, School of Medicine, Shanghai Jiao Tong University, No.100, Haining Road, Shanghai, 200080, China.

RESUMEN / SUMMARY: - OBJECTIVE: To report the results of a randomized prospective trial with a 4-year follow-up, comparing the thulium laser resection of the prostate-tangerine technique (TmLRP-TT) with transurethral resection of prostate (TURP) for treatment of symptomatic benign prostatic hyperplasia (BPH). METHODS: BPH patients (96) were randomized for surgical treatment with TmLRP-TT (47) or TURP (49). All patients were assessed pre-operatively and followed at 12, 24, 36, and 48 months post-operatively. Several parameters related to BPH were collected at each follow-up, including International Prostate Symptom Score (IPSS), quality of life (QoL), maximum urinary flow rates (Qmax), and post-void residual volume (PVR). All late complications were also recorded. RESULTS: Dramatic improvement in micturition parameters was observed after TmLRP-TT compared with pre-operative values. Median IPSS decreased 75.6 % in the subsequent 12 months and 61.2 % in 48 months, while median QoL decreased by 80.4 and 59.1 %, respectively. Compared with baseline, numerical values of Qmax increased 1.07-fold and those of PVR decreased 73.1 % in the fourth year. Moreover, all micturition parameters in the TmLRP-TT group were similar to those of TURP patients at every annual assessment. Some late complications after the operations were also observed: one patient suffered from urethral strictures and one from bladder-neck contractures after TmLRP-TT. Re-operation rates were equal in the two groups. CONCLUSIONS: Micturition remained stable after TmLRP-TT during the 4-year follow-up. Outcomes compared favourably with TURP, with lower peri-operative morbidity and equally low occurrence of late adverse effects. Thus, TmLRP-TT can be an available option for BPH patients, especially older, high-risk patients.

TÍTULO / TITLE: - Better leukemia-free and overall survival in AML in first remission following cyclophosphamide in combination with busulfan compared to TBI.

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

REVISTA / JOURNAL: - Blood. 2013 Sep 24.

●● Enlace al texto completo (gratis o de pago) 1182/blood-2013-07-514448

AUTORES / AUTHORS: - Copelan EA; Hamilton BK; Avalos B; Ahn KW; Bolwell BJ; Zhu X; Aljurf M; van Besien K; Bredeson CN; Cahn JY; Costa LJ; de Lima M; Gale RP; Hale GA; Halter J; Hamadani M; Inamoto Y; Kamble RT; Litzow MR; Loren AW; Marks DI; Olavarria E; Roy V; Sabloff M; Savani BN; Seftel M; Schouten HC; Ustun C; Waller EK; Weisdorf DJ; Wirk B; Horowitz MM; Arora M; Szer J; Cortes J; Kalaycio ME; Maziarz RT; Saber W

INSTITUCIÓN / INSTITUTION: - Levine Cancer Institute, Carolinas Healthcare System, Charlotte, NC, United States;

RESUMEN / SUMMARY: - Cyclophosphamide combined with total body irradiation (Cy/TBI) or busulfan (BuCy) are the most widely used myeloablative conditioning regimens for allotransplants. Recent data regarding their comparative effectiveness is lacking. We analyzed data from the Center for International Blood and Marrow Transplant Research for 1230 subjects receiving a first hematopoietic cell transplant from a human-leukocyte antigen matched sibling or unrelated donor during years 2000-2006 for acute myeloid leukemia (AML) in first complete remission (CR) after conditioning with Cy/TBI or oral or intravenous (IV) BuCy. Multivariate analysis showed significantly less non-relapse mortality (relative risk [RR]=0.58; 95% confidence interval [CI]:0.39 - 0.86; P=0.007), and relapse after, but not before, 1 year post-transplant (RR=0.23; 95% CI: 0.08 - 0.65; P=0.006), and better leukemia-free survival (RR=0.70; 95% CI: 0.55 - 0.88; P=0.003) and survival (RR=0.68; 95% CI: 0.52 - 0.88; P=0.003) in persons receiving IV, but not oral, Bu compared to TBI. In combination with Cy, IV Bu is associated with superior outcomes compared to TBI in patients with AML in first CR.

TÍTULO / TITLE: - GnRH Agonist for the Prevention of Chemotherapy-Induced Ovarian Failure in Lymphoma.

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Sep 3.

●● Enlace al texto completo (gratis o de pago) 1200/JCO.2012.47.8222

AUTORES / AUTHORS: - Blumenfeld Z; Dann E

INSTITUCIÓN / INSTITUTION: - Technion-Israel Institute of Technology, Haifa, Israel.

TÍTULO / TITLE: - High tumor interstitial fluid pressure identifies cervical cancer patients with improved survival from radiotherapy plus cisplatin versus radiotherapy alone.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Jul 31. doi: 10.1002/ijc.28403.

●● Enlace al texto completo (gratis o de pago) [1002/ijc.28403](https://doi.org/10.1002/ijc.28403)

AUTORES / AUTHORS: - Milosevic MF; Pintilie M; Hedley DW; Bristow RG; Wouters BG; Oza AM; Laframboise S; Hill RP; Fyles AW

INSTITUCIÓN / INSTITUTION: - Radiation Medicine Program, University of Toronto, Toronto, Canada; Princess Margaret Cancer Center, University Health Network and Departments of Radiation Oncology, University of Toronto, Toronto, Canada.

RESUMEN / SUMMARY: - Radiotherapy with concurrent cisplatin (CRT) is standard treatment for locally advanced cervical cancer. However, not all patients benefit from the addition of cisplatin to RT alone. This study explored the value of pre-treatment tumor interstitial fluid pressure (IFP) and hypoxia measurements as predictors of cisplatin response in 291 patients who were treated with RT (1994-1998) or RT plus concurrent cisplatin (1999-2009). Clinical characteristics were similar between the two groups, apart from a greater proportion of patients with pelvic lymph node metastases and hypoxic tumors in the CRT cohort. Patients were followed for a median duration of 5.6 years. Information about recurrence and survival was recorded prospectively. The addition of cisplatin to RT improved survival compared to treatment with RT alone (HR 0.61, $p=0.0097$). This improvement was confined to patients with high-IFP tumors at diagnosis (HR 0.40, $p=0.00091$). There was no benefit of adding cisplatin in those with low-IFP tumors (HR 1.05, $p=0.87$). There was no difference in the effectiveness of cisplatin in patients with more or less hypoxic tumors. In conclusion, patients with locally advanced cervical cancer and high tumor IFP at diagnosis have greater benefit from the addition of cisplatin to RT than those with low IFP. This may reflect high tumor cell proliferation, which is known to influence IFP, local tumor control and patient survival.

TÍTULO / TITLE: - Safety and efficacy of a genetic vaccine targeting telomerase plus chemotherapy for the therapy of canine B-cell lymphoma.

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

REVISTA / JOURNAL: - Hum Gene Ther. 2013 Aug;24(8):728-38. doi: 10.1089/hum.2013.112.

●● Enlace al texto completo (gratis o de pago) [1089/hum.2013.112](https://doi.org/10.1089/hum.2013.112)

AUTORES / AUTHORS: - Gavazza A; Lubas G; Fridman A; Peruzzi D; Impellizzeri JA; Luberto L; Marra E; Roscilli G; Ciliberto G; Aurisicchio L

INSTITUCIÓN / INSTITUTION: - 1 University of Pisa, Department of Veterinary Sciences, San Piero a Grado 56122, Pisa, Italy.

RESUMEN / SUMMARY: - Abstract Client-owned pet dogs represent exceptional translational models for advancement of cancer research because they reflect the complex heterogeneity observed in human cancer. We have recently shown that a genetic vaccine targeting dog telomerase reverse transcriptase (dTERT) and based on adenovirus DNA electro-gene-transfer (Ad/DNA-EGT) technology can induce strong

cell-mediated immune responses against this tumor antigen and increase overall survival of dogs affected by B-cell lymphosarcoma (LSA) in comparison with historical controls when combined with a cyclophosphamide, vincristine, and prednisone (COP) chemotherapy regimen. Here, we have conducted a double-arm clinical trial with an extended number of LSA patients, measured the antigen-specific immune response, and evaluated potential toxic effects of the immunotherapy along with a follow-up of patients survival for 3.5 years. The immune response was measured by enzyme-linked immunospot assay. The expression of dTERT was quantified by quantitative polymerase chain reaction. Changes in hematological parameters, local/systemic toxicity or organic dysfunction and fever were monitored over time during the treatment. dTERT-specific cell-mediated immune responses were induced in almost all treated animals. No adverse effects were observed in any dog patient that underwent treatment. The overall survival time of vaccine/COP-treated dogs was significantly increased over the COP-only cohort (>76.1 vs. 29.3 weeks, respectively, $p < 0.0001$). There was a significant association between dTERT expression levels in LSA cells and overall survival among vaccinated patients. In conclusion, Ad/DNA-EGT-based cancer vaccine against dTERT in combination with COP chemotherapy is safe and significantly prolongs the survival of LSA canine patients. These data confirm the therapeutic efficacy of dTERT vaccine and support the evaluation of this approach for other cancer types as well as the translation of this approach to human clinical trials.

TÍTULO / TITLE: - Sex and the clinical value of body mass index in patients with clear cell renal cell carcinoma.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Oct 1;109(7):1899-1903. doi: 10.1038/bjc.2013.512. Epub 2013 Sep 3.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.512](#)

AUTORES / AUTHORS: - Ohno Y; Nakashima J; Nakagami Y; Satake N; Gondo T; Ohori M; Hatano T; Tachibana M

INSTITUCIÓN / INSTITUTION: - Department of Urology, Tokyo Medical University, 6-7-1 Nishishinjuku, Shinjuku-ku, Tokyo 1600023, Japan.

RESUMEN / SUMMARY: - Background: An increased body mass index (BMI) is significantly associated with favourable prognosis in renal cell carcinoma (RCC). This study investigated the associations among sex, BMI, and prognosis in clear cell RCC patients. Methods: We retrospectively analysed 435 patients with clear cell RCC who underwent a nephrectomy. The associations among sex, BMI, clinicopathologic factors, and cancer-specific survival (CSS) were analysed. Results: As a continuous variable, increased BMI was associated with higher CSS rate by univariate analysis in the whole population (hazard ratio, 0.888 per kg m⁻²; 95% confidence interval, 0.803-0.982; $P = 0.021$). A sub-population analysis by sex demonstrated that BMI was significantly

associated with CSS in men ($P=0.004$) but not in women ($P=0.725$). Multivariate analysis revealed BMI to be an independent predictor of CSS in only men. Conclusion: Body mass index was significantly associated with clear cell RCC prognosis. However, the clinical value of BMI may be different between men and women.

TÍTULO / TITLE: - Survival of resuscitated cardiac arrest patients with ST-elevation myocardial infarction (STEMI) conveyed directly to a Heart Attack Centre by ambulance clinicians.

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

REVISTA / JOURNAL: - Resuscitation. 2013 Sep 19. pii: S0300-9572(13)00732-6. doi: 10.1016/j.resuscitation.2013.09.010.

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

[1016/j.resuscitation.2013.09.010](#)

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RESUMEN / SUMMARY: - OBJECTIVE: This study reports survival outcomes for patients resuscitated from out-of-hospital cardiac arrest (OHCA) subsequent to ST-elevation myocardial infarction (STEMI), and who were conveyed directly by ambulance clinicians to a specialist Heart Attack Centre for expert cardiology assessment, angiography and possible percutaneous coronary intervention (PCI). METHODS: This is a retrospective descriptive review of data sourced from the London Ambulance Service's OHCA registry over a one-year period. RESULTS: We observed excellent survival rates for our cohort of patients with 66% of patients surviving to be discharged from hospital, the majority of whom were still alive after one year. Those who survived tended to be younger, to have had a witnessed arrest in a public place with an initial cardiac rhythm of VF/VT, and to have been transported to the specialist centre more quickly than those who did not. CONCLUSION: A system allowing ambulance clinicians to autonomously convey OHCA STEMI patients who achieve a return of spontaneous circulation directly to a Heart Attack Centre is highly effective and yields excellent survival outcomes.

TÍTULO / TITLE: - DNA methylation signatures for prediction of biochemical recurrence after radical prostatectomy of clinically localized prostate cancer.

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Sep 10;31(26):3250-8. doi: 10.1200/JCO.2012.47.1847. Epub 2013 Aug 5.

- Enlace al texto completo (gratuito o de pago) [1200/JCO.2012.47.1847](https://doi.org/10.1002/JCO.2012.47.1847)

AUTORES / AUTHORS: - Haldrup C; Mundbjerg K; Vestergaard EM; Lamy P; Wild P; Schulz WA; Arsov C; Visakorpi T; Borre M; Hoyer S; Orntoft TF; Sorensen KD

INSTITUCIÓN / INSTITUTION: - Christa Haldrup, Kamilla Mundbjerg, Else Marie Vestergaard, Philippe Lamy, Michael Borre, Soren Hoyer, Torben F. Orntoft, and Karina D. Sorensen, Aarhus University Hospital, Aarhus, Denmark; Peter Wild, University Hospital Zurich, Zurich, Switzerland; Wolfgang A. Schulz and Christian Arsov, Heinrich Heine University, Dusseldorf, Germany; and Tapio Visakorpi, University of Tampere and Tampere University Hospital, Tampere, Finland.

RESUMEN / SUMMARY: - PURPOSE: Diagnostic and prognostic tools for prostate cancer (PC) are suboptimal, causing overtreatment of indolent PC and risk of delayed treatment of aggressive PC. Here, we identify six novel candidate DNA methylation markers for PC with promising diagnostic and prognostic potential. METHODS: Microarray-based screening and bisulfite sequencing of 20 nonmalignant and 29 PC tissue specimens were used to identify new candidate DNA hypermethylation markers for PC. Diagnostic and prognostic potential was evaluated in 35 nonmalignant prostate tissue samples, 293 radical prostatectomy (RP) samples (cohort 1, training), and 114 malignant RP samples (cohort 2, validation) collected in Denmark, Switzerland, Germany, and Finland. Sensitivity and specificity for PC were evaluated by receiver operating characteristic analyses. Correlations between DNA methylation levels and biochemical recurrence were assessed using log-rank tests and univariate and multivariate Cox regression analyses. RESULTS: Hypermethylation of AOX1, C1orf114, GAS6, HAPLN3, KLF8, and MOB3B was highly cancer specific (area under the curve, 0.89 to 0.98). Furthermore, high C1orf114 methylation was significantly ($P < .05$) associated with biochemical recurrence in multivariate analysis in cohort 1 (hazard ratio [HR], 3.10; 95% CI, 1.89 to 5.09) and was successfully validated in cohort 2 (HR, 3.27; 95% CI, 1.17 to 9.12). Moreover, a significant ($P < .05$) three-gene prognostic methylation signature (AOX1/C1orf114/HAPLN3), classifying patients into low- and high-methylation subgroups, was trained in cohort 1 (HR, 1.91; 95% CI, 1.26 to 2.90) and validated in cohort 2 (HR, 2.33; 95% CI, 1.31 to 4.13). CONCLUSION: We identified six novel candidate DNA methylation markers for PC. C1orf114 hypermethylation and a three-gene methylation signature were independent predictors of time to biochemical recurrence after RP in two PC patient cohorts.

TÍTULO / TITLE: - Interplay between Clathrin and Rab5 Controls the Early Phagocytic Trafficking and Intracellular Survival of Brucella abortus within HeLa cells.

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

REVISTA / JOURNAL: - J Biol Chem. 2013 Sep 27;288(39):28049-57. doi: 10.1074/jbc.M113.491555. Epub 2013 Aug 12.

- Enlace al texto completo (gratuito o de pago) [1074/jbc.M113.491555](https://doi.org/10.1074/jbc.M113.491555)

AUTORES / AUTHORS: - Lee JJ; Kim DG; Kim DH; Simborio HL; Min W; Lee HJ; Her M; Jung SC; Watarai M; Kim S

INSTITUCIÓN / INSTITUTION: - From the College of Veterinary Medicine, Gyeongsang National University, Jinju 660-701, Republic of Korea.

RESUMEN / SUMMARY: - Lipid raft-associated clathrin is essential for host-pathogen interactions during infection. *Brucella abortus* is an intracellular pathogen that circumvents host defenses, but little is known about the precise infection mechanisms that involve interaction with lipid raft-associated mediators. The aim of this study was to elucidate the clathrin-mediated phagocytic mechanisms of *B. abortus*. The clathrin dependence of *B. abortus* infection in HeLa cells was investigated using an infection assay and immunofluorescence microscopy. The redistribution of clathrin in the membrane and in phagosomes was investigated using sucrose gradient fractionation of lipid rafts and the isolation of *B. abortus*-containing vacuoles, respectively. Clathrin and dynamin were concentrated into lipid rafts during *B. abortus* infection, and the entry and intracellular survival of *B. abortus* within HeLa cells were abrogated by clathrin inhibition. Clathrin disruption decreased actin polymerization and the colocalization of *B. abortus*-containing vacuoles with clathrin and Rab5 but not lysosome-associated membrane protein 1 (LAMP-1). Thus, our data demonstrate that clathrin plays a fundamental role in the entry and intracellular survival of *B. abortus* via interaction with lipid rafts and actin rearrangement. This process facilitates the early intracellular trafficking of *B. abortus* to safe replicative vacuoles.

TÍTULO / TITLE: - Adherence and renal biopsy feasibility in the Renin Angiotensin-System Study (RASS) primary prevention diabetes trial.

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

REVISTA / JOURNAL: - Diabetes Res Clin Pract. 2013 Sep 16. pii: S0168-8227(13)00230-1. doi: 10.1016/j.diabres.2013.06.004.

●● Enlace al texto completo (gratis o de pago) [1016/j.diabres.2013.06.004](#)

AUTORES / AUTHORS: - Robiner WN; Strand TD; Mauer M

INSTITUCIÓN / INSTITUTION: - Health Psychology, Department of Medicine, University of Minnesota Medical School, USA. Electronic address: robin005@umn.edu.

RESUMEN / SUMMARY: - AIMS: Enhancing adherence in research trials is fundamental to the proper testing of treatment hypotheses. METHODS: Regimen and follow-up adherence as well as factors associated with adherence in the Renin Angiotensin-System Study (RASS) diabetic nephropathy primary prevention trial were evaluated. Adherence to medication (i.e., pill count), follow-up visits, and follow-up renal biopsies was evaluated. RESULTS: 89.8% of subjects completed the second renal biopsy. 96% of follow-up visits were attended within prescribed time windows. Mean medication adherence was 85.6%. Subgroup analyses revealed greater declines in the least adherent participants over time. Factors associated with greater adherence levels

included older age, type 1 diabetes (T1DM) duration, lower HbA1c and blood pressure, GFR, ethnicity, and participants', principal investigators' (PI), and trial coordinators' (TC) baseline predictions of adherence. CONCLUSIONS: T1DM patients without nephropathy were willing to take experimental medications and undergo repeat renal biopsies. Although overall adherence was excellent, patterns of adherence varied among participants, suggesting the need to better track adherence and to develop customized and targeted approaches for promoting adherence to clinical research regimens. Staff subjective predictions of adherence were imprecise, supporting need for further development of adherence predictors.

TÍTULO / TITLE: - Bone histomorphometry of transiliac paired bone biopsies after 6 or 12 months of treatment with oral strontium ranelate in 387 osteoporotic women. Randomized comparison to alendronate.

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

REVISTA / JOURNAL: - J Bone Miner Res. 2013 Aug 19. doi: 10.1002/jbmr.2074.

- [Enlace al texto completo \(gratis o de pago\) 1002/jbmr.2074](#)

AUTORES / AUTHORS: - Chavassieux P; Meunier PJ; Roux JP; Portero-Muzy N; Pierre M; Chapurlat R

INSTITUCIÓN / INSTITUTION: - INSERM UMR 1033 et Université de Lyon, Lyon, France.

RESUMEN / SUMMARY: - Preclinical studies indicate that strontium ranelate (SrRan) induces opposite effects on bone osteoblasts and osteoclasts, suggesting that SrRan may have a dual action on both formation and resorption. By contrast, alendronate (ALN) is a potent antiresorptive agent. In this multicenter, international, double-blind, controlled study, conducted in 387 postmenopausal women with osteoporosis, transiliac bone biopsies were performed at baseline and after 6 or 12 months of treatment with either SrRan 2 g per day (n = 256) or alendronate 70 mg per week (n = 131). No deleterious effect on mineralization of SrRan or ALN was observed. In the intention-to-treat (ITT) population (268 patients with paired biopsy specimens), changes in static and dynamic bone formation parameters were always significantly higher with ALN compared to SrRan at M6 and M12. Static parameters of formation were maintained between baseline and the last value with SrRan, except for Ob.S/BS, which decreased at M6. Significant decreases in the dynamic parameters of formation (MS/BS, BFR/BS, Aj.AR, Ac.f) were noted at M6 and M12 in SrRan. Compared with ALN, the bone formation parameters at M6 and M12 were always significantly higher (p < 0.001) with SrRan. ALN, but not SrRan, decreased resorption parameters. Compared to the baseline paired biopsy specimens, W.Th was significantly decreased at M6 but not at M12 and cancellous bone structure parameters (BV/TV, Tb.Th, Tb.N, Nd.N/TV) were significantly decreased at M12 with SrRan; none of these changes was significantly different from ALN. In conclusion, this large controlled paired-biopsy study over one year shows that the bone formation remains higher with a lower diminution

of the bone remodeling with SrRan versus ALN. From these results SrRan did not show a significant anabolic action on bone remodeling.

TÍTULO / TITLE: - Shiftwork and prostate-specific antigen in the national health and nutrition examination survey.

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

REVISTA / JOURNAL: - J Natl Cancer Inst. 2013 Sep 4;105(17):1292-7. doi: 10.1093/jnci/djt169. Epub 2013 Aug 13.

●● Enlace al texto completo (gratis o de pago) [1093/jnci/djt169](#)

AUTORES / AUTHORS: - Flynn-Evans EE; Mucci L; Stevens RG; Lockley SW

INSTITUCIÓN / INSTITUTION: - Affiliations of authors: Division of Sleep Medicine, Department of Medicine, Brigham and Women's Hospital, Boston, MA (EEF, SWL); Division of Sleep Medicine, Department of Medicine, Harvard Medical School, Boston, MA (EEF, SWL); Department of Epidemiology, Harvard School of Public Health, Boston, MA (LM); Department of Community Medicine, University of Connecticut Health Center, Farmington, CT (RGS).

RESUMEN / SUMMARY: - BACKGROUND: Shiftwork has been implicated as a risk factor for prostate cancer. Results from prior studies have been mixed but generally support an association between circadian disruption and prostate cancer. Our aim was to investigate the relationship between shiftwork and prostate-specific antigen (PSA) test obtained as part of the National Health and Nutrition Examination Survey (NHANES) study. METHODS: We combined three NHANES surveys (2005-2010) to obtain current work schedule among employed men aged 40 to 65 years with no prior history of cancer (except nonmelanoma skin cancer). Men who reported working regular night shifts or rotating shifts were considered shiftworkers. We obtained the total and percentage free PSA test results for these men and dichotomized total PSA into less than 4.0ng/mL or 4.0ng/mL or greater and total PSA of 4.0ng/mL or greater combined with percentage free PSA less than or equal to 25%. Using multivariable logistic regression models, we compared PSA level among current shiftworkers and nonshiftworkers. All statistical tests were two-sided. RESULTS: We found a statistically significant, age-adjusted association between current shiftwork and elevated PSA at the 4.0ng/mL or greater level (odds ratio = 2.48, 95% confidence interval [CI] = 1.08 to 5.70; P = .03). The confounder-adjusted odds ratio was 2.62 (95% CI = 1.16 to 5.95; P = .02). The confounder-adjusted odds ratio for those with total PSA of 4.0ng/mL or greater and free PSA less than or equal to 25% was 3.13 (95% CI = 1.38 to 7.09; P = .01). CONCLUSIONS: We observed a strong positive association with shiftwork and elevated PSA level. Our data support the notion that sleep or circadian disruption is associated with elevated PSA, indicating that shiftworking men likely have an increased risk of developing prostate cancer.

TÍTULO / TITLE: - Analysis of FET-PET imaging for target volume definition in patients with gliomas treated with conformal radiotherapy.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Aug 13. pii: S0167-8140(13)00325-3. doi: 10.1016/j.radonc.2013.06.043.

●● Enlace al texto completo (gratis o de pago) [1016/j.radonc.2013.06.043](#)

AUTORES / AUTHORS: - Rieken S; Habermehl D; Giesel FL; Hoffmann C; Burger U; Rief H; Welzel T; Haberkorn U; Debus J; Combs SE

INSTITUCIÓN / INSTITUTION: - University Hospital of Heidelberg, Department of Radiation Oncology, Germany. Electronic address: Stefan.Rieken@med.uni-heidelberg.de.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: Modern radiotherapy (RT) techniques such as stereotactic RT, intensity-modulated RT, or particle irradiation allow local dose escalation with simultaneous sparing of critical organs. Several trials are currently investigating their benefit in glioma reirradiation and boost irradiation. Target volume definition is of critical importance especially when steep dose gradient techniques are employed. In this manuscript we investigate the impact of O-(2-(F-18)fluoroethyl)-L-tyrosine-positron emission tomography/computer tomography (FET-PET/CT) on target volume definition in low and high grade glioma patients undergoing either first or re-irradiation with particles. METHODS AND MATERIAL: We investigated volumetric size and uniformity of magnetic resonance imaging (MRI)- vs. FET-PET/CT-derived gross tumor volumes (GTVs) and planning target volumes (PTVs) of 41 glioma patients. Clinical cases are presented to demonstrate potential benefits of integrating FET-PET/CT-planning into daily routine. RESULTS: Integrating FET-uptake into the delineation of GTVs yields larger volumes. Combined modality-derived PTVs are significantly enlarged in high grade glioma patients and in case of primary RT. The congruence of MRI and FET signals for the identification of glioma GTVs is poor with mean uniformity indices of 0.39. MRI-based PTVs miss 17% of FET-PET/CT-based GTVs. Non significant alterations were detected in low grade glioma patients and in those undergoing reirradiation. CONCLUSIONS: Target volume definition for malignant gliomas during initial RT may yield significantly differing results depending upon the imaging modality, which the contouring process is based upon. The integration of both MRI and FET-PET/CT may help to improve GTV coverage by avoiding larger incongruences between physical and biological imaging techniques. In low grade gliomas and in cases of reirradiation, more studies are needed in order to investigate a potential benefit of FET-PET/CT for planning of RT.

TÍTULO / TITLE: - The clinical manifestations and survival of systemic lupus erythematosus patients in Turkey: report from two centers.

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

REVISTA / JOURNAL: - Lupus. 2013 Aug 8.

●● Enlace al texto completo (gratis o de pago) 1177/0961203313499956

AUTORES / AUTHORS: - Pamuk O; Akbay F; Donmez S; Yilmaz N; Calayir G; Yavuz S

INSTITUCIÓN / INSTITUTION: - 1Department of Rheumatology, Trakya University Medical Faculty, Turkey.

RESUMEN / SUMMARY: - Background Systemic lupus erythematosus (SLE) is a systemic autoimmune disease with a variety of clinical features. Survival has become longer as a result of better treatment modalities and better supportive care. There is no information on survival of SLE patients in Turkey. We evaluated clinical features and survival in SLE patients in two rheumatology departments. Methods All SLE patients being followed up by the Department of Rheumatology, Trakya University Medical Faculty, and the Department of Rheumatology, Marmara University Medical Faculty, over the 1996-2012 period were included. Patients were diagnosed with SLE if they fulfilled at least four American College of Rheumatology (ACR) criteria. The clinical and laboratory features, mortality data were obtained from medical charts. Results We had 428 SLE patients, and women (399 patients, 93.2%) far outnumbered men (29 patients, 6.8%). The mean age at the time of SLE diagnosis was 40.3 +/- 12.4 years. The most frequent clinical manifestations were arthritis (76.9%) and photosensitivity (70.1%). Renal disease was present in 32.9% of patients and neurological involvement in 12.9% of patients. After a median follow-up of 60 months, 19 patients died. The most frequent causes of death were ischemic heart disease, chronic renal failure and sepsis. The rate of five-year survival was 96%; 10-year survival, 92%; and 15-year survival, 88.8%. Multivariate Cox analysis showed that serositis at the time of diagnosis, SLE disease activity index (SLEDAI) score 6, and autoimmune hemolytic anemia were independent prognostic factors. Conclusions Data from two centers in Northwestern Turkey show that the mortality rate for SLE is similar to the rate in Western countries.

TÍTULO / TITLE: - Epitrochlear Lymph Node Dissection and Axillary Lymph Node Biopsy. An Unusual Clinical Presentation in a Patient with Forearm Melanoma.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Aug 14.

●● Enlace al texto completo (gratis o de pago) 1245/s10434-013-3185-1

AUTORES / AUTHORS: - Covarelli P; Tomassini GM; Servoli A; Picciotto F; Noya G

INSTITUCIÓN / INSTITUTION: - Department of Surgery, University of Perugia, Perugia, Italy, simpicova@alice.it.

TÍTULO / TITLE: - Interruption of Dendritic Cell-Mediated TIM-4 Signaling Induces Regulatory T Cells and Promotes Skin Allograft Survival.

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

REVISTA / JOURNAL: - J Immunol. 2013 Sep 13.

●● Enlace al texto completo (gratis o de pago) [4049/jimmunol.1300992](https://doi.org/10.1093/jimmunol.1300992)

AUTORES / AUTHORS: - Yeung MY; McGrath MM; Nakayama M; Shimizu T; Boenisch O; Magee CN; Abdoli R; Akiba H; Ueno T; Turka LA; Najafian N

INSTITUCIÓN / INSTITUTION: - Transplantation Research Center, Renal Division, Brigham and Women's Hospital, Harvard Medical School, Boston, MA 02445;

RESUMEN / SUMMARY: - Dendritic cells (DCs) are the central architects of the immune response, inducing inflammatory or tolerogenic immunity, dependent on their activation status. As such, DCs are highly attractive therapeutic targets and may hold the potential to control detrimental immune responses. TIM-4, expressed on APCs, has complex functions in vivo, acting both as a costimulatory molecule and a phosphatidylserine receptor. The effect of TIM-4 costimulation on T cell activation remains unclear. In this study, we demonstrate that Ab blockade of DC-expressed TIM-4 leads to increased induction of induced regulatory T cells (iTregs) from naive CD4+ T cells, both in vitro and in vivo. iTreg induction occurs through suppression of IL-4/STAT6/Gata3-induced Th2 differentiation. In addition, blockade of TIM-4 on previously activated DCs still leads to increased iTreg induction. iTregs induced under TIM-4 blockade have equivalent potency to control and, upon adoptive transfer, significantly prolong skin allograft survival in vivo. In RAG-/- recipients of skin allografts adoptively transferred with CD4+ T cells, we show that TIM-4 blockade in vivo is associated with a 3-fold prolongation in allograft survival. Furthermore, in this mouse model of skin transplantation, increased induction of allospecific iTregs and a reduction in T effector responses were observed, with decreased Th1 and Th2 responses. This enhanced allograft survival and protolerogenic skewing of the alloresponse is critically dependent on conversion of naive CD4+ to Tregs in vivo. Collectively, these studies identify blockade of DC-expressed TIM-4 as a novel strategy that holds the capacity to induce regulatory immunity in vivo.

TÍTULO / TITLE: - In vivo study on the survival of neural stem cells transplanted into the rat brain with a collagen hydrogel that incorporates laminin-derived polypeptides.

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

REVISTA / JOURNAL: - Bioconjug Chem. 2013 Aug 31.

●● Enlace al texto completo (gratis o de pago) [1021/bc400005m](https://doi.org/10.1021/bc400005m)

AUTORES / AUTHORS: - Nakaji-Hirabayashi T; Kato K; Iwata H

RESUMEN / SUMMARY: - Poor viability of cells transplanted into the brain has been the critical problem associated with stem cell-based therapy for Parkinson's disease. To overcome this problem, a collagen hydrogel incorporating an integrin-binding protein complex was prepared and used as a carrier for neural stem cells. The protein complex consisted of two polypeptides containing the G3 domain of a laminin alpha-1 chain and the C-terminal oligopeptide of a laminin gamma-1 chain. These polypeptides were

fused with alpha-helical segments which spontaneously formed a coiled-coil heterodimer and with the collagen-binding peptide that facilitated the binding of the heterodimer to collagen networks. In this study, neural stem cells stably expressing the enhanced green fluorescent protein (EGFP) were suspended in the hydrogel and transplanted into the striatum of healthy rats. The viability of transplanted cells was evaluated by histological analysis and quantitative reverse-transcriptase polymerase chain reaction for EGFP mRNA present in the tissue explants. Our results showed that the collagen hydrogel incorporating the integrin-binding protein complex serves to improve the viability of NSCs in the early stage after transplantation into the striatum.

TÍTULO / TITLE: - Urgent liver transplantation for chemotherapy-induced HBV reactivation: a suitable option in patients recently treated for malignant lymphoma.

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

REVISTA / JOURNAL: - Transplant Proc. 2013 Sep;45(7):2834-7. doi: 10.1016/j.transproceed.2013.03.047.

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

[1016/j.transproceed.2013.03.047](#)

AUTORES / AUTHORS: - Sperl J; Frankova S; Kieslichova E; Oliverius M; Janousek L; Honsova E; Trunecka P; Spicak J

INSTITUCIÓN / INSTITUTION: - Department of Hepatogastroenterology, Institute for Clinical and Experimental Medicine, Prague, Czech Republic. Electronic address: jan.sperl@ikem.cz.

RESUMEN / SUMMARY: - BACKGROUND: Hepatitis B (HBV) reactivation induced by chemotherapy is a problem currently encountered in the management of malignancies. HBV reactivation occurs particularly in patients who were not checked for HBV status, and therefore have not undergone antiviral prophylaxis. HBV reactivation may ultimately lead to fulminant liver failure (FLF). Liver transplantation (OLT), the only remaining effective treatment option, is generally denied for subjects with a recent history of malignancy. CASE REPORTS: We described retrospectively three cases of FLF caused by HBV reactivation in two men and one woman undergoing rituximab-containing chemotherapy for malignant lymphomas: follicular, diffuse large B-cell and lymphoplasmacytic types. The two men reactivated after eight cycles of rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisolone and the one woman after 13 cycles of rituximab monotherapy; their hematologic disease was in remission. All three patients were hepatitis B surface antigen (HBsAg)-positive with high HBV DNA levels. Neither man had been screened for HBV before chemotherapy; the woman had been treated with lamivudine (LAM) experiencing an HBV flare-up due to emergence of LAM resistance. All patients fulfilled King's College criteria for urgent OLT upon admission to the transplant center and underwent an urgent OLT. Their hemato-oncologic prognosis was considered to be favorable. All three patients are

alive (54, 46, and 37 months post-transplantation), tumor-free and HBsAg negative on a standard HBV prophylaxis regimen: hepatitis B immunoglobulin and LAM + adefovir or tenofovir. CONCLUSIONS: Before chemotherapy appropriate prophylaxis for HBV reactivation should always be administered to at-risk patients. However, if reactivation with FLF occurs, OLT should not be generally denied. The prognosis of the hematologic malignancy should be assessed; OLT should be considered for patients in remission with a favorable long-term prognosis, for our data suggest acceptable survival.

TÍTULO / TITLE: - Effectiveness of radiation therapy alone for elderly patients with unresected stage III non-small cell lung cancer.

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

REVISTA / JOURNAL: - Lung Cancer. 2013 Sep 4. pii: S0169-5002(13)00268-7. doi: 10.1016/j.lungcan.2013.06.011.

●● Enlace al texto completo (gratis o de pago) [1016/j.lungcan.2013.06.011](#)

AUTORES / AUTHORS: - Sigel K; Lurslurchachai L; Bonomi M; Mhango G; Bergamo C; Kale M; Halm E; Wisnivesky J

INSTITUCIÓN / INSTITUTION: - Division of General Internal Medicine, Mount Sinai School of Medicine, New York, NY, United States. Electronic address: Keith.Sigel@mssm.edu.

RESUMEN / SUMMARY: - PURPOSE: Chemoradiotherapy is the standard of care for unresectable stage III non-small cell lung cancer (NSCLC). Elderly patients, who are often considered unfit for combined chemoradiotherapy, frequently receive radiation therapy (RT) alone. Using population-based data, we evaluated the effectiveness and tolerability of lone RT in unresected elderly stage III NSCLC patients. METHODS AND MATERIALS: Using the Surveillance, Epidemiology and End Results (SEER) registry linked to Medicare records we identified 10,376 cases of unresected stage III NSCLC that were not treated with chemotherapy, diagnosed between 1992 and 2007. We used logistic regression to determine propensity scores for RT treatment using patients' pre-treatment characteristics. We then compared survival of patients who underwent lone RT vs. no treatment using a Cox regression model adjusting for propensity scores. The adjusted odds for toxicity among patients treated with and without RT were also estimated. RESULTS: Overall, 6468 (62%) patients received lone RT. Adjusted analyses showed that RT was associated with improved overall survival in unresected stage III NSCLC (hazard ratio [HR]: 0.76; 95% confidence interval [CI]: 0.74-0.79) after controlling for propensity scores. RT treated patients had an increased adjusted risk of hospitalization for pneumonitis (odds ratio [OR]: 89, 95% CI: 12-636), and esophagitis (OR: 8, 95% CI: 3-21). CONCLUSIONS: These data suggest that use of RT alone may improve the outcomes of elderly patients with unresected stage III NSCLC. Severe toxicity, however, was considerably higher in the RT treated group. The potential risks and benefits of RT should be carefully discussed with eligible elderly NSCLC patients.

TÍTULO / TITLE: - Cell motility and drug gradients in the emergence of resistance to chemotherapy.

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

REVISTA / JOURNAL: - Proc Natl Acad Sci U S A. 2013 Oct 1;110(40):16103-16108. Epub 2013 Sep 17.

●● Enlace al texto completo (gratis o de pago) [1073/pnas.1314385110](https://doi.org/10.1073/pnas.1314385110)

AUTORES / AUTHORS: - Wu A; Louterback K; Lambert G; Estevez-Salmeron L; Tlsty TD; Austin RH; Sturm JC

INSTITUCIÓN / INSTITUTION: - Princeton Institute for the Science and Technology of Materials, Department of Electrical Engineering, Princeton University, Princeton, NJ 08544.

RESUMEN / SUMMARY: - The emergence of resistance to chemotherapy by cancer cells, when combined with metastasis, is the primary driver of mortality in cancer and has proven to be refractory to many efforts. Theory and computer modeling suggest that the rate of emergence of resistance is driven by the strong selective pressure of mutagenic chemotherapy and enhanced by the motility of mutant cells in a chemotherapy gradient to areas of higher drug concentration and lower population competition. To test these models, we constructed a synthetic microecology which superposed a mutagenic doxorubicin gradient across a population of motile, metastatic breast cancer cells (MDA-MB-231). We observed the emergence of MDA-MB-231 cancer cells capable of proliferation at 200 nM doxorubicin in this complex microecology. Individual cell tracking showed both movement of the MDA-MB-231 cancer cells toward higher drug concentrations and proliferation of the cells at the highest doxorubicin concentrations within 72 h, showing the importance of both motility and drug gradients in the emergence of resistance.

TÍTULO / TITLE: - Comparing the efficacy of intrauterine lidocaine and paracervical block in decreasing the pain associated with endometrial biopsy: a randomised trial.

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

REVISTA / JOURNAL: - Arch Gynecol Obstet. 2013 Sep 27.

●● Enlace al texto completo (gratis o de pago) [1007/s00404-013-3036-0](https://doi.org/10.1007/s00404-013-3036-0)

AUTORES / AUTHORS: - Cengiz H; Dagdeviren H; Kaya C; Yesil A; Caypinar SS

INSTITUCIÓN / INSTITUTION: - Bakirkoy Dr. Sadi Konuk Teaching and Research Hospital, Tevfik Saglam Street, No. 11, Zuhuratbaba, Bakirkoy, Istanbul, Turkey, obstetrik@gmail.com.

RESUMEN / SUMMARY: - PURPOSE: Almost 50 % of the patients experience moderate-to-severe pain during endometrial biopsy. The study aimed to examine the effectiveness of intrauterine lidocaine for relieving pain during endometrial biopsy. METHODS: A

randomised trial was conducted in 120 patients undergoing endometrial biopsy. Sixty-seven women were assigned to the paracervical block group and 53 were assigned to the intrauterine lidocaine group. The main outcome measure was pain intensity, measured using the visual analogue scale, during and after the procedure. RESULTS: The groups were similar with regard to age, body mass index, gravidity, total number of previous vaginal deliveries, menopausal status, and uterine depth. The pain scores immediately after the procedure were similar in the groups ($p = 0.079$). However, the pain scores 30 min after the procedure were significantly lower in the intrauterine group than in the paracervical group ($p = 0.0001$). CONCLUSIONS: Compared to paracervical block, intrauterine lidocaine may be the preferred anaesthesia for endometrial biopsy, and it does not cause any serious complications.

TÍTULO / TITLE: - Ex Vivo Expanded Human Regulatory T Cells Can Prolong Survival of a Human Islet Allograft in a Humanized Mouse Model.

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

REVISTA / JOURNAL: - Transplantation. 2013 Aug 2.

●● Enlace al texto completo (gratis o de pago) [1097/TP.0b013e31829fa271](#)

AUTORES / AUTHORS: - Wu DC; Hester J; Nadig SN; Zhang W; Trzonkowski P; Gray D; Hughes S; Johnson P; Wood KJ

INSTITUCIÓN / INSTITUTION: - 1 Transplantation Research Immunology Group, Nuffield Department of Surgical Sciences, John Radcliffe Hospital, University of Oxford, Oxford, UK. 2 Currently, Department of Clinical Immunology and Transplantation, Medical University of Gdansk, Gdansk, Poland. 3 Address correspondence to: Professor Kathryn J. Wood, D.Phil., Transplantation Research Immunology Group, Nuffield Department of Surgical Sciences, John Radcliffe Hospital, University of Oxford, Oxford OX3 9DU, UK.

RESUMEN / SUMMARY: - BACKGROUND: Human regulatory T cells (Treg) offer an attractive adjunctive therapy to reduce current reliance on lifelong, nonspecific immunosuppression after transplantation. Here, we evaluated the ability of ex vivo expanded human Treg to prevent the rejection of islets of Langerhans in a humanized mouse model and examined the mechanisms involved. METHODS: We grafted human pancreatic islets of Langerhans into the renal subcapsular space of immunodeficient BALB/c.rag2.cgamma mice, previously rendered diabetic via injection of the beta-cell toxin streptozocin. After the establishment of stable euglycemia, mice were reconstituted with allogeneic human peripheral blood mononuclear cells (PBMC) and the resultant alloreactive response studied. Ex vivo expanded CD25CD4 human Treg, which expressed FoxP3, CTLA-4, and CD62L and remained CD127, were then cotransferred together with human PBMC and islet allografts and monitored for evidence of rejection. RESULTS: Human islets transplanted into diabetic immunodeficient mice reversed diabetes but were rejected rapidly after the mice were reconstituted with allogeneic human PBMC. Cotransfer of purified, ex vivo expanded

human Treg prolonged islet allograft survival resulting in the accumulation of Treg in the peripheral lymphoid tissue and suppression of proliferation and interferon-gamma production by T cells. In vitro, Treg suppressed activation of signal transducers and activators of transcription and inhibited the effector differentiation of responder T cells. CONCLUSIONS: Ex vivo expanded Treg retain regulatory activity in vivo, can protect a human islet allograft from rejection by suppressing signal transducers and activators of transcription activation and inhibiting T-cell differentiation, and have clinical potential as an adjunctive cellular therapy.

TÍTULO / TITLE: - Comparison of clinicopathologic features and survival in young American women aged 18-39 years in different ethnic groups with breast cancer.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Sep 3;109(5):1302-9. doi: 10.1038/bjc.2013.387. Epub 2013 Aug 1.

●● [Enlace al texto completo \(gratis o de pago\) 1038/bjc.2013.387](#)

AUTORES / AUTHORS: - Liu P; Li X; Mittendorf EA; Li J; Du XL; He J; Ren Y; Yang J; Hunt KK; Yi M

INSTITUCIÓN / INSTITUTION: - Department of Translational Medicine, The First Affiliated Hospital of Xian Jiaotong University, School of Medicine, 277 West Yanta Road, Xian, Shaanxi 710061, China.

RESUMEN / SUMMARY: - Background: Ethnic disparities in breast cancer diagnoses and disease-specific survival (DSS) rates in the United States are well known. However, few studies have assessed differences specifically between Asian American(s) and other ethnic groups, particularly among Asian American(s) subgroups, in women aged 18-39 years. Methods: The Surveillance, Epidemiology, and End Results database was used to identify women aged 18-39 years diagnosed with breast cancer from 1973 to 2009. Incidence rates, clinicopathologic features, and survival among broad ethnic groups and among Asian subgroups. Results: A total of 55 153 breast cancer women aged 18-39 years were identified: 63.6% non-Hispanic white (NHW), 14.9% black, 12.8% Hispanic-white (HW), and 8.7% Asian. The overall incidence rates were stable from 1992 to 2009. Asian patients had the least advanced disease at presentation and the lowest risk of death compared with the other groups. All the Asian subgroups except the Hawaiian/Pacific Islander subgroup had better DSS than NHW, black, and HW patients. Advanced tumour stage was associated with poorer DSS in all the ethnic groups. High tumour grade was associated with poorer DSS in the NHW, black, HW, and Chinese groups. Younger age at diagnosis was associated with poorer DSS in the NHW and black groups. Conclusion: The presenting clinical and pathologic features of breast cancer differ by ethnicity in the United States, and these differences impact survival in women younger than 40 years.

TÍTULO / TITLE: - Re: tumour characteristics, oncological and functional outcomes in patients aged ≥ 70 years undergoing radical prostatectomy.

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

REVISTA / JOURNAL: - J Urol. 2013 Oct;190(4):1249. doi: 10.1016/j.juro.2013.06.099. Epub 2013 Jul 3.

●● Enlace al texto completo (gratuito o de pago) 1016/j.juro.2013.06.099

AUTORES / AUTHORS: - Griebing T

TÍTULO / TITLE: - Analysis of PTEN, BRAF and PI3K status for determination of benefit from cetuximab therapy in metastatic colorectal cancer patients refractory to chemotherapy with wild-type KRAS.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Sep 1.

AUTORES / AUTHORS: - Tural D; Batur S; Erdamar S; Akar E; Kepil N; Mandel NM; Serdengeci S

INSTITUCIÓN / INSTITUTION: - Division of Medical Oncology, Department of Internal Medicine, Akdeniz Medical School, Akdeniz University, 7058, Antalya, Turkey, deniztural@gmail.com.

RESUMEN / SUMMARY: - We investigated predictive values of BRAF, PI3K and PTEN in cetuximab responses in KRAS wild-type (+) chemotherapy refractory, metastatic colorectal cancer (CRC) patients. Primary tumour tissues of 41 KRAS wild-type mCRC patients receiving cetuximab-based chemotherapy were investigated for PI3K, PTEN, KRAS and BRAF mutations. Progression-free survival (PFS) and overall survival (OS) periods were calculated with Kaplan-Meier method and the Cox proportional hazards model was used. PTEN and PI3K expressions were 63 and 42 %, respectively. BRAF mutation was observed as 9.8 % among patients. Tumours with BRAF mutation had statistically lower response rates (RR) for cetuximab-based treatment than tumours with BRAF wild type (0 vs. 58 %, $p = 0.02$). PTEN expressing tumours had statistically higher RR for cetuximab-based treatment than tumours with PTEN loss (42 vs. 12 %, $p = 0.04$). PI3K expression had worse significant effect on cetuximab RR than PI3K non-expressed tumours (15 vs. 44 %, $p = 0.023$). Median PFS was significantly longer in patients with PTEN expression (14 months) than in patients with PTEN loss (5 months) (HR, 0.4; $p = 0.028$). Median PFS was significantly longer in patients with PI3K non-expression (15.2 months) than in patients with PI3K expression (4.1 months) (HR, 0.31; $p = 0.001$). Significant difference in PFS and OS between patients with BRAF mutated and BRAF wild-type tumours was not detected. However, patients with PTEN expression had significantly longer OS (15.1 months) than patients with PTEN loss tumour (9.9 months) (HR, 0.34; $p = 0.008$). Patients without PI3K expression had significantly longer OS (18.2 months) than patients with PI3K expression (10.1 months)

(HR, 0.27; p = 0.001). Multivariate analyses revealed that PTEN expression (HR, 0.48; p = 0.02) and absence of PI3K expression (HR, 0.2; p = 0.001) were independent prognostic factors for increased PFS. Similarly, PTEN overexpression (HR, 0.62; p = 0.03) and absence of PI3K expression (HR, 0.27; p = 0.005) were independent prognostic factors for increased OS. In PTEN loss, PI3K expression may be used as biomarkers to further select KRAS wild-type patients undergoing anti-epidermal growth factor receptor treatment.

TÍTULO / TITLE: - Impact of age on survival predictability of bone turnover markers in hemodialysis patients.

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

REVISTA / JOURNAL: - Nephrol Dial Transplant. 2013 Oct;28(10):2535-45. doi: 10.1093/ndt/gft290. Epub 2013 Jul 30.

●● [Enlace al texto completo \(gratis o de pago\) 1093/ndt/gft290](#)

AUTORES / AUTHORS: - Lertdumrongluk P; Lau WL; Park J; Rhee CM; Kovesdy CP; Kalantar-Zadeh K

INSTITUCIÓN / INSTITUTION: - Harold Simmons Center for Kidney Disease Research and Epidemiology, Division of Nephrology & Hypertension, Orange, CA, USA.

RESUMEN / SUMMARY: - BACKGROUND: Abnormalities in serum alkaline phosphatase (ALP) and intact parathyroid hormone (PTH) concentrations, as biochemical markers of bone turnover in dialysis patients, correlate with increased mortality in maintenance hemodialysis (MHD) patients. Changes in bone turnover rate vary with age. The mortality predictability of serum ALP and PTH levels in MHD patients may be different across ages. METHODS: We examined differences across four age groups (18 to <45, 45 to <65, 65 to <75 and \geq 75 years) in the mortality predictability of serum ALP and PTH in 102 149 MHD patients using Cox models. RESULTS: Higher serum ALP levels were associated with higher mortality across all ages; however, the ALP-mortality association was much stronger in young patients (<45 years) compared with older patients. The association between higher serum PTH levels and mortality was stronger in older patients compared with the younger groups. Serum PTH levels were incrementally associated with mortality only in middle-aged and elderly patients (\geq 45 years). Compared with patients with serum PTH 150 to <300pg/mL, the death risks were higher in patients with serum PTH 300 to <600pg/mL [HRs (95% CI): 1.05 (1.01-1.10), 1.15 (1.10-1.21) and 1.25 (1.19-1.31) for patients 45 to <65, 65 to <75 and \geq 75 years, respectively], and \geq 600pg/mL [HRs(95% CI): 1.07 (1.01-1.14), 1.31(1.21-1.42) and 1.45(1.33-1.59) for age categories 45 to <65, 65 to <75 and \geq 75 years, respectively]. However, no significant association between higher serum PTH levels and mortality was observed in patients <45 years. CONCLUSIONS: There are important differences in mortality-predictability of serum ALP and PTH in older MHD patients

compared with their younger counterparts. The effect of age needs to be considered when interpreting the prognostic implications of serum ALP and PTH levels.

TÍTULO / TITLE: - Reduction of the treated volume to involved node radiation therapy as part of combined modality treatment for early stage aggressive non-Hodgkin's lymphoma.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Sep 7. pii: S0167-8140(13)00388-5. doi: 10.1016/j.radonc.2013.07.013.

●● Enlace al texto completo (gratis o de pago) [1016/j.radonc.2013.07.013](#)

AUTORES / AUTHORS: - Verhappen MH; Poortmans PM; Raaijmakers E; Raemaekers JM

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Institute Verbeeten, Tilburg, The Netherlands.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: This retrospective study investigated whether focused involved node radiation therapy (INRT) can safely replace involved field RT (IFRT) in patients with early stage aggressive NHL. PATIENTS AND METHODS: We included 258 patients with stage I/II aggressive NHL who received combined modality treatment (87%) or primary RT alone (13%). RT consisted of a total dose of 30-40Gy in 15-20 fractions IFRT or INRT. We compared survival, relapse pattern, radiation-related toxicity and quality of life for both RT techniques. RESULTS: Type of RT was not related to the outcome in either the uni- or multivariate survival analysis. Relapses developed in 59 of 252 patients (23%) of which 47 (80%) were documented as distant recurrence only. Failure of the INRT technique was noted in one patient. There was no significant difference in acute radiation-related toxicity between RT-groups but IFRT showed a significantly higher incidence of higher grade toxicities. Patients treated with INRT had a significantly better physical functioning and global quality of life compared to the IFRT group. CONCLUSIONS: Given the retrospective nature of this study, no solid conclusions can be drawn. However, in view of the equivalent efficacy and more favorable toxicity profile, the replacement of IFRT by INRT in combination with chemo-(immuno)-therapy looks very attractive for patients with early stage aggressive NHL.

TÍTULO / TITLE: - Tracheostomal stenosis clinical risk factors in patients who have undergone total laryngectomy and adjuvant radiotherapy.

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

REVISTA / JOURNAL: - Eur Arch Otorhinolaryngol. 2013 Sep 22.

●● Enlace al texto completo (gratis o de pago) [1007/s00405-013-2695-6](#)

AUTORES / AUTHORS: - De Virgilio A; Greco A; Gallo A; Martellucci S; Conte M; de Vincentiis M

INSTITUCIÓN / INSTITUTION: - ENT Section, Department of Sensory Organs, Sapienza University of Rome, Viale del Policlinico 155, 00100, Rome, Italy, armando.devirgilio@gmail.com.

RESUMEN / SUMMARY: - Adjuvant chemotherapy, advanced age, smoking, cardiopathies, diabetes, local infections, impaired immunocompetence, and malnutrition are potential cofactors in the genesis of aberrant wound healing and may thus play an important role in the genesis of tracheostomal stenosis. The aim of the study is to analyse the influence of the above-mentioned local and systemic risk factors in determining tracheostomal stenosis in patients who have undergone total laryngectomy and adjuvant radiotherapy. In 79 % of the cases, tracheostomal stenosis occurred within 12 months of surgery. Diabetes mellitus and local infection were the only factors that showed a statistically significant difference according to univariate and multivariate analysis. Diabetes mellitus and the related tracheostomal infection may be considered as risk factors for TS in patients who have undergone total laryngectomy and adjuvant radiotherapy.

TÍTULO / TITLE: - A simple procedure to prevent postoperative inguinal hernia after robot-assisted laparoscopic radical prostatectomy: a plugging method of the internal inguinal floor for patients with patent processus vaginalis.

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

REVISTA / JOURNAL: - J Urol. 2013 Sep 23. pii: S0022-5347(13)05476-1. doi: 10.1016/j.juro.2013.09.035.

●● Enlace al texto completo (gratuito o de pago) [1016/j.juro.2013.09.035](https://doi.org/10.1016/j.juro.2013.09.035)

AUTORES / AUTHORS: - Lee DH; Koo KC; Lee SH; Chung BH

INSTITUCIÓN / INSTITUTION: - Department of Urology, Pusan National University Yangsan Hospital, Pusan National University School of Medicine, Yangsan, Korea.

RESUMEN / SUMMARY: - **PURPOSE:** To introduce a simple procedure to prevent postoperative inguinal hernia (IH) after robot-assisted laparoscopic radical prostatectomy (RALP). We developed the IH prevention procedure based on our prior study. Patent processus vaginalis (PPV) is an independent predictor for postoperative IH after RALP. **MATERIALS AND METHODS:** We reviewed 74 patients (98 groins) with PPV during RALP between May 2007 and April 2013. Among them, 38 patients (47 groins) did not undergo the IH prevention procedure and 36 patients (51 groins) did receive this procedure. For the IH prevention, the lateral side internal inguinal floor of the PPV was incised and dissected along the spermatic cord. Hemostatic agents were plugged into the end of the dissected canal. After plugging, the internal inguinal floor was closed. We compared the incidence of postoperative IH between the two groups. **RESULTS:** Among the 47 groins of patients who did not undergo the IH prevention procedure, postoperative IH occurred in 16 groins (34.0%) and developed by 13.8 +/- 8.5 months. In contrast, none of the patients who underwent the IH prevention

procedure developed postoperative IH during the follow-up period of 11.8 +/- 6.2 months. Our IH prevention procedure required approximately three extra minutes. During follow-up, there were no intraoperative and postoperative complications related with the IH prevention procedure. CONCLUSIONS: Using our simple IH prevention procedure, the preventive effect was remarkable. However, studies of a larger patient population with a longer follow-up period should be necessary to prove the ultimate clinical impact of this IH prevention procedure.

TÍTULO / TITLE: - Predictive and prognostic significance of cytoplasmic expression of ELAV-like protein HuR in invasive breast cancer treated with neoadjuvant chemotherapy.

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

REVISTA / JOURNAL: - Breast Cancer Res Treat. 2013 Sep;141(2):213-24. doi: 10.1007/s10549-013-2679-7. Epub 2013 Sep 14.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s10549-013-2679-7](#)

AUTORES / AUTHORS: - Wang J; Li D; Wang B; Wu Y

INSTITUCIÓN / INSTITUTION: - Department of Oncology, General Hospital, Jinan Command of the People's Liberation Army, Jinan, China.

RESUMEN / SUMMARY: - Cytoplasmic HuR is associated with reduced survival in invasive breast cancer. We designed this study to determine the predictive and prognostic value of HuR expression in women with breast cancer who underwent neoadjuvant chemotherapy followed by surgical resection. We immunohistochemically analyzed cytoplasmic HuR expression in tumor biopsy cores obtained from 139 patients with invasive breast cancers who received paclitaxel and anthracycline-based neoadjuvant chemotherapy. We evaluated the relationship of HuR expression level with pathologic complete response (pCR), local recurrence-free survival (LRFS), distant recurrence-free survival (DRFS), recurrence-free survival (RFS), and overall survival (OS). Cytoplasmic HuR expression was present in 60 cases (43.2 %). The expression of cytoplasmic HuR was significantly associated with high nuclear grade ($P < 0.0001$) and ER ($P = 0.001$) and PR ($P = 0.005$) status. Multivariate regression analysis further revealed that high nuclear grade ($P = 0.023$), negative ER status ($P = 0.043$), and human epidermal growth factor receptor 2 (HER2) overexpression ($P < 0.0001$), but not cytoplasmic HuR expression, were significant independent predictors of pCR. Interestingly, multivariate Cox analysis revealed that cytoplasmic HuR expression was a strong independent predictor of reduced LRFS ($P = 0.014$), DRFS ($P = 0.001$), RFS ($P < 0.0001$), and OS ($P = 0.019$) irrespective of pCR. Furthermore, the patient group with tumors showing both expression of cytoplasmic HuR and non-pCR had a worse prognosis in LRFS ($P = 0.048$), DRFS ($P < 0.0001$), RFS ($P < 0.0001$), and OS ($P = 0.001$) than did other patient groups; patients with tumors showing negative cytoplasmic expression of HuR and pCR had the best prognosis in all RFS and OS. Cytoplasmic expression of HuR is an independent

prognostic marker in breast cancer patients undergoing chemotherapy. Combination analyses of HuR expression and pCR, compared with pCR alone, can better predict clinical outcome in patients with primary breast cancer.

TÍTULO / TITLE: - Our shifting understanding of factors influencing prostate-specific antigen.

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

REVISTA / JOURNAL: - J Natl Cancer Inst. 2013 Sep 4;105(17):1264-5. doi: 10.1093/jnci/djt218. Epub 2013 Aug 13.

●● Enlace al texto completo (gratis o de pago) [1093/jnci/djt218](#)

AUTORES / AUTHORS: - Singer EA

INSTITUCIÓN / INSTITUTION: - Affiliations of authors: Urologic Oncology, Department of Surgery (EAS) and Medical Oncology, Department of Medicine (RSD), Rutgers Cancer Institute of New Jersey, Robert Wood Johnson Medical School, Rutgers University, New Brunswick, NJ.

TÍTULO / TITLE: - The prognostic significance of pretreatment leukocytosis in patients with anal cancer treated with radical chemoradiotherapy or radiotherapy.

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

REVISTA / JOURNAL: - Dis Colon Rectum. 2013 Sep;56(9):1036-42. doi: 10.1097/DCR.0b013e31829ab0d4.

●● Enlace al texto completo (gratis o de pago) [1097/DCR.0b013e31829ab0d4](#)

AUTORES / AUTHORS: - Banerjee R; Roxin G; Eliasziw M; Joseph K; Maclean A; Buie WD; Doll C

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Tom Baker Cancer Centre, University of Calgary, Calgary, Alberta, Canada. robynbanerjee@gmail.com

RESUMEN / SUMMARY: - BACKGROUND: There are emerging data showing the prognostic significance of pretreatment leukocytosis in patients with cervical cancer; it is generally associated with adverse outcome. However, the prognostic impact of leukocytosis in patients with anal cancer has not been previously reported. OBJECTIVE: The purpose of this study was to assess the relationship between pretreatment leukocytosis and clinical outcomes in patients with anal cancer treated with radical chemoradiotherapy or radiotherapy. DESIGN: This is a retrospective cohort study. SETTING AND PATIENTS: One hundred twenty-six patients with invasive anal canal cancer, treated with radical chemoradiotherapy or radiotherapy between 2000 and 2008 at 2 major tertiary cancer centers, were evaluated. MAIN OUTCOME MEASURES: The primary outcomes were disease-free and overall survival. RESULTS: Median follow-up was 24 months. Pretreatment leukocytosis (white blood cell count >10 x 10⁹/L) was identified in 15.9% (20/126) of patients. After adjusting for sex, tumor size, and stage in a multivariate

analysis, leukocytosis remained significantly associated with worse disease-free survival (HR, 2.2; 95% CI, 1.1-4.8; p = 0.045) and worse overall survival (HR, 2.9; 95% CI, 1.1-7.9; p = 0.036). Patients with both leukocytosis and anemia (pretreatment hemoglobin <125 g/L) had the worst prognosis: 2-year disease-free survival 42.1% versus 72.9% for patients without these factors (HR, 2.7; 95% CI, 1.1-6.8; p = 0.033); 2-year overall survival 60.9% versus 89.8% (HR, 4.5; 95% CI, 1.5-13.2; p = 0.006). LIMITATIONS: The study was limited by its retrospective nature and lack of patients with multiple hematologic abnormalities (ie, both anemia and leukocytosis). HIV status was unable to be evaluated. CONCLUSIONS: Pretreatment leukocytosis in patients with anal cancer is associated with significantly worse disease-free and overall survival, which appears to be exacerbated with the presence of pretreatment anemia.

TÍTULO / TITLE: - The Influence of Histopathologic Tumor Viability on Long-term Survival and Recurrence Rates Following Neoadjuvant Therapy for Esophageal Adenocarcinoma.

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

REVISTA / JOURNAL: - Ann Surg. 2013 Sep;258(3):500-7. doi: 10.1097/SLA.0b013e3182a196f4.

●● Enlace al texto completo (gratis o de pago) [1097/SLA.0b013e3182a196f4](#)

AUTORES / AUTHORS: - Francis AM; Sepesi B; Correa AM; Blum MA; Erasmus JJ; Lee JH; Maru DM; Mehran RJ; Rice DC; Roth JA; Vaporciyan AA; Walsh GL; Welsh JW; Swisher SG; Hofstetter WL

INSTITUCIÓN / INSTITUTION: - Departments of *Thoracic and Cardiovascular Surgery, daggerGI Medical Oncology, double daggerDiagnostic Radiology, section signGI Medicine & Nutrition, paragraph signPathology, ||Radiation Therapy, and **Nuclear Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX.

RESUMEN / SUMMARY: - OBJECTIVE: Our aim was to validate the effect of histopathologic tumor viability (HTV) on extended survival outcomes and assess the prognostic ability of the current staging system in patients receiving preoperative chemoradiotherapy (CRT). BACKGROUND: The American Joint Committee on Cancer, 7th Edition, esophageal carcinoma staging system is derived from patients treated with surgery alone and does not account for the treatment effect of CRT. The extent of HTV after CRT is based on response to neoadjuvant therapy and has been shown to correlate with patient outcome. METHODS: Medical records of 1278 patients who underwent esophagectomy (1990-2011) were reviewed; 784 patients underwent preoperative CRT. Histologic tumor viability was assessed in 602 patients and classified as 0% to 10%, 11% to 50%, and more than 50%. Survival was estimated using the Kaplan-Meier method at potential median follow-up of 67 months. Univariate and multivariate analyses identified variables associated with survival. RESULTS: Multivariate analysis identified HTV of greater than 50% (P < 0.001, HR 2.5), positive

pathologic nodal status ($P < 0.001$, HR 1.6), and positive clinical nodal status ($P = 0.002$, HR 1.5) but not pathologic T status ($P = 0.816$, HR 1.2) to be independently associated with survival. Actuarial 5- and 10-year survival was 52% and 43% (HTV of 0%-10%), 45% and 33% (HTV of 11%-50%), and 16% for both (HTV of >50%). The best 5-year survival 56% was achieved in N0 patients with HTV of 0% to 10% ($P = 0.056$, HR 1.0), contrary to 6% observed in node-positive patients with HTV of greater than 50% ($P < 0.001$, HR 3.1). Patients with HTV of greater than 50% demonstrated distant recurrence more frequently than those with HTV of less than 50% (51% vs 33%, $P = 0.010$, OR: 2.2)

CONCLUSIONS:: After preoperative chemoradiation, long-term outcomes of esophageal carcinoma are best predicted utilizing histologic tumor viability; HTV may be a practical early endpoint predicting efficacy of therapy.

TÍTULO / TITLE: - Impact of donor-recipient gender on kidney graft and patient survival: short- and long-term outcomes.

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

REVISTA / JOURNAL: - World J Urol. 2013 Aug 2.

●● Enlace al texto completo (gratis o de pago) 1007/s00345-013-1137-9

AUTORES / AUTHORS: - Vavallo A; Lucarelli G; Spilotros M; Bettocchi C; Palazzo S; Selvaggi FP; Battaglia M; Ditonno P

INSTITUCIÓN / INSTITUTION: - Urology, Andrology and Kidney Transplantation Unit, Department of Emergency and Organ Transplantation (DETO), University of Bari, Piazza G. Cesare 11, 70124, Bari, Italy.

RESUMEN / SUMMARY: - PURPOSE: Donor and recipient gender influence on post-transplant kidney and patient survival is still controversial, and the literature data do not present unanimous conclusions. The aim of this study was to evaluate the effect of gender disparities between donor and recipient in 963 kidney transplants performed at our center from January 2000 to December 2010. METHODS: The patients were subdivided into four groups according to recipient and donor gender: male donor-to-male recipient (MDMR; $n = 305$), male donor-to-female recipient (MDFR; $n = 203$), female donor-to-female recipient (FDFR; $n = 206$), and female donor-to-male recipient (FDMR; $n = 249$). Independent sample's t test and one-way ANOVA were used for statistical analyses. Graft and patient survival were calculated by the Kaplan-Meier method and compared using the log rank test. RESULTS: There were no statistically significant differences between the groups with regard to age, cold ischemia time, delayed graft function, primary non-function, and episodes of acute and chronic rejection. Moreover, no difference in either graft ($p = 0.92$) or patient ($p = 0.41$) survival at 1, 3, and 5 years was observed. However, female recipients had significantly lower serum creatinine values and higher estimated GFR, particularly if they received a male donor kidney, and these findings were stable up to 3-year post-transplantation. CONCLUSIONS: No impact of gender on short- or long-term graft and patient survival

was observed in deceased kidney transplantation. However, we report a lower creatinine level in the male donors to female recipients group as compared with other recipient-donor gender combinations, although this difference loses statistical significance after the third-year post-transplantation.

TÍTULO / TITLE: - A four-miRNA signature identified from genome-wide serum miRNA profiling predicts survival in patients with nasopharyngeal carcinoma.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Sep 2. doi: 10.1002/ijc.28468.

●● [Enlace al texto completo \(gratis o de pago\) 1002/ijc.28468](#)

AUTORES / AUTHORS: - Liu N; Cui RX; Sun Y; Guo R; Mao YP; Tang LL; Jiang W; Liu X; Cheng YK; He QM; Cho WC; Liu LZ; Li L; Ma J

INSTITUCIÓN / INSTITUTION: - State Key Laboratory of Oncology in South China, Sun Yat-sen University Cancer Center, Guangzhou, People's Republic of China.

RESUMEN / SUMMARY: - Recent findings have reported that human serum microRNAs (miRNAs) can be used as prognostic biomarkers in various cancers. We aimed to explore the prognostic value of serum miRNAs in nasopharyngeal carcinoma (NPC) patients. The level of serum miRNA was retrospectively analyzed in 512 NPC patients recruited between January 2001 and December 2006. In the discovery stage, a microarray followed by RT-qPCR was used to identify differentially altered miRNAs in eight patients with shorter survival and eight patients with longer survival who were well matched by age, sex and clinical stage. The identified serum miRNAs were then validated in all 512 samples, which were randomly divided into a training set and a validation set. Four serum miRNAs (miR-22, miR-572, miR-638 and miR-1234) were found to be differentially altered and were used to construct a miRNA signature. Risk scores were calculated to classify the patients into high- or low-risk groups. Patients with high-risk scores had poorer overall survival (HR, 2.54; 95% CI, 1.57-4.12; $p < 0.001$) and distant-metastasis-free survival (HR, 3.28; 95% CI, 1.82-5.94; $p < 0.001$) than those with low-risk scores in the training set; these results were confirmed in the validation and combined sets. The miRNA signature and TNM stage were independent prognostic factors. The combination of the miRNA signature and TNM stage had a better prognostic value than the TNM stage or miRNA signature alone. The four-serum miRNA signature may add prognostic value to the TNM staging system and provide information for personalized therapy in NPC. © 2013 Wiley Periodicals, Inc.

TÍTULO / TITLE: - Radiation induced bowel injury: a neglected problem.

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

REVISTA / JOURNAL: - Lancet. 2013 Sep 20. pii: S0140-6736(13)61946-7. doi: 10.1016/S0140-6736(13)61946-7.

- Enlace al texto completo (gratis o de pago) [1016/S0140-6736\(13\)61946-7](https://doi.org/10.1016/S0140-6736(13)61946-7)

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TÍTULO / TITLE: - Outcomes of repeat colonoscopy in patients with polyps referred for surgery without biopsy-proven cancer.

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

REVISTA / JOURNAL: - Gastrointest Endosc. 2013 Jul 31. pii: S0016-5107(13)02099-3. doi: 10.1016/j.gie.2013.06.034.

- Enlace al texto completo (gratis o de pago) [1016/j.gie.2013.06.034](https://doi.org/10.1016/j.gie.2013.06.034)

AUTORES / AUTHORS: - Friedland S; Banerjee S; Kochar R; Chen A; Shelton A

INSTITUCIÓN / INSTITUTION: - Department of Gastroenterology, Stanford University School of Medicine, Stanford, California, USA; VA Palo Alto Health Care System, Palo Alto, California, USA.

RESUMEN / SUMMARY: - BACKGROUND: Despite advances in endoscopic treatment, many colonic adenomas are still referred for surgical resection. There is a paucity of data on the suitability of these lesions for endoscopic treatment. OBJECTIVE: To analyze the results of routine repeat colonoscopy in patients referred for surgical resection of colon polyps without biopsy-proven cancer. DESIGN: Retrospective review. SETTING: University hospital. PATIENTS: Patients referred to a colorectal surgeon for surgical resection of a polyp without biopsy-proven cancer. INTERVENTIONS: Repeat colonoscopy. MAIN OUTCOME MEASUREMENTS: The rate of successful endoscopic treatment. RESULTS: There were 38 lesions in 36 patients; 71% of the lesions were noncancerous and were successfully treated endoscopically. In 26% of the lesions, previous removal was attempted by the referring physician but was unsuccessful. The adenoma recurrence rate was 50%, but all recurrences were treated endoscopically and none were cancerous. Two patients were admitted for overnight observation. There were no major adverse events. LIMITATIONS: Single center, retrospective. CONCLUSIONS: In the absence of biopsy-proven invasive cancer, it is appropriate to reevaluate patients referred for surgical resection by repeat colonoscopy at an expert center.

TÍTULO / TITLE: - Patient satisfaction with service quality as a predictor of survival outcomes in breast cancer.

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

REVISTA / JOURNAL: - Support Care Cancer. 2013 Sep 7.

- Enlace al texto completo (gratis o de pago) [1007/s00520-013-1956-7](https://doi.org/10.1007/s00520-013-1956-7)

AUTORES / AUTHORS: - Gupta D; Rodeghier M; Lis CG

INSTITUCIÓN / INSTITUTION: - Cancer Treatment Centers of America®, 1336 Basswood Road, Schaumburg, IL, 60173, USA, digant.gupta@ctca-hope.com.

RESUMEN / SUMMARY: - PURPOSE: Despite the recognized relevance of symptom burden in breast cancer, there has been limited exploration of whether an individual patient's assessment of the overall quality of care received might influence outcome. We therefore evaluated the relationship between patient-reported satisfaction with service quality and survival in breast cancer. METHODS: A random sample of 1,521 breast cancer patients treated at Cancer Treatment Centers of America. A questionnaire which covered several dimensions of patient satisfaction was administered. Items were measured on a seven-point Likert scale ranging from "completely dissatisfied" to "completely satisfied". Univariate and multivariate Cox regression was used to evaluate the association between patient satisfaction and survival. RESULTS: Of 1,521 patients, 836 were newly diagnosed, and 685 had previously been treated. A number of 409, 611, 323, and 178 patients had stage I, II, III, and IV disease, respectively. A total of 1,106 (72.7 %) patients were completely satisfied with the overall service quality, while 415 (27.3 %) were not. On univariate analysis, completely satisfied patients had a significantly lower risk of mortality compared to those not completely satisfied (HR = 0.62; 95 % CI 0.50-0.76; p < 0.001). On multivariate analysis, completely satisfied patients demonstrated significantly lower mortality (HR = 0.71; 95 % CI 0.57-0.87; p = 0.001) compared to those not completely satisfied. CONCLUSIONS: Patient satisfaction with service quality was an independent predictor of survival in breast cancer. Further exploration of a possible meaningful relationship between patient satisfaction with the care they receive and outcomes in breast cancer is indicated.

TÍTULO / TITLE: - p63 Regulates adult neural precursor and newly born neuron survival to control hippocampal-dependent Behavior.

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

REVISTA / JOURNAL: - J Neurosci. 2013 Jul 31;33(31):12569-85. doi: 10.1523/JNEUROSCI.1251-13.2013.

- Enlace al texto completo (gratis o de pago) [1523/JNEUROSCI.1251-13.2013](#)

AUTORES / AUTHORS: - Cancino GI; Yiu AP; Fatt MP; Dugani CB; Flores ER; Frankland PW; Josselyn SA; Miller FD; Kaplan DR

INSTITUCIÓN / INSTITUTION: - Programs in Cell Biology, Developmental and Stem Cell Biology, and Neurosciences and Mental Health, Hospital for Sick Children, Toronto, Ontario M5G 1X8, Canada.

RESUMEN / SUMMARY: - The molecular mechanisms that regulate adult neural precursor cell (NPC) survival, and thus maintain adult neurogenesis, are not well defined. Here,

we investigate the role of p63, a p53 family member, in adult NPC function in mice. Conditional ablation of p63 in adult NPCs or p63 haploinsufficiency led to reduced numbers of NPCs and newborn neurons in the neurogenic zones of the hippocampus and lateral ventricles and in the olfactory bulb. These reductions were attributable to enhanced apoptosis of NPCs and newborn neurons and were rescued by inhibition of caspase activity, p53, or the p53 apoptotic effector PUMA (p53-upregulated modulator of apoptosis). Moreover, these cellular deficits were functionally important because they led to perturbations in hippocampus-dependent memory formation. These results indicate that p63 regulates the numbers of adult NPCs and adult-born neurons as well as neural stem cell-dependent cognitive functions, and that it does so, at least in part, by inhibiting p53-dependent cell death.

TÍTULO / TITLE: - Exposure to ultraviolet radiation and risk of Hodgkin lymphoma: a pooled analysis.

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

REVISTA / JOURNAL: - Blood. 2013 Sep 9.

●● [Enlace al texto completo \(gratis o de pago\) 1182/blood-2013-04-497586](#)

AUTORES / AUTHORS: - Monnereau A; Glaser SL; Schupp CW; Ekstrom Smedby K; de Sanjose S; Kane E; Melbye M; Foretva L; Maynadie M; Staines A; Becker N; Nieters A; Brennan P; Boffetta P; Cocco P; Glimelius I; Clavel J; Hjalgrim H; Chang ET

INSTITUCIÓN / INSTITUTION: - Inserm, Center for Research in Epidemiology and Population Health (CESP), U1018, Environmental Epidemiology of Cancer Group, Villejuif, France;

RESUMEN / SUMMARY: - Ultraviolet radiation (UVR) exposure has been inversely associated with Hodgkin lymphoma (HL) risk but inconsistently, in few studies, and without attention to HL heterogeneity. We conducted a pooled analysis of HL risk focusing on type and timing of UVR exposure, and on disease subtypes by age, histology, and tumor-cell Epstein-Barr virus (EBV) status. Four case-control studies contributed 1,320 HL cases and 6,381 controls. We estimated lifetime, adulthood, and childhood UVR exposure and history of sunburn and sunlamp use. We used two-stage estimation with mixed-effects models and weighted pooled effect estimates by inverse marginal variances. We observed statistically significant inverse associations with HL risk for UVR exposures - during childhood and adulthood, sunburn history, and sunlamp use, but found no significant dose-response relationships. Risks were significant only for EBV-positive HL (pooled odds ratio = 0.56, 95% confidence interval = 0.35, 0.91 for the highest overall UVR exposure category), with a significant linear trend for overall exposure (p=0.03). Pooled relative risk estimates were not heterogeneous across studies. Increased UVR exposure may protect against HL, particularly EBV-positive HL. Plausible mechanisms involving UVR induction of regulatory T cells or the cellular DNA damage response suggest opportunities for new prevention targets.

TÍTULO / TITLE: - Life-threatening bleeding after endobronchial biopsy in a patient with bronchiectasis.

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

REVISTA / JOURNAL: - Am J Respir Crit Care Med. 2013 Sep 15;188(6):e9-e10. doi: 10.1164/rccm.201209-1650IM.

●● Enlace al texto completo (gratis o de pago) [1164/rccm.201209-1650IM](#)

AUTORES / AUTHORS: - Trisolini R; Cancellieri A; Patelli M

INSTITUCIÓN / INSTITUTION: - 1 Thoracic Endoscopy and Pulmonology Unit and.

TÍTULO / TITLE: - Contribution of solar radiation to decadal temperature variability over land.

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

REVISTA / JOURNAL: - Proc Natl Acad Sci U S A. 2013 Sep 10;110(37):14877-82. doi: 10.1073/pnas.1311433110. Epub 2013 Aug 26.

●● Enlace al texto completo (gratis o de pago) [1073/pnas.1311433110](#)

AUTORES / AUTHORS: - Wang K; Dickinson RE

INSTITUCIÓN / INSTITUTION: - State Key Laboratory of Earth Surface Processes and Resource Ecology, College of Global Change and Earth System Science, Beijing Normal University, Beijing 100875, China.

RESUMEN / SUMMARY: - Global air temperature has become the primary metric for judging global climate change. The variability of global temperature on a decadal timescale is still poorly understood. This paper examines further one suggested hypothesis, that variations in solar radiation reaching the surface (R_s) have caused much of the observed decadal temperature variability. Because R_s only heats air during the day, its variability is plausibly related to the variability of diurnal temperature range (daily maximum temperature minus its minimum). We show that the variability of diurnal temperature range is consistent with the variability of R_s at timescales from monthly to decadal. This paper uses long comprehensive datasets for diurnal temperature range to establish what has been the contribution of R_s to decadal temperature variability. It shows that R_s over land globally peaked in the 1930s, substantially decreased from the 1940s to the 1970s, and changed little after that. Reduction of R_s caused a reduction of more than 0.2 degrees C in mean temperature during May to October from the 1940s through the 1970s, and a reduction of nearly 0.2 degrees C in mean air temperature during November to April from the 1960s through the 1970s. This cooling accounts in part for the near-constant temperature from the 1930s into the 1970s. Since then, neither the rapid increase in temperature from the 1970s through the 1990s nor the slowdown of warming in the early twenty-first century appear to be significantly related to changes of R_s .

TÍTULO / TITLE: - Morphological stasis in an ongoing gastropod radiation from Lake Malawi.

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

REVISTA / JOURNAL: - Proc Natl Acad Sci U S A. 2013 Aug 20;110(34):13892-7. doi: 10.1073/pnas.1308588110. Epub 2013 Aug 7.

●● Enlace al texto completo (gratis o de pago) [1073/pnas.1308588110](#)

AUTORES / AUTHORS: - Van Bocxlaer B; Hunt G

INSTITUCIÓN / INSTITUTION: - Department of Paleobiology and Department of Invertebrate Zoology, National Museum of Natural History, Smithsonian Institution, Washington, DC 20013-7012.

RESUMEN / SUMMARY: - Evolutionary processes leading to adaptive radiation regularly occur too fast to be accurately recorded in the fossil record but too slowly to be readily observed in living biota. The study of evolutionary radiations is thereby confronted with an epistemological gap between the timescales and approaches used by neontologists and paleontologists. Here we report on an ongoing radiation of extant *Bellamya* species ($n = 4$) from the African Rift Lake Malawi that provides an unusual opportunity to bridge this gap. The substantial molecular differentiation in this monophyletic *Bellamya* clade has arisen since Late Pleistocene megadroughts in the Malawi Basin caused by climate change. Morphological time-series analysis of a high-resolution, radiocarbon-dated sequence of 22 faunas spanning the Holocene documents stasis up to the middle Holocene in all traits studied (shell height, number of whorls, and two variables obtained from geometric morphometrics). Between deposition of the last fossil fauna (approximately 5 ka) and the present day, a drastic increase in morphological disparity was observed (3.7-5.8 times) associated with an increase in species diversity. Comparison of the rates of morphological evolution obtained from the paleontological time-series with phylogenetic rates indicates that the divergence in two traits could be reconstructed with the slow rates documented in the fossils, that one trait required a rate reduction (stabilizing selection), and the other faster rates (divergent selection). The combined paleontological and comparative approach taken here allows recognition that morphological stasis can be the dominant evolutionary pattern within species lineages, even in very young and radiating clades.

TÍTULO / TITLE: - Nightly vs on-demand sildenafil for penile rehabilitation after minimally invasive nerve-sparing radical prostatectomy: results of a randomized double-blind trial with placebo.

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

REVISTA / JOURNAL: - BJU Int. 2013 Oct;112(6):844-51. doi: 10.1111/bju.12253. Epub 2013 Aug 13.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12253](https://doi.org/10.1111/bju.12253)

AUTORES / AUTHORS: - Pavlovich CP; Levinson AW; Su LM; Mettee LZ; Feng Z; Bivalacqua TJ; Trock BJ

INSTITUCIÓN / INSTITUTION: - James Buchanan Brady Urological Institute, Johns Hopkins Medical Institutions, Baltimore, MD, USA.

RESUMEN / SUMMARY: - **OBJECTIVES:** To clarify the role of phosphodiesterase type 5 (PDE5) inhibitors in post-prostatectomy penile rehabilitation (PPPR). To compare nightly and on-demand use of PDE5 inhibitors after nerve-sparing minimally invasive radical prostatectomy (RP). **PATIENTS AND METHODS:** We conducted a single-institution, double-blind, randomized controlled trial of nightly vs on-demand 50-mg sildenafil citrate after nerve-sparing minimally invasive RP. A total of 100 preoperatively potent men, aged <65 years, with scores on the Erectile Function domain of the International Index of Erectile Function (IIEF-EF) ≥ 26 , underwent nerve-sparing surgery. The patients were randomized to either nightly sildenafil and on-demand placebo (nightly sildenafil group), or on-demand sildenafil and nightly placebo (on-demand sildenafil group; maximum on-demand dose six tablets/month) for 12 months. Patients then underwent a 1-month washout period. Validated measures of erectile function (IIEF-EF score and the Expanded Prostate Cancer Index Composite [EPIC]) were compared between treatment groups over the entire 13-month time course, using multivariable mixed linear regression models. **RESULTS:** The treatment groups were well matched preoperatively (mean age 54.3 vs 54.6 years, baseline IIEF-EF score 29.4 vs 29.3, for the nightly vs the on-demand sildenafil groups, respectively). No significant differences were found in erectile function between treatments (nightly vs on-demand sildenafil) at any single timepoint after RP, after adjusting for potential confounding factors. When evaluated over all timepoints simultaneously, no significant effects of treatment group (nightly vs on-demand sildenafil) were found on recovery of potency, as assessed by absolute IIEF-EF scores ($P = 0.765$), on percentage of men returning to an IIEF-EF score >21 ($P = 0.830$), or on IIEF-EF score recovery to a percentage of baseline value ($P = 0.778$). When evaluated over all timepoints simultaneously, no significant effects of treatment group were found on secondary endpoints such as assessment of potency (including EPIC item 59 response 'erections firm enough for intercourse'), attempted intercourse frequency or confidence. **CONCLUSIONS:** Erectile recovery up to 1 year after RP does not differ between previously potent men who use sildenafil nightly compared to on-demand. This trial does not support chronic nightly sildenafil as being any better than on-demand sildenafil for use in penile rehabilitation after nerve-sparing minimally invasive RP.

TÍTULO / TITLE: - The value of repeat biopsy in the management of lupus nephritis: an international multicentre study in a large cohort of patients.

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

REVISTA / JOURNAL: - Nephrol Dial Transplant. 2013 Aug 24.

●● Enlace al texto completo (gratis o de pago) [1093/ndt/gft272](#)

AUTORES / AUTHORS: - Pagni F; Galimberti S; Goffredo P; Basciu M; Malachina S; Pilla D; Galbiati E; Ferrario F

INSTITUCIÓN / INSTITUTION: - Department of Pathology, University Milano Bicocca, San Gerardo Hospital, Monza, Italy.

RESUMEN / SUMMARY: - **BACKGROUND:** The International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification represents the gold standard for the histological evaluation of Systemic Lupus Erythematosus (SLE) nephritis. A repeat biopsy (RB) might be an important tool to provide information on long-term renal outcomes and optimal therapy. Aims of this study were to evaluate the use of the ISN/RPS classification and the role of RB in routine clinical practice. **METHODS:** A total number of 142 patients with SLE nephritis and with adequate reference and RB samples were included in this multicentre retrospective study. A meticulous histological examination was centrally performed on first and RB and compared with clinical variables and follow-up data. **RESULTS:** Morphological features of the ISN/RPS classification: at first and RB, significant differences were observed between segmental classes (III, IV-S) and Class IV-G in mesangial proliferation, wire loops and tuft necrosis. Clinical features and ISN/RPS classification: the correlation between serum creatinine, proteinuria, blood pressure levels and histological classes at first and RB demonstrated more severe renal disease in Class IV-G, both at first and RB. Agreement between ISN/RPS classification at first and RB: 40.8% of patients changed the histological class. Fifty per cent of Class II (mild mesangial form) were reclassified as Class IV-G at RB, whereas 18.9% of Class IV-G were reclassified as Class II. The transition among segmental (III/IV-S) and mesangial forms (II/IV-G) was extremely rare. The comparison between the clinical parameters at the final follow-up and the ISN/RPS classification confirmed that the trend of serum creatinine and proteinuria between the different classes was better described at the RB (higher in Class IV-G) than on the first biopsy. **CONCLUSIONS:** The histopathological data suggest that morphological differences between segmental and global forms do exist, possibly due to different pathogenetic mechanisms. An RB strategy could provide additional information on long-term renal outcomes. A strategy of protocol biopsies could be useful in perspective future trials to better understand the therapeutic response and the natural history of this disease.

TÍTULO / TITLE: - Safety of Epidural Analgesia in the Perioperative Care of Patients Undergoing Cytoreductive Surgery with Hyperthermic Intraperitoneal Chemotherapy.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Aug 28.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3221-1](#)

AUTORES / AUTHORS: - Owusu-Agyemang P; Soliz J; Hayes-Jordan A; Harun N; Gottumukkala V

INSTITUCIÓN / INSTITUTION: - Department of Anesthesiology and Perioperative Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX, USA, poagyemang@mdanderson.org.

RESUMEN / SUMMARY: - BACKGROUND: The perioperative coagulopathy, hemodynamic instability, and infectious complications that may occur during cytoreductive surgery (CRS) with hyperthermic intraperitoneal chemotherapy (HIPEC) has raised concerns about the safety of epidural analgesia in patients undergoing such procedures. METHODS: We conducted a retrospective review of the perioperative anesthetic management of 215 adult patients who had undergone CRS with HIPEC with epidural analgesia. We reviewed epidural-related complications and analyzed the effect of early initiation of continuous epidural analgesia on estimated blood loss, intraoperative fluid administration, blood transfusion and vasopressor requirements, time to extubation, and length of stay. RESULTS: No epidural hematomas or abscesses were reported. Two patients (0.9 %) had delays in epidural removal because of thrombocytopenia, and two had epidural-site erythema (0.9 %). The majority of postoperative epidural-related hypotensive episodes were successfully treated with fluid boluses. Early initiation of epidural analgesic infusions (before HIPEC) was associated with significantly less surgical blood loss and fluid requirements ($P = 0.005$ and 0.02 , respectively). Pre-HIPEC initiation of epidural infusions was not associated with a statistically significant difference in the following: volume of blood transfused, intraoperative vasopressors use, time to extubation, and length of hospital stay. CONCLUSIONS: With close hematologic monitoring and particular attention to sterility, epidural analgesia can be safely provided to patients undergoing CRS with HIPEC. Early initiation of continuous epidural infusions during surgery could lead to decreased blood loss and less intraoperative fluid administration. Prospective randomized studies are required to further investigate these potential benefits.

TÍTULO / TITLE: - Metabolic syndrome does not impact long-term survival in patients with acute myocardial infarction after successful percutaneous coronary intervention with drug-eluting stents.

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

REVISTA / JOURNAL: - Catheter Cardiovasc Interv. 2013 Aug 9. doi: 10.1002/ccd.25150.

●● [Enlace al texto completo \(gratis o de pago\) 1002/ccd.25150](#)

AUTORES / AUTHORS: - Won KB; Kim BK; Chang HJ; Shin DH; Kim JS; Ko YG; Choi D; Ha JW; Hong MK; Jang Y

INSTITUCIÓN / INSTITUTION: - Department of Cardiology, Myongji Hospital Cardiovascular Center, Goyang, Republic of Korea.

RESUMEN / SUMMARY: - Objective: This study aimed to evaluate long-term survival according to the presence of metabolic syndrome (MS) in patients with acute myocardial infarction (AMI) undergoing successful percutaneous coronary intervention (PCI) with drug-eluting stents (DES). Background: Despite the significance of coronary reperfusion in AMI, the prognostic impact of MS has been investigated under inconsistent reperfusion therapy in AMI patients. Methods and Results: Three-year clinical outcomes, including all-cause death and the composite of cardiac death or myocardial infarction, were evaluated according to MS status for 963 AMI patients treated with successful PCI with DES. This study included 494 subjects with MS (51%) and 469 subjects without MS (49%). The incidence of multivessel disease and the mean number of implanted stents were significantly higher in MS patients than in non-MS patients. The occurrence of all-cause death (5.9% vs. 6.4%, $P = 0.789$) and the composite outcomes (5.1% vs. 6.2%, $P = 0.485$) did not differ significantly between patients with and without MS. Cox regression models revealed that MS had no significant impact on all-cause death (hazard ratio [HR], 0.91; 95% confidence interval [CI], 0.55-1.52; $P = 0.726$) or the composite outcomes (HR, 0.81; 95% CI, 0.48-1.39; $P = 0.448$). Obesity was associated with a decreased risk of all-cause death and the composite outcomes among all MS components. Conclusions: No difference was observed in long-term survival according to the presence of MS in AMI patients after successful PCI with DES. This suggests that reperfusion therapy using PCI with DES is equally beneficial in AMI patients with and without MS. © 2013 Wiley Periodicals, Inc.

TÍTULO / TITLE: - Use of Sentinel Node Biopsy Expands.

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

REVISTA / JOURNAL: - J Natl Cancer Inst. 2013 Oct 2;105(19):1423-1424. Epub 2013 Sep 19.

●● Enlace al texto completo (gratis o de pago) [1093/jnci/djt274](#)

AUTORES / AUTHORS: - Peres J

TÍTULO / TITLE: - 3D Finite Element Model for Writing Long-Period Fiber Gratings by CO₂ Laser Radiation.

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

REVISTA / JOURNAL: - Sensors (Basel). 2013 Aug 12;13(8):10333-47. doi: 10.3390/s130810333.

●● Enlace al texto completo (gratis o de pago) [3390/s130810333](#)

AUTORES / AUTHORS: - Coelho JM; Nespereira M; Abreu M; Rebordao J

INSTITUCIÓN / INSTITUTION: - Laboratory of Optics, Lasers and Systems, Faculty of Sciences, University of Lisbon, Campus do Lumiar, Estrada do Paco do Lumiar, 22, Building D, 1649-038 Lisboa, Portugal. joao.coelho@fc.ul.pt.

RESUMEN / SUMMARY: - In the last years, mid-infrared radiation emitted by CO2 lasers has become increasing popular as a tool in the development of long-period fiber gratings. However, although the development and characterization of the resulting sensing devices have progressed quickly, further research is still necessary to consolidate functional models, especially regarding the interaction between laser radiation and the fiber's material. In this paper, a 3D finite element model is presented to simulate the interaction between laser radiation and an optical fiber and to determine the resulting refractive index change. Dependence with temperature of the main parameters of the optical fiber materials (with special focus on the absorption of incident laser radiation) is considered, as well as convection and radiation losses. Thermal and residual stress analyses are made for a standard single mode fiber, and experimental results are presented.

TÍTULO / TITLE: - The Different Impact of BRCA Mutations on the Survival of Epithelial Ovarian Cancer Patients: A Retrospective Single-Center Experience.

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

REVISTA / JOURNAL: - Oncology. 2013;85(2):122-7. doi: 10.1159/000353786. Epub 2013 Aug 13.

●● Enlace al texto completo (gratis o de pago) [1159/000353786](#)

AUTORES / AUTHORS: - Lorusso D; Cirillo F; Mancini M; Spatti GB; Grijuela B; Ditto A; Raspagliesi F

INSTITUCIÓN / INSTITUTION: - Gynecologic Oncology Unit, Fondazione 'IRCCS' National Cancer Institute, Milan, Italy.

RESUMEN / SUMMARY: - Objectives: The objective of this study was to examine whether the oncologic outcomes of BRCA1-associated and BRCA2-associated ovarian cancers correlate differently. Methods: Genetic data and clinical characteristics were correlated with progression-free survival (PFS) and overall survival (OS). Results: Data from 147 BRCA-mutated patients (119 BRCA1-positive and 28 BRCA2-positive) were analyzed. At a median follow-up of 69 months, the median PFS was 27.2 and 45.46 months for BRCA1 and BRCA2 patients, respectively ($p = 0.03$). Median OS was 77.23 and 111.47 months for BRCA1 and BRCA2 patients, respectively ($p = 0.08$). Conclusion: BRCA2 mutations confer PFS and a trend to OS advantage compared with the BRCA1 mutation in BRCA-mutated epithelial ovarian cancer patients.

TÍTULO / TITLE: - Factors associated with acute and late dysphagia in the DAHANCA 6 & 7 randomized trial with accelerated radiotherapy for head and neck cancer.

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

REVISTA / JOURNAL: - Acta Oncol. 2013 Oct;52(7):1535-42. doi: 10.3109/0284186X.2013.824609.

●● Enlace al texto completo (gratis o de pago) [3109/0284186X.2013.824609](#)

AUTORES / AUTHORS: - Mortensen HR; Overgaard J; Jensen K; Specht L; Overgaard M; Johansen J; Evensen JF; Andersen E; Andersen LJ; Hansen HS; Grau C

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Aarhus University Hospital, Denmark.

RESUMEN / SUMMARY: - Abstract Background. Dysphagia is a common and debilitating side effect in head and neck radiotherapy (RT). Prognostic factors are numerous and their interrelationship not well understood. The aim of this study was to establish a multivariate prognostic model for acute and late dysphagia after RT, based on information from a prospective trial. Material and methods. The DAHANCA 6&7 randomized study included 1476 patients with head and neck cancer eligible for primary RT alone. Patients were randomized between 5 and 6 weekly fractions of conventional RT, and received 62-70 Gy in 31-35 fractions. Patients were scored for dysphagia weekly during treatment and at regular intervals until five years after treatment. Dysphagia scores were available from 1461 patients. Results. Acute dysphagia according to DAHANCA grades 1, 2, 3 and 4 occurred in 83%, 71%, 43% and 23%, respectively. Severe dysphagia occurred in 47% and 38% of patients receiving accelerated or conventional radiotherapy, respectively ($p = 0.001$). At one, two, three, four and five years the prevalence of chronic dysphagia above grade 0, was 46%, 32%, 29%, 24%, 23%, respectively with no difference between 5 and 6 fractions. In multivariate analysis, the following parameters were independent factors for severe acute dysphagia: T3-T4 tumors, N-positive disease, non-glottic cancer, age > median, baseline dysphagia > 1 and accelerated radiotherapy. The following factors were prognostic factors for late dysphagia: non-glottic cancer, T3-T4, N-positive disease and baseline dysphagia > 1. The data confirmed previously published predictive models, as it was possible to separate patients in groups with low, medium and high risk of dysphagia, respectively, based on pre-treatment risk scores. Conclusion. Prognostic models were established to characterize patients at risk of developing acute or late dysphagia in the DAHANCA 6&7 trial. The results may be useful to identify patients at risk of dysphagia and thus candidates for prophylactic measures against swallowing dysfunction.

TÍTULO / TITLE: - Denosumab and Bone Metastasis-Free Survival in Men With Nonmetastatic Castration-Resistant Prostate Cancer: Exploratory Analyses by Baseline Prostate-Specific Antigen Doubling Time.

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Sep 16.

●● [Enlace al texto completo \(gratis o de pago\) 1200/JCO.2012.44.6716](#)

AUTORES / AUTHORS: - Smith MR; Saad F; Oudard S; Shore N; Fizazi K; Sieber P; Tombal B; Damiao R; Marx G; Miller K; Van Veldhuizen P; Morote J; Ye Z; Dansey R; Goessl C

INSTITUCIÓN / INSTITUTION: - Matthew R. Smith, Massachusetts General Hospital Cancer Center, Boston, MA; Fred Saad, University of Montreal Hospital Center, Montreal, Quebec, Canada; Stephane Oudard, Georges Pompidou Hospital, Paris; Karim Fizazi, Institut Gustave Roussy, University of Paris Sud, Villejuif, France; Neal Shore, Carolina Urological Research Center, Myrtle Beach, SC; Paul Sieber, Urological Associates of Lancaster, Lancaster, PA; Bertrand Tombal, Universite Catholique de Louvain Cliniques Universitaires Saint Luc, Bruxelles, Belgium; Ronaldo Damiao, Hospital Universitario Pedro Ernesto, Rio de Janeiro, Brazil; Gavin Marx, Sydney Haematology and Oncology Clinic, University of Sydney, Wahroonga, New South Wales, Australia; Kurt Miller, Charite Berlin, Berlin, Germany; Peter Van Veldhuizen, Kansas City Veterans Affairs Medical Center, Kansas City, MO; Juan Morote, Hospital Vall d'Hebron, Barcelona, España; and Zhishen Ye, Roger Dansey, and Carsten Goessl, Amgen, Thousand Oaks, CA.

RESUMEN / SUMMARY: - PURPOSE: Denosumab, an anti-RANK ligand monoclonal antibody, significantly increases bone metastasis-free survival (BMFS; hazard ratio [HR], 0.85; P = .028) and delays time to first bone metastasis in men with nonmetastatic castration-resistant prostate cancer (CRPC) and baseline prostate-specific antigen (PSA) \geq 8.0 ng/mL and/or PSA doubling time (PSADT) \leq 10.0 months. To identify men at greatest risk for bone metastasis or death, we evaluated relationships between PSA and PSADT with BMFS in the placebo group and the efficacy and safety of denosumab in men with PSADT \leq 10, \leq 6, and \leq 4 months. PATIENTS AND METHODS: A total of 1,432 men with nonmetastatic CRPC were randomly assigned 1:1 to monthly subcutaneous denosumab 120 mg or placebo. Enrollment began February 2006; primary analysis cutoff was July 2010, when approximately 660 men were anticipated to have developed bone metastases or died. RESULTS: In the placebo group, shorter BMFS was observed as PSADT decreased below 8 months. In analyses by shorter baseline PSADT, denosumab consistently increased BMFS by a median of 6.0, 7.2, and 7.5 months among men with PSADT \leq 10 (HR, 0.84; P = .042), \leq 6 (HR, 0.77; P = .006), and \leq 4 months (HR, 0.71; P = .004), respectively. Denosumab also consistently increased time to bone metastasis by PSADT subset. No difference in survival was observed between treatment groups for the overall study population or PSADT subsets. CONCLUSION: Patients with shorter PSADT are at greater risk for bone metastasis or death. Denosumab consistently improves BMFS in men with shorter PSADT and seems to have the greatest treatment effects in men at high risk for progression.

TÍTULO / TITLE: - Short- and Long-Term Survival of Esophageal Cancer Patients Treated at the Cancer Institute of Iran.

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

REVISTA / JOURNAL: - Dig Surg. 2013 Sep 17;30(4-5):331-336.

●● Enlace al texto completo (gratis o de pago) [1159/000354854](https://doi.org/10.1159/000354854)

AUTORES / AUTHORS: - Mir MR; Rajabpour MV; Delarestaghi MM; Hadji M; Harirchi I; Mir P; Mir A; Lashkari M; Zendejdel K

INSTITUCIÓN / INSTITUTION: - Cancer Research Center, Cancer Institute of Iran, Tehran University of Medical Sciences, Tehran, Iran.

RESUMEN / SUMMARY: - Introduction: Little data is available on the prognosis of esophageal cancer (EC) in Iran. We studied the short- and long-term survival of EC patients treated at the Cancer Institute of Iran. Methods: 619 patients were followed who had been operated in the years 1997-2006. The 1-month to 5-year survival rates of EC and hazard ratios (HR) for different prognostic factors were estimated. Results: Median survival was 11.5 months and 5-year survival was 10%. Patients at the advanced stage had a 2.1-fold higher risk of mortality compared to the early stage (95% CI 1.2-3.4). One-month mortality decreased from 12.2 in 1997-1999 to 9.1% in 2003-2006. In the first month, patients who were diagnosed in 2003-2006 had a significantly (60%) lower HR compared to 1997-1999 (HR = 0.4, 95% CI 0.1-0.9). In addition, patients with cardiopulmonary complications had an 11.7-fold higher HR compared to patients without complications (95% CI 4.7-29.3). Conclusions: The 5-year survival rate for operated EC patients was considerably low in Iran. Cardiopulmonary complications were the strong prognostic factors for first-month mortality. We suggest improving the pre- and postoperative care of EC to control these complications. Regular monitoring of patient survival is recommended to evaluate the effect of this intervention.

TÍTULO / TITLE: - Elevated Preoperative Neutrophil-to-lymphocyte Ratio as a Predictor of Survival After Gastroenterostomy in Patients with Advanced Pancreatic Adenocarcinoma.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Aug 28.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3227-8](https://doi.org/10.1245/s10434-013-3227-8)

AUTORES / AUTHORS: - Sugiura T; Uesaka K; Kanemoto H; Mizuno T; Okamura Y

INSTITUCIÓN / INSTITUTION: - Division of Hepato-Biliary-Pancreatic Surgery, Shizuoka Cancer Center, Shizuoka, Japan, t.sugiura@scchr.jp.

RESUMEN / SUMMARY: - BACKGROUND: There is increasing evidence that the presence of an ongoing systemic inflammatory response, especially a high preoperative neutrophil-to-lymphocyte ratio (NLR), is associated with a poor outcome for a variety of common solid tumors. However, few studies have investigated the clinical value of the NLR in patients undergoing gastroenterostomy for advanced pancreatic cancer. METHODS: A total of 83 patients who had symptoms of gastric outlet obstruction due to advanced pancreatic cancer and underwent gastroenterostomy were analyzed. The prognostic significance of the NLR was analyzed. The relationship between the NLR

value and postoperative outcome was also evaluated. RESULTS: The median survival time was 9.4 months in patients with an NLR of <4 , whereas it was 3.4 months in patients with an NLR of ≥ 4 ($P < 0.001$). The multivariate analysis revealed that an NLR of ≥ 4 , the presence of liver metastases, daily pain, and lack of postoperative chemotherapy were significant prognostic factors. A higher NLR was associated with postoperative morbidity; 13 % of patients with an NLR of <4 and 36 % of those with an NLR of ≥ 4 ($P = 0.012$) developed morbidities. With regard to quality of life, 96 % of patients with an NLR of <4 and 36 % of patients with an NLR of ≥ 4 had adequate oral intake of solid food without any support with intravenous nutrition for at least 1 month after surgery ($P < 0.001$). CONCLUSIONS: The preoperative NLR offers important prognostic information for patients who have gastric outlet obstruction due to advanced pancreatic adenocarcinoma.

TÍTULO / TITLE: - Utility of MRI and PET/CT after neoadjuvant chemotherapy in breast cancer patients: correlation with pathological response grading system based on tumor cellularity.

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

REVISTA / JOURNAL: - Acta Radiol. 2013 Aug 20.

●● Enlace al texto completo (gratis o de pago) 1177/0284185113498720

AUTORES / AUTHORS: - Kim T; Kang DK; An YS; Yim H; Jung YS; Kim KS; Kang SY; Kim TH

RESUMEN / SUMMARY: - BACKGROUND: MRI and PET/CT are useful for assessing breast cancer patients after neoadjuvant chemotherapy (NAC). PURPOSE: To investigate the utility of MRI and PET/CT in the prediction of pathologic response to neoadjuvant chemotherapy using Miller-Payne grading system in patients with breast cancer. MATERIAL AND METHODS: From January 2008 to December 2010, 59 consecutive patients with pathologically proven breast cancer, who underwent neoadjuvant chemotherapy followed by surgery were retrospectively enrolled. The maximal diameter decrease rate and volume reduction rate by three-dimensional (3D) MRI and standardized uptake value (SUV) reduction rate by PET/CT were calculated and correlated with the Miller-Payne grading system using the Spearman rank correlation test. Patients with Miller-Payne grades 1 or 2 were classified into the non-responder group and patients with grades 3, 4, and 5 were in the responder group. To differentiate between responders and non-responders, receiver-operating characteristic (ROC) analysis was performed. RESULTS: The volume reduction rate was 64.87 +/- 46.95, diameter decrease rate was 48.09 +/- 35.02, and SUV decrease rate was 62.10 +/- 32.17. Among three parameters, the volume reduction rate was most correlated with histopathologic grades of regression ($\rho = 0.755$, $P < 0.0001$) followed by diameter decrease rate ($\rho = 0.660$, $P < 0.0001$), and SUV decrease rate of primary breast mass ($\rho = 0.561$, $P = 0.0002$). The area under the ROC curve (Az) value was largest in the volume reduction rate (Az = 0.9), followed by SUV decrease rate (Az =

0.875), and diameter decrease rate ($Az = 0.849$). The best cut-offs for differentiating responders from non-responders in the ROC curve analysis were a 50% decrease in diameter, 68.9% decrease in volume, and 60.1% decrease in SUV after NAC.

CONCLUSION: Volumetric measurement using 3D MRI combined with conventional diameter measurement may be more accurate to evaluate pathologic response after NAC.

TÍTULO / TITLE: - Cardiac comorbidity is an independent risk factor for radiation-induced lung toxicity in lung cancer patients.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Sep 14. pii: S0167-8140(13)00435-0. doi: 10.1016/j.radonc.2013.08.035.

●● Enlace al texto completo (gratis o de pago) [1016/j.radonc.2013.08.035](#)

AUTORES / AUTHORS: - Nalbantov G; Kietselaer B; Vandecasteele K; Oberije C; Berbee M; Troost E; Dingemans AM; Baardwijk AV; Smits K; Dekker A; Bussink J; Ruyscher DD; Lievens Y; Lambin P

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology (Maastric Clinic), GROW - School for Oncology and Developmental Biology, Maastricht University Medical Centre, Maastricht, The Netherlands. Electronic address: georgi.nalbantov@maastro.nl.

RESUMEN / SUMMARY: - PURPOSE: To test the hypothesis that cardiac comorbidity before the start of radiotherapy (RT) is associated with an increased risk of radiation-induced lung toxicity (RILT) in lung cancer patients. MATERIAL AND METHODS: A retrospective analysis was performed of a prospective cohort of 259 patients with locoregional lung cancer treated with definitive radio(chemo)therapy between 2007 and 2011 (ClinicalTrials.gov Identifiers: NCT00572325 and NCT00573040). We defined RILT as dyspnea CTCv.3.0 grade 2 within 6 months after RT, and cardiac comorbidity as a recorded treatment of a cardiac pathology at a cardiology department. Univariate and multivariate analyses, as well as external validation, were performed. The model-performance measure was the area under the receiver operating characteristic curve (AUC). RESULTS: Prior to RT, 75/259 (28.9%) patients had cardiac comorbidity, 44% of whom (33/75) developed RILT. The odds ratio of developing RILT for patients with cardiac comorbidity was 2.58 ($p < 0.01$). The cross-validated AUC of a model with cardiac comorbidity, tumor location, forced expiratory volume in 1s, sequential chemotherapy and pretreatment dyspnea score was 0.72 ($p < 0.001$) on the training set, and 0.67 ($p < 0.001$) on the validation set. CONCLUSION: Cardiac comorbidity is an important risk factor for developing RILT after definite radio(chemo)therapy of lung cancer patients.

TÍTULO / TITLE: - Long-term Survival in Community-Acquired Pneumonia Caused by Other Bacteria Than Pneumococci Is Impaired More Than in Pneumococcal Pneumonia: Effect of Underlying Disease?

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

REVISTA / JOURNAL: - Clin Infect Dis. 2013 Aug 29.

●● Enlace al texto completo (gratis o de pago) [1093/cid/cit507](#)

AUTORES / AUTHORS: - Bruns AH; Oosterheert JJ; Hoepelman AI

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine and Infectious Diseases, University Medical Center Utrecht, The Netherlands.

TÍTULO / TITLE: - Ionizing irradiation-induced radical stress stalls live meiotic chromosome movements by altering the actin cytoskeleton.

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

REVISTA / JOURNAL: - Proc Natl Acad Sci U S A. 2013 Oct 1;110(40):16027-16032. Epub 2013 Sep 17.

●● Enlace al texto completo (gratis o de pago) [1073/pnas.1306324110](#)

AUTORES / AUTHORS: - Illner D; Scherthan H

INSTITUCIÓN / INSTITUTION: - Institut für Radiobiologie der Bundeswehr in Verbindung mit der Universität Ulm, D-80937 Munich, Germany.

RESUMEN / SUMMARY: - Meiosis generates haploid cells or spores for sexual reproduction. As a prelude to haploidization, homologous chromosomes pair and recombine to undergo segregation during the first meiotic division. During the entire meiotic prophase of the yeast *Saccharomyces cerevisiae*, chromosomes perform rapid movements that are suspected to contribute to the regulation of recombination. Here, we investigated the impact of ionizing radiation (IR) on movements of GFP-tagged bivalents in live pachytene cells. We find that exposure of sporulating cultures with >40 Gy (4-krad) X-rays stalls pachytene chromosome movements. This identifies a previously undescribed acute radiation response in yeast meiosis, which contrasts with its reported radioresistance of up to 1,000 Gy in survival assays. A modified 3'-end labeling assay disclosed IR-induced dsDNA breaks (DSBs) in pachytene cells at a linear dose relationship of one IR-induced DSB per cell per 5 Gy. Dihydroethidium staining revealed formation of reactive oxygen species (ROS) in irradiated cells. Imobility of fuzzy-appearing irradiated bivalents was rescued by addition of radical scavengers. Hydrogen peroxide-induced ROS did reduce bivalent mobility similar to 40 Gy X IR, while they failed to induce DSBs. IR- and H₂O₂-induced ROS were found to decompose actin cables that are driving meiotic chromosome mobility, an effect that could be rescued by antioxidant treatment. Hence, it appears that the meiotic actin cytoskeleton is a radical-sensitive system that inhibits bivalent movements in response to IR- and oxidant-induced ROS. This may be important to prevent motility-driven

unfavorable chromosome interactions when meiotic recombination has to proceed in genotoxic environments.

TÍTULO / TITLE: - Treatment with the CC chemokine-binding protein Evasin-4 improves post-infarction myocardial injury and survival in mice.

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

REVISTA / JOURNAL: - Thromb Haemost. 2013 Sep 27;110(4):807-25. doi: 10.1160/TH13-04-0297. Epub 2013 Aug 8.

●● Enlace al texto completo (gratis o de pago) [1160/TH13-04-0297](#)

AUTORES / AUTHORS: - Braunersreuther V; Montecucco F; Pelli G; Galan K; Proudfoot AE; Belin A; Vuilleumier N; Burger F; Lenglet S; Caffa I; Soncini D; Nencioni A; Vallee JP; Mach F

INSTITUCIÓN / INSTITUTION: - Fabrizio Montecucco, MD, PhD, Cardiology Division, Department of Medicine, Geneva University Hospital, Foundation for Medical Researches, 64 Avenue Roseaie, 1211 Geneva, Switzerland, Tel.: +41 223827238, Fax: +41 223827245, E-mail: Fabrizio.montecucco@unige.ch.

RESUMEN / SUMMARY: - Chemokines trigger leukocyte trafficking and are implicated in cardiovascular disease pathophysiology. Chemokine-binding proteins, called “Evasins” have been shown to inhibit both CC and CXC chemokine-mediated bioactivities. Here, we investigated whether treatment with Evasin-3 (CXC chemokine inhibitor) and Evasin-4 (CC chemokine inhibitor) could influence post-infarction myocardial injury and remodelling. C57Bl/6 mice were submitted in vivo to left coronary artery permanent ligation and followed up for different times (up to 21 days). After coronary occlusion, three intraperitoneal injections of 10 µg Evasin-3, 1 µg Evasin-4 or equal volume of vehicle (PBS) were performed at 5 minutes, 24 hours (h) and 48 h after ischaemia onset. Both anti-chemokine treatments were associated with the beneficial reduction in infarct size as compared to controls. This effect was accompanied by a decrease in post-infarction myocardial leukocyte infiltration, reactive oxygen species release, and circulating levels of CXCL1 and CCL2. Treatment with Evasin-4 induced a more potent effect, abrogating the inflammation already at one day after ischaemia onset. At days 1 and 21 after ischaemia onset, both anti-chemokine treatments failed to significantly improve cardiac function, remodelling and scar formation. At 21-day follow-up, mouse survival was exclusively improved by Evasin-4 treatment when compared to control vehicle. In conclusion, we showed that the selective inhibition of CC chemokines (i.e. CCL5) with Evasin-4 reduced cardiac injury/inflammation and improved survival. Despite the inhibition of CXC chemokine bioactivities, Evasin-3 did not affect mouse survival. Therefore, early inhibition of CC chemokines might represent a promising therapeutic approach to reduce the development of post-infarction heart failure in mice.

TÍTULO / TITLE: - Patterns of Recurrence and Survival After Lymphadenectomy in Melanoma Patients: Clarifying the Effects of Timing of Surgery and Lymph Node Tumor Burden.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Sep 20.

- Enlace al texto completo (gratis o de pago) [1245/s10434-013-3253-6](#)

AUTORES / AUTHORS: - Spillane AJ; Pasquali S; Haydu LE; Thompson JF

INSTITUCIÓN / INSTITUTION: - Sydney Medical School, The University of Sydney, Sydney, Australia, andrew.spillane@melanoma.org.au.

RESUMEN / SUMMARY: - BACKGROUND: Melanoma patients with lymph node (LN) metastases have variable survival after lymphadenectomy. This study investigates whether lymphadenectomy at different times in the course of disease progression influences disease-free survival (DFS; time from primary diagnosis to first recurrence after lymphadenectomy), post recurrence survival (PRS; time from first recurrence after lymphadenectomy to death), and overall survival (OS; time from diagnosis to death). METHODS: Between 1992 and 2010, a total of 1,704 patients underwent lymphadenectomy; 502 underwent immediate completion lymphadenectomy (ICL) after positive sentinel node biopsy (SNB), 214 had delayed completion lymphadenectomy (DCL) for regional recurrence after positive SNB with no ICL or after an earlier false-negative SNB, 709 had no SNB and later required delayed therapeutic lymphadenectomy (DTL) for clinically evident metastasis, and 279 had immediate therapeutic lymphadenectomy (ITL) for clinically positive LNs at primary melanoma diagnosis. RESULTS: Median DFS for ICL, DCL, DTL, and ITL was 68, 48, 82, and 16 months, respectively ($p < 0.001$). Median PRS for ICL, DCL, DTL, and ITL was 14, 8, 9, and 9 months, respectively ($p < 0.001$). Median OS for ICL was not reached whilst for DCL, DTL, and ITL it was 71, 101, and 29 months, respectively ($p < 0.001$). Extranodal spread and tumor, node, metastasis classification system N stage were the only significant prognostic factors for OS within each group. ICL patients had significantly improved DFS ($p = 0.005$) and OS ($p = 0.012$) beyond 5 years compared to DTL patients. CONCLUSIONS: Variable outcomes after lymphadenectomy were observed with different timing of surgery and LN tumor burden. ICL patients had the best outcome.

TÍTULO / TITLE: - Re: Validation of the European Society of Urogenital Radiology Scoring System for Prostate Cancer Diagnosis on Multiparametric Magnetic Resonance Imaging in a Cohort of Repeat Biopsy Patients.

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

REVISTA / JOURNAL: - J Urol. 2013 Oct;190(4):1248. doi: 10.1016/j.juro.2013.06.070. Epub 2013 Jun 29.

- Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.06.070](#)

AUTORES / AUTHORS: - Siegel C

TÍTULO / TITLE: - Insight or Confusion: Survival After Response-Guided Neoadjuvant Chemotherapy in Breast Cancer.

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Sep 3.

- Enlace al texto completo (gratis o de pago) [1200/JCO.2013.51.0313](#)

INSTITUCIÓN / INSTITUTION: - Stanford University School of Medicine, Stanford, CA.

TÍTULO / TITLE: - The RodA Hydrophobin on *Aspergillus fumigatus* Spores Masks Dectin-1- and Dectin-2-Dependent Responses and Enhances Fungal Survival In Vivo.

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

REVISTA / JOURNAL: - J Immunol. 2013 Sep 1;191(5):2581-8. doi:

10.4049/jimmunol.1300748. Epub 2013 Aug 7.

- Enlace al texto completo (gratis o de pago) [4049/jimmunol.1300748](#)

AUTORES / AUTHORS: - Carrion Sde J; Leal SM Jr; Ghannoum MA; Amanianda V; Latge JP; Pearlman E

INSTITUCIÓN / INSTITUTION: - Department of Ophthalmology and Visual Sciences, Case Western Reserve University, Cleveland, OH 44106;

RESUMEN / SUMMARY: - *Aspergillus* and *Fusarium* species are important causes of fungal infections worldwide. Airborne spores (conidia) of these filamentous fungi express a surface protein that confers hydrophobicity (hydrophobin) and covers cell wall components that would otherwise induce a host immune cell response. Using a mutant *Aspergillus fumigatus* strain (DeltarodA) that does not express the RodA hydrophobin, and *Aspergillus* and *Fusarium* conidia from clinical isolates that were treated with hydrofluoric acid (which removes the *A. fumigatus* RodA protein), we observed increased surface exposure of beta1,3-glucan and alpha-mannose on *Aspergillus* and *Fusarium* conidia. We also found that DeltarodA and hydrofluoric acid-treated conidia stimulate significantly higher NF-kappaB p65 nuclear translocation and cytokine production by macrophages from C57BL/6, but not from Dectin-1(-/-) or Dectin-2(-/-) mice. Using a murine model of *A. fumigatus* corneal infection, we showed that DeltarodA conidia induced significantly higher cytokine production, neutrophil infiltration, and more rapid fungal clearance from C57BL/6 corneas compared with the parent G10 strain, which was dependent on Dectin-1 and Dectin-2. Together, these findings identify the hydrophobin RodA as a virulence factor that masks Dectin-1 and Dectin-2 recognition of conidia, resulting in impaired neutrophil recruitment to the cornea and increased fungal survival and clinical disease.

TÍTULO / TITLE: - Reduced CD147 expression is linked to ERG fusion-positive prostate cancers but lacks substantial impact on PSA recurrence in patients treated by radical prostatectomy.

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

REVISTA / JOURNAL: - Exp Mol Pathol. 2013 Oct;95(2):227-234. doi: 10.1016/j.yexmp.2013.08.002. Epub 2013 Aug 12.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.yexmp.2013.08.002](#)

AUTORES / AUTHORS: - Grupp K; Hohne TS; Prien K; Hube-Magg C; Tsourlakis MC; Sirma H; Pham T; Heinzer H; Graefen M; Michl U; Simon R; Wilczak W; Izbicki J; Sauter G; Minner S; Schlomm T; Steurer S

INSTITUCIÓN / INSTITUTION: - General, Visceral and Thoracic Surgery Department and Clinic, Institute of Pathology, University Medical Center Hamburg-Eppendorf, Martinistr. 52, Germany; Institute of Pathology, University Medical Center Hamburg-Eppendorf, Martinistr. 52, Germany. Electronic address: k.grupp@uke.de.

RESUMEN / SUMMARY: - The extracellular matrix metalloproteinase inducer CD147 has been suggested as a prognostic marker in prostate cancer. CD147 expression was analyzed by immunohistochemistry on a tissue microarray containing 11,152 prostate cancer specimens. Results were compared to tumor phenotype, biochemical recurrence, ERG status and deletions on PTEN, 3p13, 6q15 and 5q21. CD147 expression was strong in benign prostatic glands and often reduced in prostate cancers. CD147 immunostaining was found in 71.7% of 7628 interpretable cases. CD147 staining was considered strong in 34.6%, moderate in 24.3% and weak in 12.8% of cancers while 28.3% did not show any CD147 reactivity. Reduced CD147 staining was strongly associated with both TMPRSS2-ERG-rearrangement and ERG expression ($p < 0.0001$ each). Within the subgroups of ERG positive and negative cancers, deletions of PTEN, 3p13, 6q15 and 5q21 were unrelated to the CD147 expression status. Decreased CD147 expression was significantly linked to high preoperative PSA values, high Gleason grade, advanced tumor stage ($p < 0.0001$ each), and positive lymph node involvement ($p = 0.0026$) in all cancers. There was a marginal, but statistically significant, association of reduced CD147 expression with early biochemical recurrence ($p = 0.0296$). The significant reduction of CD147 expression in ERG positive prostate cancer provides further evidence for marked biological differences between “fusion type” and “non-fusion type” prostate cancer. Despite a weak association with PSA recurrence, CD147 cannot be considered a relevant prognostic biomarker.

TÍTULO / TITLE: - Acetylation status of P53 and the expression of DBC1, SIRT1, and androgen receptor are associated with survival in clear cell renal cell carcinoma patients.

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

REVISTA / JOURNAL: - Pathology. 2013 Oct;45(6):574-80. doi:
10.1097/PAT.0b013e3283652c7a.

●● Enlace al texto completo (gratis o de pago) [1097/PAT.0b013e3283652c7a](https://doi.org/10.1097/PAT.0b013e3283652c7a)

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

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

RESUMEN / SUMMARY: - AIMS: Recently, the important role of silent mating type information regulation 2 homolog 1 (SIRT1) and deleted in breast cancer 1 (DBC1) in human cancer has been extensively studied and their role has been closely related with the control of P53 and androgen receptor (AR) functions. However, their role in clear cell renal cell carcinoma (CRCC) is still unknown. METHODS: We evaluated the expression of SIRT1, P53, acetylated-P53, DBC1 and AR and their prognostic significance in 200 CRCC patients. RESULTS: The expression of SIRT1, P53, DBC1, and AR significantly correlated with each other and all of them predicted shorter overall survival (OS), relapse-free survival (RFS), and cancer-specific survival (CSS). In contrast, the expression of acetylated-P53 predicted favourable OS, RFS, and CSS. Combined expression pattern of acetylated-P53 and P53 (Ac-P53/P53) also closely correlated with survival of CRCC patients. Multivariate analysis revealed DBC1, acetylated-P53, and Ac-P53/P53 expression as independent prognostic indicators for OS and RFS, and Ac-P53 expression as an independent prognostic indicator for CSS. CONCLUSIONS: This study demonstrates that the acetylation status of P53 and the expression of SIRT1, DBC1, and AR could be new prognostic indicators for CRCC and suggest that SIRT1-P53 and DBC1-AR related pathways could be new therapeutic targets for the treatment of CRCC.

TÍTULO / TITLE: - Low Total Lymphocyte Count Is Associated with Poor Survival in Patients with Resected Pancreatic Adenocarcinoma Receiving a GM-CSF Secreting Pancreatic Tumor Vaccine.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Sep 18.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3262-5](https://doi.org/10.1245/s10434-013-3262-5)

AUTORES / AUTHORS: - Schueneman AJ; Sugar EA; Uram J; Bigelow E; Herman JM; Edil BH; Jaffee EM; Zheng L; Laheru DA

INSTITUCIÓN / INSTITUTION: - Department of Medicine, Johns Hopkins University School of Medicine, Baltimore, MD, USA.

RESUMEN / SUMMARY: - BACKGROUND: Low total lymphocyte count (TLC) and lymphocyte-to-neutrophil ratio have been found to be poor prognostic indicators in several different tumor types at various stages. Although immune-based therapies are

under rapid development, it is not known whether baseline complete blood counts, particularly lymphocytes, are associated with the clinical outcomes of patients receiving immunotherapies. **METHODS:** We performed a retrospective analysis of complete blood count for 59 patients enrolled onto a phase II trial evaluating the integration of an adjuvant immunotherapy-irradiated granulocyte-macrophage colony-stimulating factor (GM-CSF) secreting allogeneic pancreatic tumor vaccine (GVAX)-with standard chemoradiation. **RESULTS:** After adjusting for nodal status, individuals with a TLC of <1,500 cells/mm³ (10 patients) had significantly higher risk, both in terms of overall survival (OS) [adjusted hazard ratio 2.63, 95 % confidence interval (CI) 1.22-5.67, p = 0.013] and progression-free survival (adjusted hazard ratio 3.07, 95 % CI 1.03-6.93, p = 0.003), compared to those with a TLC of \leq 1,500 cells/mm³ (49 patients). Adjuvant chemoradiation significantly reduced lymphocyte counts from baseline values. Patients with suppression of their lymphocytes to <500 cells/mm³ after chemoradiation also had shorter disease-free and OS. **CONCLUSIONS:** Immunosuppressive conditions associated with surgical procedures and chemoradiation may affect the efficacy of immunotherapy.

TÍTULO / TITLE: - Predictive value of ERCC1 and RRM1 gene single-nucleotide polymorphisms for first-line platinum- and gemcitabine-based chemotherapy in non-small cell lung cancer patients.

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

REVISTA / JOURNAL: - Oncol Rep. 2013 Nov;30(5):2385-98. doi: 10.3892/or.2013.2696. Epub 2013 Aug 26.

●● Enlace al texto completo (gratis o de pago) [3892/or.2013.2696](#)

AUTORES / AUTHORS: - Mlak R; Krawczyk P; Ramlau R; Kalinka-Warzocho E; Wasylecka-Morawiec M; Wojas-Krawczyk K; Kucharczyk T; Homa I; Koziol P; Ciesielka M; Chudziak D; Milanowski J

INSTITUCIÓN / INSTITUTION: - Department of Pneumology, Oncology and Allergology, Medical University of Lublin, 20-954 Lublin, Poland.

RESUMEN / SUMMARY: - Platinum-based chemotherapy with third generation drugs (such as gemcitabine) is an efficacious regimen of first-line treatment of patients with advanced, unresectable non-small cell lung cancer (NSCLC), without activating EGFR mutations. Mechanism of action of cytostatics are distortions in the DNA. ERCC1 and RRM1 are key proteins involved in the repair of DNA, thus, they may be responsible for the ineffectiveness of therapy. We investigated whether ERCC1 (19007C>T) and RRM1 (-37C>A) polymorphisms impact response to chemotherapy and survival in 62 patients with NSCLC treated with platinum and gemcitabine. Single nucleotide polymorphisms (SNPs) were assessed using a PCR-RFLP method in DNA isolated from PBLs. There were no statistically significant relationships between ERCC1 genotypes and response to therapy (p=0.581, chi²=1.09) as well as patient overall survival (OS). Carriers of the

RRM1 AC genotype showed disease progression significantly more frequently ($p=0.019$, $\chi^2=5.473$) compared to carriers of the AA or CC genotypes. Carriers of the ERCC1/RRM1TT/CC genotype combination showed disease control significantly more frequently ($p=0.047$, $\chi^2=3.95$) compared to carriers of other genotype combinations. Patients with AA or CC genotypes of RRM1 showed significantly higher progression-free survival probability ($p=0.0001$, HR=0.39, 95% CI, 0.22-0.70) and OS probability ($p=0.0104$, HR=0.39, 95% CI, 0.18-0.82) compared to those with the AC genotype. In Cox regression model, poor performance status ($p=0.0016$, HR=4.78, 95% CI, 1.82-12.56), AC genotype of RRM1 gene ($p=0.0414$, HR=2.47, 95% CI, 1.04-5.87), lack of prior surgical treatment ($p=0.0425$, HR=4.71, 95% CI, 1.06-20.92) and lack of subsequent lines of treatment ($p=0.0127$, HR=3.23, 95% CI, 1.29-8.11) were significantly associated with shortening of patient survival. The analysis of RRM1 (-37C>A) more than ERCC1 (19007C>T) polymorphism may be a promising tool in the qualification of NSCLC patients for chemotherapy containing platinum compounds and gemcitabine.

TÍTULO / TITLE: - Population-based comparison of two feeding tube approaches for head and neck cancer patients receiving concurrent systemic-radiation therapy: is a prophylactic feeding tube approach harmful or helpful?

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

REVISTA / JOURNAL: - Support Care Cancer. 2013 Aug 16.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s00520-013-1936-y](#)

AUTORES / AUTHORS: - Olson R; Karam I; Wilson G; Bowman A; Lee C; Wong F

INSTITUCIÓN / INSTITUTION: - Radiation Therapy Program, BC Cancer Agency - Vancouver Centre, 600 West 10th Ave, Vancouver, V5Z4E6, BC, Canada, rolson2@bccancer.bc.ca.

RESUMEN / SUMMARY: - PURPOSE: The purpose of this study is to compare patient outcomes between a therapeutic versus a prophylactic gastrostomy tube (GT) placement approach in patients treated with concurrent systemic and radiation (SRT) therapy for head and neck cancer (HNC). METHODS: Outcomes were compared between all HNC patients treated with concurrent SRT from January 2001 to June 2009 from a center that only places GTs therapeutically when clinically necessary (center A) versus a center that generally places them prophylactically (center B). RESULTS: A total of 445 patients with HNC were identified, with 63 % from center A. As anticipated, GTs were placed less commonly in center A compared to B (31 versus 88 %; $p < 0.001$). Center B had a significantly higher number of GT complications ($p < 0.001$), including infection (16 versus 5 %), leakage (10 versus 2 %), and blockage (3 versus 1 %). Conversely, center A had a higher admission rate (27 versus 13 %, $p = 0.001$), most prominent for GT-related issues (15 versus 6 %). Center B had higher GT dependence at 90 days post-radiation therapy (34 versus 12 %; $p < 0.001$), but not at 1 year (11 versus 10 %; $p = 0.74$). There was no significant difference in the proportion of head

and neck patients who had a 10 % weight loss at 1 year (compared to baseline) between centers A and B (42 versus 53 %, $p = 0.07$). There was no significant difference in the overall survival (A versus B, $HR = 0.99$; $p = 0.96$). CONCLUSION: A prophylactic GT approach results in exposing higher number of patients to GT complications. The higher rate of hospitalizations using a therapeutic approach suggests that patients are sicker when GTs are required. Given the similar weight loss and survival, a therapeutic approach at an earlier stage of need may be a preferable approach, when access to prompt GT placement is available.

TÍTULO / TITLE: - Type-1 hepatorenal syndrome associated with infections in cirrhosis. Natural history, outcome of kidney function and survival.

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

REVISTA / JOURNAL: - Hepatology. 2013 Aug 19. doi: 10.1002/hep.26687.

●● [Enlace al texto completo \(gratis o de pago\) 1002/hep.26687](#)

AUTORES / AUTHORS: - Barreto R; Fagundes C; Guevara M; Sola E; Pereira G; Rodriguez E; Graupera I; Martin-Llahi M; Ariza X; Cardenas A; Fernandez J; Rodes J; Arroyo V; Gines P

INSTITUCIÓN / INSTITUTION: - Liver Unit, Hospital Clinic, University of Barcelona, Barcelona, Catalunya, España; Institut d'Investigacions Biomediques August-Pi-Sunyer (IDIBAPS); Centro de Investigacion Biomedica en Red de Enfermedades Hepaticas y Digestivas (CIBEREHD); Instituto Reina Sofia de Investigacion Nefrologica.

RESUMEN / SUMMARY: - Type-1 hepatorenal syndrome is a common complication of bacterial infections in cirrhosis, but its natural history remains undefined. To assess the outcome of kidney function and survival of patients with type-1HRS associated with infections, 70 patients diagnosed during a 6-yr period were evaluated prospectively. Main outcomes were no reversibility of type-1HRS during treatment of the infection and 3-month survival. Twenty-three (33%) of the 70 patients had no reversibility of type-1HRS during treatment of the infection. The main predictive factor of no reversibility of type-1HRS was absence of infection resolution (no reversibility: 96% vs 48% in patients without and with resolution of the infection; $p < 0.001$). Independent predictive factors of no reversibility of type-1HRS were age, high baseline serum bilirubin, nosocomial infection, and reduction in serum creatinine < 0.3 mg/dL at day 3 of antibiotic treatment. No reversibility was also associated with severity circulatory dysfunction, as indicated by more marked activity of the vasoconstrictor systems. In the whole series, 3-month probability of survival was only 21%. Factors associated with poor prognosis were baseline serum bilirubin, no reversibility of type-1 HRS, lack of resolution of the infection, and development of septic shock after diagnosis of type-1HRS. Conclusion: type-1 HRS associated with infections is not reversible in two-thirds of patients only with treatment of infection. No reversibility of type-1 HRS is associated with lack of resolution of the infection, age, high bilirubin, and no early improvement

of kidney function and implies a poor prognosis. These results may help advance the management of patients with type-1 HRS associated with infections. (Hepatology 2013;).

TÍTULO / TITLE: - Deletion of Cdc42 enhances ADAM17-mediated VEGFR2 shedding and impairs vascular endothelial cell survival and vasculogenesis.

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

REVISTA / JOURNAL: - Mol Cell Biol. 2013 Aug 26.

●● Enlace al texto completo (gratis o de pago) [1128/MCB.00650-13](#)

AUTORES / AUTHORS: - Jin Y; Liu Y; Lin Q; Li J; Druso JE; Antonyak MA; Meininger CJ; Zhang SL; Dostal DE; Guan JL; Cerione RA; Peng X

INSTITUCIÓN / INSTITUTION: - Dept of Medical Physiology, College of Medicine, Texas A & M University Health Science Center Temple, TX 76504.

RESUMEN / SUMMARY: - Cdc42 is a Ras-related GTPase that plays an important role in the regulation of a range of cellular functions, including cell migration, proliferation and survival. Consistent with its critical functions in vitro, the inactivation of Cdc42 in mice has been shown to result in embryonic lethality at E6.5 before blood vessel formation. To determine the role of Cdc42 in new blood vessel formation, we have generated vascular endothelial cell (EC)-specific Cdc42 knockout mice by crossing Cdc42/flox mice with Tie2-Cre mice. The deletion of Cdc42 in ECs caused embryonic lethality with vasculogenesis and angiogenesis defects. We observed that Cdc42 is critical for EC migration and survival but not for cell cycle progression. Moreover, we found that the inactivation of Cdc42 in ECs decreased the VEGFR2 protein level on the EC surface and promoted the production of a 75 kD membrane-associated C-terminal VEGFR2 fragment. Using cultured primary mouse ECs and human umbilical vein ECs, we have demonstrated that the deletion of Cdc42 increased ADAM17-mediated VEGFR2 shedding. Notably, inhibition of ADAM17 or overexpression VEGFR2 can partially rescue Cdc42 deletion-induced EC apoptosis. These data indicate that Cdc42 is essential for VEGFR2-mediated signal transduction in blood vessel formation.

TÍTULO / TITLE: - Functional Redundancy of Sos1 and Sos2 for Lymphopoiesis and Organismal Homeostasis and Survival.

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

REVISTA / JOURNAL: - Mol Cell Biol. 2013 Sep 16.

●● Enlace al texto completo (gratis o de pago) [1128/MCB.01026-13](#)

AUTORES / AUTHORS: - Baltanas FC; Perez-Andres M; Ginel-Picardo A; Diaz D; Jimeno D; Licerias-Boillos P; Kortum RL; Samelson LE; Orfao A; Santos E

INSTITUCIÓN / INSTITUTION: - Centro de Investigación del Cáncer-Instituto de Biología Molecular y Celular del Cáncer (CSIC-Universidad de Salamanca) Lab 1, Salamanca 37007, España.

RESUMEN / SUMMARY: - Sos1 and Sos2 are ubiquitously expressed, universal Ras-GEFs acting in multiple signal transduction pathways activated by upstream cellular kinases. The embryonic lethality of Sos1 null mutants has hampered ascertaining the specific in vivo contributions of Sos1 and Sos2 to processes controlling adult organism survival or development of hematopoietic and non-hematopoietic organs, tissues and cell lineages. Here, we generated a tamoxifen-inducible Sos1-null mouse strain allowing analysis of the combined disruption of Sos1 and Sos2 during adulthood. Sos1/2 double KO (DKO) animals died precipitously, whereas individual Sos1 and Sos2 KOs were perfectly viable. A reduced percentage of total bone marrow precursors occurred in single KO animals but a dramatic depletion of B-cell progenitors was specifically detected in Sos1/2 DKO mice. We also confirmed a dominant role of Sos1 over Sos2 in early thymocyte maturation, with almost complete thymus disappearance and dramatically higher reduction of absolute thymocyte counts in Sos1/2 DKO animals. Absolute counts of mature B- and T-cells in spleen and peripheral blood were unchanged in single KO mutants, while significantly reduced in Sos1/2 DKO mice. Our data demonstrate functional redundancy between Sos1 and Sos2 for homeostasis and survival of the full organism and for development and maturation of T- and B-lymphocytes.

TÍTULO / TITLE: - X-ray analysis of butirosin biosynthetic enzyme BtrN redefines structural motifs for AdoMet radical chemistry.

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

REVISTA / JOURNAL: - Proc Natl Acad Sci U S A. 2013 Oct 1;110(40):15949-15954. Epub 2013 Sep 18.

●● Enlace al texto completo (gratis o de pago) [1073/pnas.1312228110](https://doi.org/10.1073/pnas.1312228110)

AUTORES / AUTHORS: - Goldman PJ; Grove TL; Booker SJ; Drennan CL

INSTITUCIÓN / INSTITUTION: - Departments of Chemistry and Biology and Howard Hughes Medical Institute, Massachusetts Institute of Technology, Cambridge, MA 02139.

RESUMEN / SUMMARY: - The 2-deoxy-scyllo-inosamine (DOIA) dehydrogenases are key enzymes in the biosynthesis of 2-deoxystreptamine-containing aminoglycoside antibiotics. In contrast to most DOIA dehydrogenases, which are NAD-dependent, the DOIA dehydrogenase from *Bacillus circulans* (BtrN) is an S-adenosyl-L-methionine (AdoMet) radical enzyme. To examine how BtrN employs AdoMet radical chemistry, we have determined its structure with AdoMet and substrate to 1.56 Å resolution. We find a previously undescribed modification to the core AdoMet radical fold: instead of the canonical (beta/alpha)₆ architecture, BtrN displays a (beta5/alpha4) motif. We further find that an auxiliary [4Fe-4S] cluster in BtrN, thought to bind substrate, is

instead implicated in substrate-radical oxidation. High structural homology in the auxiliary cluster binding region between BtrN, fellow AdoMet radical dehydrogenase anSME, and molybdenum cofactor biosynthetic enzyme MoaA provides support for the establishment of an AdoMet radical structural motif that is likely common to approximately 6,400 uncharacterized AdoMet radical enzymes.

TÍTULO / TITLE: - Molecular Features of Neural Stem Cells Enable their Enrichment Using Pharmacological Inhibitors of Survival-Promoting Kinases.

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

REVISTA / JOURNAL: - J Neurochem. 2013 Sep 13. doi: 10.1111/jnc.12447.

●● [Enlace al texto completo \(gratis o de pago\) 1111/jnc.12447](#)

AUTORES / AUTHORS: - Brazel CY; Alaythan AA; Felling RJ; Calderon F; Levison SW

INSTITUCIÓN / INSTITUTION: - Department of Neurology and Neurosciences, Rutgers University-New Jersey Medical School, Newark, NJ, 07103.

RESUMEN / SUMMARY: - Isolating a pure population of neural stem cells (NSCs) has been difficult since no exclusive surface markers have been identified for panning or FACS purification. Moreover, additional refinements for maintaining NSCs in culture are required, since NSCs generate a variety of neural precursors (NPs) as they proliferate. Here, we demonstrate that postnatal rat NPs express low levels of pro-apoptotic molecules and resist PI3K and ERK1/2 inhibition as compared to late oligodendrocyte progenitors. Furthermore, maintaining SVZ precursors in LY294002 and PD98059, inhibitors of PI3K and ERK1/2 signaling, eliminated lineage-restricted precursors as revealed by enrichment for Nestin+ /SOX-2+ cells. The cells that survived formed neurospheres and 89% of these neurospheres were tripotential, generating neurons, astrocytes and oligodendrocytes. Without this enrichment step, less than 50% of the NPs were Nestin+ /SOX-2+ and 42% of the neurospheres were tripotential. Additionally, neurospheres enriched using this procedure produced 3-times more secondary neurospheres, supporting the conclusion that this procedure enriches for NSCs. A number of genes that enhance survival were more highly expressed in neurospheres compared to late oligodendrocyte progenitors. Altogether, these studies demonstrate that primitive neural precursors can be enriched using a relatively simple and inexpensive means that will facilitate cell replacement strategies using stem cells as well as other studies whose goal is to reveal the fundamental properties of primitive neural precursors. This article is protected by copyright. All rights reserved.

TÍTULO / TITLE: - Early response to high-dose methotrexate, vincristine, and procarbazine chemotherapy-adapted strategy for primary CNS lymphoma: no consolidation therapy for patients achieving early complete response.

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

REVISTA / JOURNAL: - Ann Hematol. 2013 Aug 1.

●● Enlace al texto completo (gratis o de pago) [1007/s00277-013-1853-7](https://doi.org/10.1007/s00277-013-1853-7)

AUTORES / AUTHORS: - Kim YR; Kim SH; Chang JH; Suh CO; Kim SJ; Kim Y; Hwang DY; Jang JE; Hyun SY; Cheong JW; Min YH; Kim JS

INSTITUCIÓN / INSTITUTION: - Division of Hematology, Department of Internal Medicine, Severance Hospital, Yonsei University College of Medicine, 50 Yonsei-ro, Seodaemun-gu, Seoul, 120-752, South Korea.

RESUMEN / SUMMARY: - Optimal treatment strategies for primary central nervous system lymphoma (PCNSL) have not been established. In this study, we investigated the treatment outcomes and prognostic factors of high-dose methotrexate, vincristine, and procarbazine (MVP) chemotherapy followed by an interim response-adapted intensification strategy in immunocompetent patients with PCNSL. We evaluated the evidence of infection with Epstein-Barr virus (EBV) in both brain tumor tissue and whole blood. Forty patients were retrospectively reviewed. Ten (25 %) patients who achieved complete response (CR) in the interim analysis did not receive any additional consolidation treatment after completion of planned high-dose MVP chemotherapy. Additional radiotherapy (n = 9) or autologous stem cell transplantation (ASCT) (n = 7) was performed in patients who did not achieve CR in the interim analysis. The median age was 55 years. The overall CR rate was 62.5 % (n = 25), and the objective response rate was 75.0 %. Two-year overall survival (OS) was 59.8 %, and 2-year progression-free survival was 47.1 %. Grade 3 or 4 neutropenia and thrombocytopenia occurred in 47.5 and 32.5 % of patients, respectively. Treatment-related mortality was 15.0 % (n = 6), and four patients developed delayed neurotoxicity. There was no evidence of EBV-encoded RNA expression in brain tumor tissue. Ten (29.4 %) of 34 patients showed detectable EBV-DNA in whole blood. Poor performance status and EBV-DNA positivity in whole blood were significantly associated with inferior OS (p = 0.032, p = 0.023, respectively). We suggest that high-dose MVP chemotherapy followed by an early response-adapted intensification strategy may be effective and minimize the number of patients who receive radiotherapy or ASCT in the early course of treatment.

TÍTULO / TITLE: - Phosphorylated Signal Transducer and Activator of Transcription-1 Immunohistochemical Expression Is Associated With Improved Survival in Patients With Oral Squamous Cell Carcinoma.

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

REVISTA / JOURNAL: - J Oral Maxillofac Surg. 2013 Aug 28. pii: S0278-2391(13)00803-3. doi: 10.1016/j.joms.2013.06.198.

●● Enlace al texto completo (gratis o de pago) [1016/j.joms.2013.06.198](https://doi.org/10.1016/j.joms.2013.06.198)

AUTORES / AUTHORS: - Pappa E; Nikitakis N; Vlachodimitropoulos D; Avgoustidis D; Oktseloglou V; Papadogeorgakis N

INSTITUCIÓN / INSTITUTION: - Oral and Maxillofacial Surgeon, Department of Oral and Maxillofacial Surgery, "Evangelismos" Hospital, University of Athens, Athens, Greece. Electronic address: pappaelena@hotmail.com.

RESUMEN / SUMMARY: - PURPOSE: To estimate whether the immunohistochemical (IHC) expression patterns of the tumor suppressor gene signal transducer and activator of transcription-1 (STAT1) and its active phosphorylated form (PSTAT1) serve as potential prognostic and predictive markers in patients with oral squamous cell carcinoma (OSCC). MATERIALS AND METHODS: STAT1 and PSTAT1 protein expressions were examined immunohistochemically in OSCC tumor tissues and adjacent normal mucosa from 49 patients who underwent primary surgery. The IHC scores were correlated with all available clinicopathologic parameters that were obtained from a maximum of 7 years of follow-up, including survival and response to adjuvant therapy treatment. RESULTS: There was a shift toward lower percentages of cells with STAT1 ($P < .014$) and PSTAT1 ($P < .001$) detected in OSCC tumors compared with adjacent normal tissue sites. No association with patients' clinicopathologic characteristics was shown. However, for the group of patients who received adjuvant chemotherapy, increased PSTAT1 intensity of staining in OSCC tumors was strongly associated with better overall survival ($P = .008$). CONCLUSIONS: This is the first study to concurrently evaluate STAT1 and PSTAT1 IHC expression patterns and their prognostic significance in patients with OSCC, highlighting the potential role of PSTAT1 as a biomarker in therapeutic decision making. Large prospective studies are needed to verify these findings.

TÍTULO / TITLE: - Circulating plasma DNA and DNA integrity in breast cancer patients undergoing neoadjuvant chemotherapy.

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

REVISTA / JOURNAL: - Clin Chim Acta. 2013 Aug 2;425C:206-211. doi: 10.1016/j.cca.2013.07.027.

●● Enlace al texto completo (gratis o de pago) [1016/j.cca.2013.07.027](https://doi.org/10.1016/j.cca.2013.07.027)

AUTORES / AUTHORS: - Lehner J; Stotzer OJ; Fersching D; Nagel D; Holdenrieder S

INSTITUCIÓN / INSTITUTION: - Institute of Clinical Chemistry, University Hospital Munich-Grosshadern, Munich, Germany.

RESUMEN / SUMMARY: - BACKGROUND: In breast cancer patients undergoing neoadjuvant chemotherapy before surgery, biomarkers for predicting response to therapy are urgently required. PATIENTS AND METHODS: In 65 patients with locally confined breast cancer who had completed the course of chemotherapy until surgery, plasma DNA biomarkers obtained before and during therapy were evaluated concerning (early) estimation of therapy response. Levels of repetitive ALU 115 and ALU 247 elements as well as DNA integrity calculated according the formulas of Umetani (1) and Wang (2) were correlated with changes in histopathological staging at

surgery and compared with conventional tumor markers CEA and CA 15-3. RESULTS: At surgery, 13 patients presented complete remission (CR), 32 partial remission (PR) and 20 no change of disease (NC). Pretherapeutic Her2/neu status was positively correlated with therapy response ($p=0.019$). DNA biomarkers before onset of therapy cycles 1, 2 and 6 did not indicate outcome after therapy. However, kinetics of ALU 115 from cycle 1 to 6 showed decreases in CR patients, while in NC patients, an increase was observed ($p=0.033$). Similar tendencies were found for ALU 247 fragments. DNA integrity index as well as CEA and CA 15-3 were not informative for therapy outcome. CONCLUSION: Kinetics of plasma DNA (ALU 115) is associated with response to neoadjuvant chemotherapy in patients with locally confined breast cancer.

TÍTULO / TITLE: - Solid Tumors After Chemotherapy or Surgery for Testicular Nonseminoma: A Population-Based Study.

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Sep 16.

●● [Enlace al texto completo \(gratis o de pago\) 1200/JCO.2013.50.3409](#)

AUTORES / AUTHORS: - Fung C; Fossa SD; Milano MT; Oldenburg J; Travis LB

INSTITUCIÓN / INSTITUTION: - Chunkit Fung, Michael T. Milano, and Lois B. Travis, University of Rochester Medical Center, Rochester, NY; and Sophie D. Fossa and Jan Oldenburg, Norwegian Radium Hospital, Oslo, Norway.

RESUMEN / SUMMARY: - PURPOSE: Increased risks of solid tumors after older radiotherapy strategies for testicular cancer (TC) are well established. Few population-based studies, however, focus on solid cancer risk among survivors of TC managed with nonradiotherapy approaches. We quantified the site-specific risk of solid cancers among testicular nonseminoma patients treated in the modern era of cisplatin-based chemotherapy, without radiotherapy. PATIENTS AND METHODS: Standardized incidence ratios (SIRs) for solid tumors were calculated for 12,691 patients with testicular nonseminoma reported to the population-based Surveillance, Epidemiology, and End Results program (1980 to 2008) and treated initially with either chemotherapy ($n = 6,013$) or surgery ($n = 6,678$) without radiotherapy. Patients accrued 116,073 person-years of follow-up. RESULTS: Two hundred ten second solid cancers were observed. No increased risk followed surgery alone (SIR, 0.93; 95% CI, 0.76 to 1.14; $n = 99$ solid cancers), whereas significantly increased 40% excesses (SIR, 1.43; 95% CI, 1.18 to 1.73; $n = 111$ solid cancers) occurred after chemotherapy. Increased risks of solid cancers after chemotherapy were observed in most follow-up periods (median latency, 12.5 years), including more than 20 years after treatment (SIR, 1.54; 95% CI, 0.96 to 2.33); significantly increased three- to seven-fold risks occurred for cancers of the kidney (SIR, 3.37; 95% CI, 1.79 to 5.77), thyroid (SIR, 4.40; 95% CI, 2.19 to 7.88), and soft tissue (SIR, 7.49; 95% CI, 3.59 to 13.78). CONCLUSION: To our knowledge, this is the first large population-based series reporting significantly increased risks of solid

cancers among patients with testicular nonseminoma treated in the modern era of cisplatin-based chemotherapy. Subsequent analytic studies should focus on the evaluation of dose-response relationships, types of solid cancers, latency patterns, and interactions with other possible factors, including genetic susceptibility.

TÍTULO / TITLE: - MRI-Based Treatment of Rectal Cancer: Is Prognostication of the Recurrence Risk Solid Enough to Render Radiation Redundant?

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Sep 4.

●● [Enlace al texto completo \(gratis o de pago\) 1245/s10434-013-3236-7](#)

AUTORES / AUTHORS: - Sautter-Bihl ML; Hohenberger W; Fietkau R; Roedel C; Schmidberger H; Sauer R

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Städtisches Klinikum Karlsruhe, Karlsruhe, Germany, sautterbihl@aol.com.

RESUMEN / SUMMARY: - BACKGROUND: Most current guidelines recommend neoadjuvant short course radiotherapy (sRT) or radio-chemotherapy (nrCT) for rectal cancer stage II and III. After the introduction of total mesorectal excision (TME) and magnetic resonance imaging (MRI), this proceeding has been questioned and omission of neoadjuvant treatment according to preoperative MRI-criteria has been propagated. Aim of the present paper is to review the state of evidence regarding MRI-based treatment decision depending on the predicted width of the circumferential resection margin (CRM). METHODS: A comprehensive survey of the literature was performed using the search terms "rectal cancer", "radiotherapy", "radio-chemotherapy", "MRI-based therapy", "circumferential resection margin". Data from lately published observational studies were compared to results from randomized trials and outcome analyses of the Norwegian national cancer registry. RESULTS: Only one observational study using MRI-based treatment according to the anticipated CRM provided 5 year local recurrence data, however only for 65 patients. The second study did not yet evaluate recurrence rates. Two randomized trials comparing sRT to primary TME showed significantly worse outcome for non-irradiated patients. Data from the Norwegian rectal cancer registry demonstrate that TME alone is associated with higher LRR than achievable with preoperative RT. CONCLUSIONS: Current evidence does not support the omission of neoadjuvant treatment for stage II-III rectal cancer on the basis of an MRI-predicted negative CRM. Randomized studies are warranted to clarify whether and for which subgroups TME alone is safe in terms of local recurrences.

TÍTULO / TITLE: - Correction for Gomez Alvarez et al., Unexpectedly high indoor hydroxyl radical concentrations associated with nitrous acid.

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

REVISTA / JOURNAL: - Proc Natl Acad Sci U S A. 2013 Sep 24;110(39):15848-9. doi: 10.1073/pnas.1314629110. Epub 2013 Aug 30.

●● Enlace al texto completo (gratis o de pago) [1073/pnas.1314629110](#)

TÍTULO / TITLE: - Comparison of Cancer Risk Associated With Low-Dose Ionizing Radiation from Cardiac Imaging and Therapeutic Procedures After Acute Myocardial Infarction in Women Versus Men.

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

REVISTA / JOURNAL: - Am J Cardiol. 2013 Aug 22. pii: S0002-9149(13)01528-2. doi: 10.1016/j.amjcard.2013.07.009.

●● Enlace al texto completo (gratis o de pago) [1016/j.amjcard.2013.07.009](#)

AUTORES / AUTHORS: - Lawler PR; Afilalo J; Eisenberg MJ; Pilote L

INSTITUCIÓN / INSTITUTION: - Department of Medicine, McGill University Health Center, Montreal, Quebec, Canada; Division of Cardiology, Jewish General Hospital, Montreal, Quebec, Canada; Division of Clinical Epidemiology, Department of Medicine, Jewish General Hospital, Montreal, Quebec, Canada.

RESUMEN / SUMMARY: - Patients with cardiovascular disease are increasingly exposed to low-dose ionizing radiation (LDIR) from diagnostic and therapeutic procedures. Previous studies have suggested that the malignancy risk associated with LDIR may be greatest in women and in young patients. We sought to compare the effect of LDIR on incident cancer across gender and age strata in a population-based cohort of patients with myocardial infarction (MI). All initially cancer-free patients with MI from 1996 to 2006 were identified in a province-wide administrative database. Procedure-specific LDIR dose estimates were used to generate a cumulative cardiac LDIR exposure variable. Time-dependent multivariate Cox regression was used to determine the relation between cardiac LDIR and incident cancer. A time-lag covariate of 3 years was used wherein a de novo cancer could only be attributed to LDIR incurred at least 3 years earlier. The effect of age and gender on LDIR-associated risk of cancer was evaluated with stratified models and the addition of interaction terms. The study cohort consisted of 56,606 men and 26,255 women. For each millisievert of cardiac LDIR, women were more likely to develop a cancer (hazard ratio 1.005, 95% confidence interval 1.002 to 1.008) than men (hazard ratio 1.002, 95% confidence interval 1.001 to 1.004) after adjusting for age, noncardiac LDIR, and covariates (p for interaction = 0.014). Contrarily, over the range studied (predominantly patients aged >50 years), age was not a determinant of LDIR-associated risk of cancer. In conclusion, women exposed to LDIR from cardiac imaging and therapeutic procedures after MI are at a greater risk of incident cancer compared with men after similar exposure. The extrapolated absolute risk from LDIR exposure would nonetheless be expected to be low.

TÍTULO / TITLE: - Noninvasive phosphorus magnetic resonance spectroscopic imaging predicts outcome to first-line chemotherapy in newly diagnosed patients with diffuse large B-cell lymphoma.

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

REVISTA / JOURNAL: - Acad Radiol. 2013 Sep;20(9):1122-9. doi: 10.1016/j.acra.2013.04.013.

●● Enlace al texto completo (gratis o de pago) [1016/j.acra.2013.04.013](#)

AUTORES / AUTHORS: - Arias-Mendoza F; Payne GS; Zakian K; Stubbs M; O'Connor OA; Mojahed H; Smith MR; Schwarz AJ; Shukla-Dave A; Howe F; Poptani H; Lee SC; Pettengel R; Schuster SJ; Cunningham D; Heerschap A; Glickson JD; Griffiths JR; Koutcher JA; Leach MO; Brown TR

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Columbia University, 710 W 168th St., Neurological Institute Basement, Room B-057, New York, NY 10032, USA.

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RESUMEN / SUMMARY: - RATIONALE AND OBJECTIVES: Based on their association with malignant proliferation, using noninvasive phosphorus MR spectroscopic imaging ((³¹P MRSI), we measured the tumor content of the phospholipid-related phosphomonoesters (PME), phosphoethanolamine and phosphocholine, and its correlation with treatment outcome in newly diagnosed patients with diffuse large B-cell lymphoma (DLBCL) receiving standard first-line chemotherapy. EXPERIMENTAL DESIGN: The PME value normalized to nucleoside triphosphates (PME/NTP) was measured using (³¹P MRSI in tumor masses of 20 patients with DLBCL before receiving standard first-line chemotherapy. Response at 6 months was complete in 13 patients and partial in seven. Time to treatment failure (TTF) was ≤ 11 months in eight patients, from 18 to 30 months in three, and ≥ 60 months in nine. RESULTS: On a t test, the pretreatment tumor PME/NTP mean value (SD, n) of patients with a complete response at 6 months was 1.42 (0.41, 13), which was significantly different from the value of 2.46 (0.40, 7) in patients with partial response ($P < .00001$). A Fisher test significantly correlated the PME/NTP values with response at 6 months (sensitivity and specificity at 0.85, $P < .004$) while a Cox proportional hazards regression significantly correlated the PME/NTP values with TTF (hazard ratio = 5.21, $P < .02$). A Kaplan-Meier test set apart a group entirely composed of patients with TTF ≤ 11 months (hazard ratio = 8.66, $P < .00001$). CONCLUSIONS: The pretreatment tumor PME/NTP values correlated with response to treatment at 6 months and time to treatment failure in newly diagnosed patients with DLBCL treated with first-line chemotherapy, and therefore they could be used to predict treatment outcome in these patients.

TÍTULO / TITLE: - Coronary artery bypass grafting in patients with left ventricular dysfunction: Predictors of long-term survival and impact of surgical strategies.

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

REVISTA / JOURNAL: - Int J Cardiol. 2013 Aug 15. pii: S0167-5273(13)01534-9. doi: 10.1016/j.ijcard.2013.08.009.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijcard.2013.08.009](#)

AUTORES / AUTHORS: - Yoo JS; Kim JB; Jung SH; Choo SJ; Chung CH; Lee JW

INSTITUCIÓN / INSTITUTION: - Department of Thoracic and Cardiovascular Surgery, Asan Medical Center, University of Ulsan College of Medicine, Seoul, South Korea.

RESUMEN / SUMMARY: - BACKGROUND: In the surgical management of ischemic cardiomyopathy, factors associated with long-term prognosis after coronary artery bypass grafting (CABG) in patients with severe left ventricular (LV) dysfunction are poorly understood. This study aimed to determine predictors of clinical outcomes in patients with severe LV dysfunction undergoing CABG. METHODS: Out of 6084 patients who underwent CABG between 1997 and 2011, 476 patients (aged 62.6+/-9.3years, 100 females) were identified as having severe LV dysfunction (ejection fraction <=35%), preoperatively. All-cause mortality and adverse cardiac events (myocardial infarction, repeat revascularization, stroke and hospitalization due to cardiovascular causes) were evaluated during a median follow-up period of 55.2months (inter-quartile range: 26.4-94.8months). RESULTS: During the follow-up, 187 patients (39.3%) died and 126 cardiac events occurred in 104 patients (21.8%). Five-year survival and event-free survival rates were 72.1+/-2.2% and 61.3+/-2.4%, respectively. On Cox-regression analysis, old age (P<0.001), recent MI (P<0.001), history of coronary stenting (P=0.023), decreased glomerular filtration rate (P<0.001), and presence of mitral regurgitation (>=moderate) (P=0.012) or LV wall thinning (P=0.007) emerged as significant and independent predictors of death. After adjustment for important covariates affecting outcomes, none of the pump strategy (off-pump vs. on-pump), concomitant mitral surgery or surgical ventricular reconstruction (SVR) affected survival or event-free survival (P=0.082 to >0.99). CONCLUSIONS: Long-term survival following CABG in patients with severe LV dysfunction was affected by age, renal function, recent MI, prior coronary stenting, and presence of mitral regurgitation or LV wall thinning. Neither concomitant mitral surgery nor SVR, however, had significant influence on clinical outcomes.

TÍTULO / TITLE: - Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy in Patients with Peritoneal Sarcomatosis: Long-term Outcome from a Single Institution Experience.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Sep;33(9):3989-94.

AUTORES / AUTHORS: - Sommariva A; Pasquali S; Del Fiore P; Montesco MC; Pilati PL; Rastrelli M; Niba J; Nitti D; Rossi CR

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RESUMEN / SUMMARY: - Aim: We assessed the long-term local disease-free survival (LDFS) and overall survival (OS) of patients with peritoneal sarcomatosis (PS) uniformly-treated with cytoreductive surgery and hyperthermic intraperitoneal chemotherapy (CS plus HIPEC). PATIENTS AND METHODS: Retrospective data of 15 patients who underwent CS plus HIPEC for PS were extracted from a prospectively collected database. DFS and OS were calculated from the date of CS plus HIPEC to local relapse and death, respectively. RESULTS: After a median follow-up of 28 months (range=4-144 months), median LDFS was 15 months (95% Confidence Interval CI=1-40 months). Median OS was 27 (95% CI=24.7-29.3) months. Long-term OS was achieved in three patients (20%) and ranged between 93 and 144 months. Female sex was the only factor significantly correlated with a greater LDFS ($p=0.018$). Patients with PS of visceral origin seem at lower risk of recurrence and death but the difference did not prove significant. CONCLUSION: In our series, long-term survival was achieved in 20% of patients after CS plus HIPEC, with a benefit in female patients with PS of visceral origin. The impact of HIPEC after radical surgery for PS remains questionable and still has to be further evaluated in large cooperative multi-institutional studies.

TÍTULO / TITLE: - Long-term Net Survival in Patients With Colorectal Cancer in France: An Informative Contribution of Recent Methodology.

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

REVISTA / JOURNAL: - Dis Colon Rectum. 2013 Oct;56(10):1118-24. doi: 10.1097/DCR.0b013e31829f3436.

●● Enlace al texto completo (gratis o de pago) [1097/DCR.0b013e31829f3436](https://doi.org/10.1097/DCR.0b013e31829f3436)

AUTORES / AUTHORS: - Rollot F; Chauvenet M; Roche L; Hamza S; Lepage C; Faivre J; Bouvier AM

INSTITUCIÓN / INSTITUTION: - 1 Digestive Cancer Registry of Burgundy, INSERM U866, University Hospital Dijon, University of Burgundy, Dijon, France 2 Hospices Civils de Lyon, Service de Biostatistique, Lyon, France.

RESUMEN / SUMMARY: - BACKGROUND: Net survival, the survival that might occur if cancer was the only cause of death, is a major epidemiological indicator. Recent findings have shown that the classical methods used for the estimation of net survival from cancer registry data, referred as to “relative-survival methods,” provided biased estimates. OBJECTIVES: The aim of this study was to provide, for the first time, long-term net survival rates for colorectal cancer by using a population-based digestive cancer registry. DESIGN: This study is a population-based cancer registry analysis. The recently proposed unbiased nonparametric Pohar-Perme estimator was used.

PATIENTS: Overall, 14,715 colorectal cancers diagnosed between 1976 and 2005 and registered in the population-based digestive cancer registry of Burgundy (France) were included. **MAIN OUTCOME MEASURES:** The primary outcome measured was cancer net survival, ie, the survival that might occur if all risks of dying of other causes than cancer were removed. **RESULTS:** Ten-year net survival increased from 31% during the 1976 to 1985 period to 47% during the 1986 to 1995 period and then leveled out (48% during the 1996-2005 period). There was a major improvement in 10-year net survival after resection for cure and for stage I to III. It was striking for stage III cancers, for which 10-year net survival increased from 21% (1976-1985) to 49% (1996-2005). The corresponding net survivals were 70% and 87% for stage I and 49% and 65% for stage II. These trends can be related to the decrease in operative mortality, the increase in the proportion of patients resected for cure, and the improvement in stage at diagnosis. They were mainly seen between 1976 and 1995, explaining why survival leveled out after 1995. **LIMITATIONS:** The study was limited by its retrospective and population-based nature. **CONCLUSIONS:** Further improvements for colorectal cancer management can be expected from more effective treatments and from the implementation of organized cancer screening.

TÍTULO / TITLE: - Accelerated partial-breast irradiation versus whole-breast irradiation for early-stage breast cancer patients undergoing breast conservation, 2003-2010: a report from the national cancer data base.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Oct;20(10):3223-32. doi: 10.1245/s10434-013-3154-8. Epub 2013 Aug 22.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3154-8](#)

AUTORES / AUTHORS: - Czechura T; Winchester DJ; Pesce C; Huo D; Winchester DP; Yao K

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Pritzker School of Medicine, University of Chicago, NorthShore University Health System, Evanston Hospital, Evanston, IL, USA.

RESUMEN / SUMMARY: - **BACKGROUND:** Previous studies have demonstrated an increase in the utilization of accelerated partial-breast irradiation via brachytherapy (APBI-b), but larger, more contemporary studies examining overall APBI use are lacking.

METHODS: A total of 575,438 nonneoadjuvant American Joint Committee on Cancer stage 0 to II breast conservation patients were selected from the National Cancer Data Base from 2003 to 2010 who underwent either whole-breast irradiation or APBI.

RESULTS: Overall, 59,396 patients (10.3 %) underwent APBI. The use of APBI for the entire cohort increased from 3.4 % in 2003 to 12.8 % ($p < 0.001$) in 2008 and then decreased to 12.4 % in 2010. Three-dimensional conformal radiation increased from 0.8 to 2.2 %, intensity-modulated radiotherapy increased from 0.7 to 1.3 %, and brachytherapy (APBI-b) increased from 2.0 to 8.9 %. The most significant factors

associated with APBI use were patient age and facility location. Patients 80-89 years old were 3.8 times more likely to undergo APBI compared to patients 30-39 years old (odds ratio [OR] 3.77, 95 % confidence interval [CI] 3.45-4.10, $p < 0.001$). Patients living in the West census region were 2.0 times more likely to undergo APBI compared to patients living in the Northeast (OR 2.0, 95 % CI 1.93-2.15, $p < 0.001$). Using the American Society of Radiation Oncology (ASTRO) guidelines, among patients with noninvasive cancer who received APBI, 95.6 % were categorized as “cautionary” and 4.4 % as “unsuitable.” Of the invasive patients, 43.8 % were categorized as “suitable,” 47.0 % as “cautionary,” and 9.2 % as “unsuitable.” CONCLUSIONS: The utilization of APBI has stabilized at approximately 12 % starting in 2008. The majority of APBI is delivered using APBI-b, with patient age being the most significant factor associated with APBI use.

TÍTULO / TITLE: - The median informs the message: accuracy of individualized scenarios for survival time based on oncologists' estimates.

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Oct 1;31(28):3565-71. doi: 10.1200/JCO.2012.44.7821. Epub 2013 Sep 3.

●● Enlace al texto completo (gratis o de pago) [1200/JCO.2012.44.7821](#)

AUTORES / AUTHORS: - Kiely BE; Martin AJ; Tattersall MH; Nowak AK; Goldstein D; Wilcken NR; Wyld DK; Abdi EA; Glasgow A; Beale PJ; Jefford M; Glare PA; Stockler MR

INSTITUCIÓN / INSTITUTION: - Belinda E. Kiely, Andrew J. Martin, and Martin R. Stockler, National Health and Medical Research Council Clinical Trials Centre, University of Sydney; Belinda E. Kiely, Martin H.N. Tattersall, Nicholas R.C. Wilcken, Philip J. Beale, and Martin R. Stockler, Sydney Medical School, University of Sydney; Belinda E. Kiely, Martin H.N. Tattersall, Philip J. Beale, and Martin R. Stockler, Sydney Cancer Centre-Royal Prince Alfred and Concord Hospitals, Sydney; David Goldstein, Prince of Wales Hospital Clinical School, University of New South Wales, Kensington; Nicholas R.C. Wilcken, Westmead Hospital, Westmead; Ehtesham A. Abdi, Tweed Hospital, Tweed Heads; Amanda Glasgow, Wollongong Hospital, Wollongong, New South Wales; Anna K. Nowak, School of Medicine and Pharmacology, University of Western Australia, Crawley; Anna K. Nowak, Sir Charles Gardner Hospital, Nedlands, Western Australia; David K. Wyld, Royal Brisbane and Women's Hospital, Brisbane, Queensland; Michael Jefford, Peter MacCallum Cancer Centre; Michael Jefford, University of Melbourne, Melbourne, Victoria, Australia; and Paul A. Glare, Memorial Sloan-Kettering Cancer Center, New York, NY.

RESUMEN / SUMMARY: - PURPOSE: To determine the accuracy and usefulness of oncologists' estimates of survival time in individual patients with advanced cancer. PATIENTS AND METHODS: Twenty-one oncologists estimated the “median survival of a group of identical patients” for each of 114 patients with advanced cancer. Accuracy

was defined by the proportions of patients with an observed survival time bounded by prespecified multiples of their estimated survival time. We expected 50% to live longer (or shorter) than their oncologist's estimate (calibration), 50% to live from half to double their estimate (typical scenario), 5% to 10% to live \leq one quarter of their estimate (worst-case scenario), and 5% to 10% to live three or more times their estimate (best-case scenario). Estimates within 0.67 to 1.33 times observed survival were deemed precise. Discriminative value was assessed with Harrell's C-statistic and prognostic significance with proportional hazards regression. RESULTS: Median survival time was 11 months. Oncologists' estimates were relatively well-calibrated (61% shorter than observed), imprecise (29% from 0.67 to 1.33 times observed), and moderately discriminative (Harrell C-statistic 0.63; $P = .001$). The proportion of patients with an observed survival half to double their oncologist's estimate was 63%, \leq one quarter of their oncologist's estimate was 6%, and three or more times their oncologist's estimate was 14%. Independent predictors of observed survival were oncologist's estimate (hazard ratio [HR] = 0.92; $P = .004$), dry mouth (HR = 5.1; $P < .0001$), alkaline phosphatase more than 101U/L (HR = 2.8; $P = .0002$), Karnofsky performance status \leq 70 (HR = 2.3; $P = .007$), prostate primary (HR = 0.23; $P = .002$), and steroid use (HR = 2.4; $P = .02$). CONCLUSION: Oncologists' estimates of survival time were relatively well-calibrated, moderately discriminative, independently associated with observed survival, and a reasonable basis for estimating worst-case, typical, and best-case scenarios for survival.

TÍTULO / TITLE: - Free radical biology for medicine: learning from nonalcoholic fatty liver disease.

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

REVISTA / JOURNAL: - Free Radic Biol Med. 2013 Aug 29;65C:952-968. doi: 10.1016/j.freeradbiomed.2013.08.174.

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

1016/j.freeradbiomed.2013.08.174

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RESUMEN / SUMMARY: - Reactive oxygen species, when released under controlled conditions and limited amounts, contribute to cellular proliferation, senescence, and survival by acting as signaling intermediates. In past decades there has been an epidemic diffusion of nonalcoholic fatty liver disease (NAFLD) that represents the result of the impairment of lipid metabolism, redox imbalance, and insulin resistance in the liver. To date, most studies and reviews have been focused on the molecular mechanisms by which fatty liver progresses to steatohepatitis, but the processes

leading toward the development of hepatic steatosis in NAFLD are not fully understood yet. Several nuclear receptors, such as peroxisome proliferator-activated receptors (PPARs) alpha/gamma/delta, PPARgamma coactivators 1alpha and 1beta, sterol-regulatory element-binding proteins, AMP-activated protein kinase, liver-X-receptors, and farnesoid-X-receptor, play key roles in the regulation of lipid homeostasis during the pathogenesis of NAFLD. These nuclear receptors may act as redox sensors and may modulate various metabolic pathways in response to specific molecules that act as ligands. It is conceivable that a redox-dependent modulation of lipid metabolism, nuclear receptor-mediated, could cause the development of hepatic steatosis and insulin resistance. Thus, this network may represent a potential therapeutic target for the treatment and prevention of hepatic steatosis and its progression to steatohepatitis. This review summarizes the redox-dependent factors that contribute to metabolism alterations in fatty liver with a focus on the redox control of nuclear receptors in normal liver as well as in NAFLD.

TÍTULO / TITLE: - Comparative Biodistribution and Radiation Dosimetry of 68Ga-DOTATOC and 68Ga-DOTATATE in Patients with Neuroendocrine Tumors.

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

REVISTA / JOURNAL: - J Nucl Med. 2013 Oct;54(10):1755-1759. Epub 2013 Aug 8.

●● [Enlace al texto completo \(gratis o de pago\) 2967/jnumed.113.120600](#)

AUTORES / AUTHORS: - Sandstrom M; Velikyan I; Garske-Roman U; Sorensen J; Eriksson B; Granberg D; Lundqvist H; Sundin A; Lubberink M

INSTITUCIÓN / INSTITUTION: - Nuclear Medicine and PET, Uppsala University, Uppsala, Sweden.

RESUMEN / SUMMARY: - 68Ga-DOTATOC and 68Ga-DOTATATE are 2 radiolabeled somatostatin analogs for in vivo diagnosis of neuroendocrine tumors with PET. The aim of the present work was to measure their comparative biodistribution and radiation dosimetry. METHODS: Ten patients diagnosed with neuroendocrine tumors were included. Each patient underwent a 45-min dynamic and 3 whole-body PET/CT scans at 1, 2, and 3 h after injection of each tracer on consecutive days. Absorbed doses were calculated using OLINDA/EXM 1.1. RESULTS: Data from 9 patients could be included in the analysis. Of the major organs, the highest uptake at 1, 2, and 3 h after injection was observed in the spleen, followed by kidneys and liver. For both tracers, the highest absorbed organ doses were seen in the spleen and urinary bladder wall, followed by kidney, adrenals, and liver. The absorbed doses to the liver and gallbladder wall were slightly but significantly higher for 68Ga-DOTATATE. The total effective dose was 0.021 +/- 0.003 mSv/MBq for both tracers. CONCLUSION: The effective dose for a typical 100-MBq administration of 68Ga-DOTATATE and 68Ga-DOTATOC is 2.1 mSv for both tracers. Therefore, from a radiation dosimetry point of view, there is no preference for either tracer for PET/CT evaluation of somatostatin receptor-expressing tumors.

TÍTULO / TITLE: - Eukaryotic translation initiation factor 4E (eIF4E) expression is associated with breast cancer tumor phenotype and predicts survival after anthracycline chemotherapy treatment.

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

REVISTA / JOURNAL: - Breast Cancer Res Treat. 2013 Aug;141(1):79-88. doi: 10.1007/s10549-013-2671-2. Epub 2013 Aug 24.

●● Enlace al texto completo (gratis o de pago) [1007/s10549-013-2671-2](#)

AUTORES / AUTHORS: - Heikkinen T; Korpela T; Fagerholm R; Khan S; Aittomaki K; Heikkila P; Blomqvist C; Carpen O; Nevanlinna H

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RESUMEN / SUMMARY: - Abnormal translation of mRNAs frequently occurring during carcinogenesis is among the mechanisms that can affect the expression of proteins involved in tumor development and progression. Eukaryotic initiation factor eIF4E is a key regulator of translation of many cancer-related transcripts and its expression is altered in various cancers and has been associated with worse survival. We determined the eIF4E protein levels using immunohistochemistry (IHC) in 1,233 breast tumors on tissue microarrays. We analyzed the effects of the IHC expression level on tumor characteristics and patient survival, also with stratification by adjuvant chemotherapy treatment. In 1,085 successfully stained tumors, high level of eIF4E protein expression was associated with features of aggressive tumor phenotype, namely grade, estrogen and progesterone receptor negativity, HER2 receptor positivity, and high expression of p53 and Ki67, and with triple negative subtype ($p < 0.001$). High eIF4E expression was associated with worse breast cancer-specific survival with a hazard ratio (HR) of 1.99 (95 % CI 1.32-3.00, $p = 0.0008$) and was in a multivariate analysis an independent prognostic factor. High eIF4E expression was associated with worse outcome also after detection of distant metastasis (HR = 1.88, 95 % CI 1.20-2.94, $p = 0.0060$). In the subgroup analysis the survival effect was strongest among patients treated with anthracycline chemotherapy (HR = 3.34, 95 % CI 1.72-6.48, $p = 0.0002$), whereas no such effect was seen among patients who had not received anthracycline with significant difference in heterogeneity between the two groups ($p = 0.0358$). High expression of eIF4E is associated with adverse tumor characteristics and predicts poor breast cancer-specific survival. This effect is emphasized in patients treated with anthracycline chemotherapy. eIF4E as a treatment predictive factor warrants further studies.

TÍTULO / TITLE: - Cachexia in patients with chronic pancreatitis and pancreatic cancer: impact on survival and outcome.

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

REVISTA / JOURNAL: - Nutr Cancer. 2013;65(6):827-33. doi: 10.1080/01635581.2013.804580.

●● Enlace al texto completo (gratis o de pago) [1080/01635581.2013.804580](#)

AUTORES / AUTHORS: - Bachmann J; Buchler MW; Friess H; Martignoni ME

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RESUMEN / SUMMARY: - Chronic pancreatitis (CP) and pancreatic adenocarcinoma (PDAC) are the most common diseases of the pancreas. Cachexia-weight loss exceeding 10% of stable body weight-is present in up to 80% of patients with PDAC. Because the mechanisms of cachexia are not well known, this provides a possibility to compare clinical courses of benign and malignant cachexia. In this study, 382 patients-242 with a PDAC stage UICC II/ 140 with CP-were documented regarding the prevalence of cachexia and its influence on perioperative morbidity and mortality with a special interest to postoperative weight gain and survival. Cachexia was present in 41.4% of CP and 31% of cancer patients. We could demonstrate more pronounced systemic effects of cachexia in patients with PDAC. Weight loss was faster in PDAC patients, the amount of weight loss did not differ significantly between the groups. Cachexia had a significant impact on survival and the postoperative course in patients with PDAC and tumor resection. The development of cachexia is faster in patients with a malignant disease and the systemic effects are more pronounced. Therefore, tumor cachexia should be considered as a different entity than cachexia in benign diseases.

TÍTULO / TITLE: - High body mass index is associated with worse quality of life in breast cancer patients receiving radiotherapy.

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

REVISTA / JOURNAL: - Breast Cancer Res Treat. 2013 Aug;141(1):125-33. doi: 10.1007/s10549-013-2663-2. Epub 2013 Aug 14.

●● Enlace al texto completo (gratis o de pago) [1007/s10549-013-2663-2](#)

AUTORES / AUTHORS: - Fang P; Tan KS; Troxel AB; Rengan R; Freedman G; Lin LL

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Perelman School of Medicine of the University of Pennsylvania, PCAM/TRC 4 West, 3400 Civic Center Blvd, Philadelphia, PA, 19104, USA.

RESUMEN / SUMMARY: - The purpose of this study was to examine the impact of body mass index (BMI) on breast cancer patients' self-reported health-related quality of life among patients treated with radiation therapy (RT). Women with breast cancer undergoing RT were prospectively enrolled in an Institutional Review Board-approved clinical trial between 2009 and 2012. Quality of life (QOL) assessments were collected

pre-RT, during RT, and within 3 months post-RT using Euroqol (EQ-5D), MD Anderson Symptom Inventory, and functional assessment of cancer therapy-general (FACT-G). 183 breast cancer patients were enrolled, of whom 140 completed assessments at one or more time-point. After adjusting for age, chemotherapy, prior RT, type of breast surgery, and comorbidities, higher BMI remained significantly associated with worse QOL pre-RT, during RT, and post-RT in breast cancer patients. Higher BMI was strongly associated with worse overall FACT-G score on treatment and greater decline in physical well-being on treatment, which persisted after treatment. While effects on QOL of patients in the underweight and normal weight group peaked during treatment, rapidly improving by follow-up, obese patients had worse functional well-being that was more persistent at follow-up. Higher BMI was associated with worse QOL for breast cancer patients before, during, and after RT, and also was associated with reduced return to baseline QOL 3 months post-RT.

TÍTULO / TITLE: - Plerixafor to the Rescue: Boosting Peripheral Blood Stem Cell Mobilization in Patients Previously Treated with Hyper-CVAD Chemotherapy.

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

REVISTA / JOURNAL: - Leuk Lymphoma. 2013 Sep 25.

●● Enlace al texto completo (gratis o de pago) [3109/10428194.2013.847937](https://doi.org/10.1007/s10428194.2013.847937)

AUTORES / AUTHORS: - Yuan S; Wang S; Salhotra A; Nademanee A

RESUMEN / SUMMARY: - ABSTRACT Hyper-CVAD chemotherapy exerts deleterious effects on peripheral blood stem cell (PBSC) mobilization. We retrospectively reviewed the use of plerixafor to salvage the mobilization in 18 Hyper-CVAD treated patients who initially mobilized poorly with chemotherapy and G-CSF. After plerixafor administration the median peripheral blood (PB) CD34+ count rose from 3.74/muL (0 - 17/muL) to 6.85/muL (0 - 47.2/muL). The patients collected a median of 1.64 (0.21 to 5.56) x10⁶ CD34+ cells/kg with a median number of three (1 - 4) doses in the same collection cycle, and 11 patients reached the 2.0x10⁶ CD34+ cells/kg minimum required for transplant. Six patients were remobilized later with G-CSF and plerixafor, and three additional patients reached this goal. For these 14 patients the median number of doses of plerixafor required to reach 2.0x10⁶ CD34+ cells/kg was 3 (range 1-4). In conclusion, plerixafor can be utilized successfully in many cases to overcome the effects of Hyper-CVAD on PBSC mobilization.

TÍTULO / TITLE: - Abdominal visceral and subcutaneous fat increase, insulin resistance and hyperlipidemia in testicular cancer patients treated with cisplatin-based chemotherapy.

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

REVISTA / JOURNAL: - Acta Oncol. 2013 Aug 19.

●● Enlace al texto completo (gratis o de pago) [3109/0284186X.2013.819116](https://doi.org/10.1007/s13277-013-1077-4)

AUTORES / AUTHORS: - Willemse PP; van der Meer RW; Burggraaf J; van Elderen SG; de Kam ML; de Roos A; Lamb HJ; Osanto S

INSTITUCIÓN / INSTITUTION: - Department of Clinical Oncology, Leiden University Medical Center, Leiden, The Netherlands.

RESUMEN / SUMMARY: - Background. Testicular cancer survivors treated with chemotherapy are at increased risk for metabolic syndrome (MetS) and cardiovascular disease (CVD). We explored acute effects of chemotherapy by assessing metabolic factors, abdominal fat volume, hepatic triglyceride content (HTC) and aortic wall stiffness. Material and methods. We studied 19 testicular cancer patients (age 20-54 years) before, at three and nine months after the start of chemotherapy. Blood serum was analyzed for lipids, glucose and insulin. Abdominal visceral and subcutaneous fat volume and aortic pulse wave velocity were assessed by magnetic resonance imaging (MRI) techniques; HTC was measured by proton MR spectroscopy. Results. Three months after start of chemotherapy visceral abdominal fat volume had significantly increased from 202 +/- 141 to 237 +/- 153 ml (p = 0.009) whereas body mass index and subcutaneous fat volume significantly increased nine months after treatment from 24.4 +/- 4.0 to 26.4 +/- 4.1 kg/m² (p = 0.01) and from 556 +/- 394 to 668 +/- 460 ml (p = 0.002) respectively. Serum total cholesterol, low-density lipoprotein cholesterol and insulin also significantly increased three months after start of treatment from 4.88 +/- 1.1 to 5.61 +/- 1.50 mmol/l (p = 0.002), 3.31 +/- 1.16 to 3.73 +/- 1.41 mmol/l (p = 0.02) and 5.7 +/- 4.4 to 9.6 +/- 6.3 mU/ml (p = 0.03), respectively. Nine months after start of chemotherapy serum lipid and insulin concentrations had returned to baseline. HTC increased in seven of the 19 patients (36.8%) during follow-up. Aortic pulse wave velocity remained unchanged at the three time points measured. Conclusion. Cisplatin-based chemotherapy was associated with acute insulin resistance, dyslipidemia and an immediate increase in abdominal visceral adipose tissue and abdominal subcutaneous adipose tissue in testicular cancer patients. A large prospective cohort study with long follow-up is warranted to characterize the time course and relationship between acutely induced obesity and hypercholesterolemia and the development of metabolic syndrome and CVD years later in individual testicular cancer survivors.

TÍTULO / TITLE: - DNA polymerase beta mutations and survival of patients with esophageal squamous cell carcinoma in Linzhou City, China.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Aug 21.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-1077-4](https://doi.org/10.1007/s13277-013-1077-4)

AUTORES / AUTHORS: - Li M; Zang W; Wang Y; Ma Y; Xuan X; Zhao J; Liu L; Dong Z; Zhao G

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RESUMEN / SUMMARY: - Linzhou City in northern China has a high incidence of esophageal squamous cell carcinoma (ESCC). This study retrospectively analyzed the data of 231 cases with ESCC collected from 1998 to 2012. Mutations of DNA polymerase beta (polbeta) gene in the ESCC samples from patients in Linzhou City were examined by amplifying polbeta cDNA by RT-PCR followed by cloning and sequencing. Mutations in polbeta were found in 105 cases (45.9 %). Nine types of mutations were identified in the polbeta cDNA; the most common were 177-234 nt deletion (11.3 %), 462 nt G --> T (9.1 %), and 648 nt G --> C (6.9 %). Mutations in polbeta appeared to be associated with TNM status (P = 0.048). Follow-up data was used for survival analysis. The overall 5-year survival rate of the 231 patients was 37.4 %; the rate for patients with wild-type (WT) polbeta was 41.8 %. Compared with the WT polbeta group, the median survival for patients with specific mutations (177-234 nt deletion, 462 nt G --> T, or 613 nt A --> T) was significantly shorter (all P = 0.000), and the 5-year survival rate decreased to 0 %. Patients with the 648 nt G --> C mutation had improved survival (P = 0.000) with a 5-year survival rate of 100 %. Our results identified nine types of mutations within polbeta cDNA in ESCC patients with four mutations related to patient survival.

TÍTULO / TITLE: - Reduction in radiation-induced lymphocytopenia by famotidine in patients undergoing radiotherapy for prostate cancer.

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

REVISTA / JOURNAL: - Prostate. 2013 Sep 9. doi: 10.1002/pros.22725.

●● Enlace al texto completo (gratis o de pago) [1002/pros.22725](#)

AUTORES / AUTHORS: - Razzaghdoust A; Mozdarani H; Mofid B; Aghamiri SM; Heidari AH

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Faculty of Paramedical Sciences, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

RESUMEN / SUMMARY: - **BACKGROUND:** Ionizing radiation causes a series of hematological alterations especially profound lymphocytopenia during and after the radiotherapy course. To investigate whether famotidine can reduce hematologic toxicity in patients treated with radiotherapy for prostate cancer. **METHODS:** A total of 36 patients undergoing radiotherapy for prostate cancer were randomized to receive either placebo or famotidine tablets. Participants were pretreated with 40 mg of oral famotidine or placebo tablets twice daily, 4 and 3 hr before each radiotherapy fraction. The patients received external-beam radiotherapy up to 70 Gy. Complete blood counts with differential, platelet counts, and hemoglobin levels were obtained at baseline, biweekly during the treatment and once 4 weeks after the end of radiotherapy course. Magnitude of changes from baseline in the hematological parameters was determined and compared using Repeated Measures ANOVA. **RESULTS:** Famotidine was well tolerated. A total of 112 blood samples were evaluated. A significant reduction in radiation-induced lymphocytopenia was noted in patients

receiving famotidine than in patients receiving placebo ($P = 0.006$). No significant difference was observed between two groups for the decline in platelets, erythrocytes and leucocytes. For both groups, neutrophil, monocyte, eosinophil, and hemoglobin levels did not change significantly during the treatment. CONCLUSIONS: Our results indicate that famotidine could result in a significant reduction in radiation-induced lymphocytopenia and may consequently increase radiotherapy efficacy as well as survival times. This radioprotective effect may be chiefly associated with its antioxidant and radical scavenging properties. Further studies are required to confirm these encouraging results. Prostate. © 2013 Wiley Periodicals, Inc.

TÍTULO / TITLE: - Benefit in regionalisation of care for patients treated with radical cystectomy: a nationwide inpatient sample analysis.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jun 13. doi: 10.1111/bju.12288.

●● [Enlace al texto completo \(gratis o de pago\) 1111/bju.12288](#)

AUTORES / AUTHORS: - Ravi P; Bianchi M; Hansen J; Trinh QD; Tian Z; Meskawi M; Abdollah F; Briganti A; Shariat SF; Perrotte P; Montorsi F; Karakiewicz PI; Sun M

INSTITUCIÓN / INSTITUTION: - West Middlesex University Hospital, London, UK.

RESUMEN / SUMMARY: - OBJECTIVE: To quantify in absolute terms the potential benefit of regionalisation of care from low- to high-volume hospitals. PATIENTS AND METHODS: Patients with a primary diagnosis of bladder cancer treated with radical cystectomy (RC) were identified within the Nationwide Inpatient Sample, a retrospective observational population-based cohort of the USA, between 1998 and 2009. Intraoperative and postoperative complications, blood transfusions, prolonged length of stay, and in-hospital mortality rates represented the outcomes of interest. Potentially avoidable outcomes were calculated by subtracting predicted rates (i.e. estimated outcomes if care was delivered at a high-volume hospital) from observed rates (i.e. actual observed outcomes after care delivered at a low-volume hospital). Multivariable logistic regression models and number needed to treat were generated. RESULTS: Patients treated at high-volume hospitals had lower odds of complications during hospitalisation than those treated in low-volume hospitals. Potentially avoidable intraoperative complications, postoperative complications, blood transfusions, prolonged hospitalisation, and in-hospital mortality rates were 0.6, 7.4, 2.8, 9.4, and 2.0%, respectively. This corresponds to a number needed to redirect from low- to high-volume hospitals in order to avoid one adverse event of 166, 14, 36, 11 and 50, respectively. CONCLUSION: This is the first report to quantify the potential benefit of regionalisation of RC for muscle-invasive bladder cancer to high-volume hospitals.

TÍTULO / TITLE: - Reactivation of hepatitis B virus in patients with undetectable HBsAg undergoing chemotherapy for malignant lymphoma or multiple myeloma.

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

REVISTA / JOURNAL: - J Med Virol. 2013 Nov;85(11):1900-6. doi: 10.1002/jmv.23694. Epub 2013 Aug 7.

●● Enlace al texto completo (gratis o de pago) [1002/jmv.23694](#)

AUTORES / AUTHORS: - Matsui T; Kang JH; Nojima M; Tomonari A; Aoki H; Yamazaki H; Yane K; Tsuji K; Andoh S; Andoh S; Sakai H; Maemori M; Maguchi H; Tanaka Y

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RESUMEN / SUMMARY: - Despite increasing reports of hepatitis B virus (HBV) reactivation in hematological malignancies, its incidence, and risk factors are still obscure. The aim of this study was to clarify the frequency and risk factors of HBV reactivation in hepatitis B surface antigen (HBsAg) undetectable patients with malignant lymphoma or multiple myeloma, during or after chemotherapy. A total of 109 patients with undetectable HBsAg undergoing chemotherapy for malignant lymphoma or multiple myeloma were enrolled in this study. Anti-hepatitis B surface (anti-HBs) and anti-hepatitis B core (anti-HBc) were checked before treatment, and HBV DNA in sera was quantified monthly during and after chemotherapy. Out of 109 patients, 42 (38.5%) had anti-HBs and 59 (54.1%) had anti-HBc. Among the 59 anti-HBc positive patients, four patients (4/59, 6.8%) showed HBV reactivation during 20.5 median follow-up months. In all four patients with HBV reactivation, peripheral lymphocyte counts before chemotherapy were lower than those without HBV reactivation ($P = 0.033$). HBV reactivation occurred during and after chemotherapy containing rituximab for non-Hodgkin lymphoma. Four patients, who had HBV reactivation, did not develop de novo hepatitis due to HBV reactivation and were able to undergo chemotherapy against malignant lymphoma as scheduled. Monitoring of HBV DNA in sera is useful for the early diagnosis of HBV reactivation, and preemptive therapy is an useful alternative to prevent hepatitis due to HBV reactivation. Patients must be monitored periodically for HBV-DNA levels during and after chemotherapy. J Med. Virol. 85:1900-1906, 2013. © 2013 Wiley Periodicals, Inc.

TÍTULO / TITLE: - Magnetic resonance imaging-based target volume delineation in radiation therapy treatment planning for brain tumors using localized region-based active contour.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Sep 1;87(1):195-201. doi: 10.1016/j.ijrobp.2013.04.049.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijrobp.2013.04.049](#)

AUTORES / AUTHORS: - Aslian H; Sadeghi M; Mahdavi SR; Babapour Mofrad F; Astarakee M; Khaledi N; Fadavi P

INSTITUCIÓN / INSTITUTION: - Department of Medical Radiation, Science and Research Branch, Islamic Azad University, Tehran, Iran.

RESUMEN / SUMMARY: - **PURPOSE:** To evaluate the clinical application of a robust semiautomatic image segmentation method to determine the brain target volumes in radiation therapy treatment planning. **METHODS AND MATERIALS:** A local robust region-based algorithm was used on MRI brain images to study the clinical target volume (CTV) of several patients. First, 3 oncologists delineated CTVs of 10 patients manually, and the process time for each patient was calculated. The averages of the oncologists' contours were evaluated and considered as reference contours. Then, to determine the CTV through the semiautomatic method, a fourth oncologist who was blind to all manual contours selected 4-8 points around the edema and defined the initial contour. The time to obtain the final contour was calculated again for each patient. Manual and semiautomatic segmentation were compared using 3 different metric criteria: Dice coefficient, Hausdorff distance, and mean absolute distance. A comparison also was performed between volumes obtained from semiautomatic and manual methods. **RESULTS:** Manual delineation processing time of tumors for each patient was dependent on its size and complexity and had a mean (+/-SD) of 12.33 +/- 2.47 minutes, whereas it was 3.254 +/- 1.7507 minutes for the semiautomatic method. Means of Dice coefficient, Hausdorff distance, and mean absolute distance between manual contours were 0.84 +/- 0.02, 2.05 +/- 0.66 cm, and 0.78 +/- 0.15 cm, and they were 0.82 +/- 0.03, 1.91 +/- 0.65 cm, and 0.7 +/- 0.22 cm between manual and semiautomatic contours, respectively. Moreover, the mean volume ratio (=semiautomatic/manual) calculated for all samples was 0.87. **CONCLUSIONS:** Given the deformability of this method, the results showed reasonable accuracy and similarity to the results of manual contouring by the oncologists. This study shows that the localized region-based algorithms can have great ability in determining the CTV and can be appropriate alternatives for manual approaches in brain cancer.

TÍTULO / TITLE: - Drug survival of the first course of anti-TNF agents in patients with rheumatoid arthritis and seronegative spondyloarthritis: analysis from the MonitorNet Database.

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

REVISTA / JOURNAL: - Clin Exp Rheumatol. 2013 Aug 26.

AUTORES / AUTHORS: - Scire CA; Caporali R; Sarzi-Puttini P; Frediani B; Di Franco M; Tincani A; Sinigaglia L; Sfriso P; Tirri R; Bellis E; Delsante G; Porru G; Salaffi F; Giuggioli D; Rossini M; Todoerti M; Bazzichi L; Govoni M; Gerli R; Raschetti R; Minisola G; Montecucco C; Todesco S

INSTITUCIÓN / INSTITUTION: - Epidemiology Unit, Italian Society for Rheumatology, Milano, Italy. c.scire@reumatologia.it.

RESUMEN / SUMMARY: - OBJECTIVES: To compare drug survival of different anti-TNF drugs (infliximab, INF, etanercept, ETA, and adalimumab, ADA) in rheumatoid arthritis (RA) and spondyloarthritis (SpA) by analysing data collected from an Italian multicenter observational cohort study. METHODS: All patients with RA or SpA registered in the MonitorNet database who started their first course of anti-TNF therapy were included. Overall drug survival was measured, along with specific reasons of discontinuation (inefficacy or adverse events). A first set of analyses using RA as reference category assessed the relationship between diagnosis and drug survival. A second set of analyses stratified by diagnosis (RA and SpA) used INF as reference drug. Adjustment for confounders was performed. The results are presented as adjusted hazard ratios (adjHR) and 95% confidence intervals (95%CI). RESULTS: 2640 RA patients and 1220 SpA patients with a median follow-up of 17 months (IQR 7.2-33.4) were included in the analyses. Patients with a diagnosis of SpA showed a lower risk of drug discontinuation with an adjHR (95%CI) of 0.81 (0.73, 0.90). In SpA, the subset of patients with ankylosing spondylitis (AS) showed the best survival on treatment. In RA, both ETA and ADA showed a significantly lower probability of withdrawal when compared to INF [adjHR (95%CI) 0.46 (0.38, 0.56) and 0.68 (0.57, 0.81), respectively]. Similar results were found in SpA. CONCLUSIONS: Drug survival for SpA is longer than that in RA mainly due to the AS subgroup. In both RA and SpA, ETA and ADA showed a better retention on treatment when compared to INF.

TÍTULO / TITLE: - Beneficial influence of carvedilol on urologic indices in patients with hypertension and benign prostatic hyperplasia: results of a randomized, crossover study.

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

REVISTA / JOURNAL: - Urology. 2013 Sep;82(3):660-6. doi: 10.1016/j.urology.2013.03.087.

●● Enlace al texto completo (gratis o de pago) 1016/j.urology.2013.03.087

AUTORES / AUTHORS: - Lewandowski J; Sinski M; Symonides B; Korecki J; Rogowski K; Judycki J; Sieczych A; Mozenska O; Gaciong Z

INSTITUCIÓN / INSTITUTION: - Department of Internal Diseases, Hypertension and Angiology, Medical University of Warsaw, Warsaw, Poland.

RESUMEN / SUMMARY: - OBJECTIVE: To assess the influence of carvedilol, an alpha- and beta-blocker, on lower urinary tract symptoms (LUTS) and urine flow in hypertensive patients with benign prostatic hyperplasia (BPH). METHODS: Fifty men were included in this double blind crossover study with placebo. After initial screening, participants were randomized to the carvedilol or the enalapril group, with cross over after 3 months. Doses of both drugs were uptitrated or additional therapy was introduced to

ensure normal control of blood pressure (BP). Urologic assessment included uroflowmetry (average [Qavg] and maximum urinary flow rate [Qmax]), postvoid residual urine volume (PVR), International Prostate Symptom Score (IPSS), and prostate-specific antigen (PSA). RESULTS: After carvedilol or enalapril administration, BP values were significantly reduced, whereas heart rate decreased only in the carvedilol group. Basal urologic values for carvedilol and enalapril were similar: Qavg, 7.8 +/- 0.9 and 8.1 +/- 0.6 mL/s; Qmax, 13.2 +/- 1.5 and 13.7 +/- 0.9 mL/s; PVR, 86.1 +/- 13.2 and 85.6 +/- 11.7 mL; and IPSS, 13.2 +/- 0.9 and 12.3 +/- 0.8 points, respectively. After treatment with carvedilol, PVR and IPSS significantly decreased (48.2 +/- 11.7 mL, 9.0 +/- 0.8 points, respectively; P <.001), whereas Qavg and Qmax increased (10.3 +/- 0.9 mL/s, 16.5 +/- 1.4 mL/s, respectively; P <.001). In the enalapril group, all of these values remained unchanged. CONCLUSION: Carvedilol, compared with enalapril, has a positive influence on LUTS related to BPH in patients with hypertension. Thus, therapy with carvedilol may be considered in hypertensive patients with BPH. Further studies on the urologic benefit from long-term use of the drug are warranted.

TÍTULO / TITLE: - Comparison of Irradiated Versus Nonirradiated DIEP Flaps in Patients Undergoing Immediate Bilateral DIEP Reconstruction with Unilateral Postmastectomy Radiation Therapy (PMRT).

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

REVISTA / JOURNAL: - Ann Plast Surg. 2013 Sep;71(3):250-4. doi: 10.1097/SAP.0b013e31828986ec.

●● Enlace al texto completo (gratis o de pago) [1097/SAP.0b013e31828986ec](#)

AUTORES / AUTHORS: - Clarke-Pearson EM; Chadha M; Dayan E; Dayan JH; Samson W; Sultan MR; Smith ML

INSTITUCIÓN / INSTITUTION: - From the *Beth Israel Medical Center; and daggerSt Luke's-Roosevelt Hospital, New York, NY.

RESUMEN / SUMMARY: - INTRODUCTION: Patients with node positive or locally advanced breast cancer desiring deep inferior epigastric perforator (DIEP) flap reconstruction frequently require postmastectomy radiation therapy (PMRT). To avoid the deleterious effects of PMRT, surgeons will often delay reconstruction until after PMRT is complete. Drawbacks to this approach include additional surgery, recuperation, cost, and an extended reconstructive process. Even if a tissue expander is used to preserve the skin envelope during irradiation, the post-PMRT breast pocket is often distorted or constricted necessitating some skin replacement, resulting in a compromised aesthetic outcome. Therefore, a systematic approach to mitigate the deleterious effects of PMRT was developed, and primary DIEP flap reconstruction was offered to patients requiring PMRT. This study evaluates the outcome of this approach in a cohort of patients undergoing immediate bilateral DIEP flap reconstruction with unilateral PMRT, allowing comparison between irradiated and nonirradiated flaps. METHODS:

One hundred twenty-five patients who underwent immediate DIEP reconstruction between 2009 and 2011 were identified. Eleven consecutive patients had bilateral DIEP reconstructions by a single surgeon and received unilateral PMRT. Preoperative, intraoperative, and postoperative steps were taken in all patients to ensure flap vascularity, prevent uncontrolled contracture, and limit radiation damage to the breast mound. Results were documented photographically and the irradiated and nonirradiated breasts were compared. The complication rates, incidence of clinically significant fat necrosis, and need for reoperation were examined. RESULTS: Median follow-up was 18 months (range, 8-21 months). Complications were minor and did not require readmission to the hospital or reoperation. There was no incidence of clinically significant fat necrosis in either the irradiated or nonirradiated DIEP flaps. Four operative revisions for breast symmetry were required in 3 of 11 patients. Aesthetic outcomes were deemed satisfactory in all patients. CONCLUSIONS: Primary reconstruction with DIEP flaps can be performed successfully in patients who require PMRT if steps are taken to ensure flap vascularity, minimize fibrosis, optimize contour, and modulate radiation dosing.

- CASTELLANO -

TÍTULO / TITLE: Modelo predictivo preoperatorio para la recidiva bioquímica en pacientes con cáncer de próstata localizado tratados con prostatectomía radical en monoterapia.

TÍTULO / TITLE: - Preoperative predictive model for biochemical recurrence in patients with localized prostate cancer treated with radical prostatectomy.

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

REVISTA / JOURNAL: - Arch Esp Urol. 2013 Jul;66(6):567-575.

AUTORES / AUTHORS: - Molina Escudero R; Herranz Amo F; Paez Borda A; Hernandez Fernandez C

INSTITUCIÓN / INSTITUTION: - Servicio de Urología. Hospital Universitario Fuenlabrada. Madrid. Servicio de Urología. Hospital Universitario Gregorio Marañón. Madrid. España.

RESUMEN / SUMMARY: - OBJECTIVES: To identify pre-prostatectomy clinical prognostic factors for biochemical recurrence (BR) and to create a predictive model for BR based on predictive clinical variables prior to radical prostatectomy (RP). METHODS: a retrospective case-records study of patients with clinically localized prostate cancer treated with RP as monotherapy pN0-pNx and monitored at least for 12 months between 1996 and 2007. We considered BR the PSA persistence or elevation after RP greater than 0.4 ng/ml. The clinical variables analyzed were PSA, clinical stage and Gleason score from the biopsy (GS). Univariate and multivariate analysis were carried out using the chi squared test and logistic regression to determine the variables associated with BR. In order to estimate BR based on the variables identified we developed a mathematical model and designed an Excel spreadsheet to apply it.

Calibration and discrimination were performed using the Hosmer-Lemeshow test and an ROC curve determining the area under the curve. RESULTS: We included 627 patients. The mean age was 64 years with a mean follow-up of 87 months. The mean PSA was 8 ng/ml. 68.6% of patients had a PSA \leq 10 ng/ml, 53.1% had a GS \leq 6 and 61.7% had a clinical stage of cT1a-c. BR was observed in 204 (32.5%) patients, 39 due to biochemical persistence. The mean time to BR was 28 months with 89.7% of instances occurring in the first 8 years. On the multivariate analysis, PSA and GS were independent predictors of BR ($p=0.001$), while the cT2c stage had a tendency towards statistical significance ($p=0.06$). The three variables were included in the equation for the model with different specific weight. Specificity was 93.6%, sensitivity was 36.8% and an overall precision of 75.1%. The model had a predictive capacity of 73% and a p -value < 0.001 . CONCLUSIONS: PSA and GS are independent prognostic clinical variables associated with BR-free survival. The predictive model developed allows the risk of BR to be estimated with 73% reliability.

TÍTULO / TITLE: - Rationale for and review of neoadjuvant therapy prior to radical prostatectomy for patients with high-risk prostate cancer.

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

REVISTA / JOURNAL: - Drugs. 2013 Sep;73(13):1417-30. doi: 10.1007/s40265-013-0107-2.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s40265-013-0107-2](#)

AUTORES / AUTHORS: - McKay RR; Choueiri TK; Taplin ME

INSTITUCIÓN / INSTITUTION: - Lank Center for Genitourinary Oncology, Dana-Farber Cancer Institute, 450 Brookline Avenue, Boston, MA, 02115, USA.

RESUMEN / SUMMARY: - Despite state of the art local therapy, a significant portion of men with high-risk prostate cancer develop progressive disease. Neoadjuvant systemic therapy prior to radical prostatectomy (RP) is an approach that can potentially maximize survival outcomes in patients with localized disease. This approach is under investigation with a wide array of agents and provides an opportunity to assess pathologic and biologic activity of novel treatments. The aim of this review is to explore the past and present role of neoadjuvant therapy prior to definitive therapy with RP in patients with high-risk localized or locally advanced disease. The results of neoadjuvant androgen-deprivation therapy (ADT), including use of newer agents such as abiraterone, are promising. Neoadjuvant chemotherapy, primarily with docetaxel, with or without ADT has also demonstrated efficacy in men with high-risk disease. Other novel agents targeting the vascular endothelial growth factor receptor (VEGFR), epidermal growth factor receptor (EGFR), platelet-derived growth factor receptor (PDGFR), clusterin, and the immune system are currently under investigation and have led to variable results in early clinical trials. Despite optimistic data, approval of neoadjuvant therapy prior to RP in patients with high-risk prostate cancer will depend on positive results from well designed phase III trials.

TÍTULO / TITLE: - Liver Resection for Colorectal Metastases After Chemotherapy: Impact of Chemotherapy-Related Liver Injuries, Pathological Tumor Response, and Micrometastases on Long-term Survival.

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

REVISTA / JOURNAL: - Ann Surg. 2013 Sep 16.

●● Enlace al texto completo (gratis o de pago) [1097/SLA.0b013e3182a6183e](#)

AUTORES / AUTHORS: - Viganò L; Capussotti L; De Rosa G; De Saussure WO; Mentha G; Rubbia-Brandt L

INSTITUCIÓN / INSTITUTION: - Departments of *HPB and Digestive Surgery, Pathology, Ospedale Mauriziano Umberto I, Torino, Italy; and Departments of Visceral and Transplantation Surgery section, Clinical Pathology, University Hospitals, Geneva, Switzerland.

RESUMEN / SUMMARY: - **OBJECTIVES:** We analyzed the impact of chemotherapy-related liver injuries (CALI), pathological tumor regression grade (TRG), and micrometastases on long-term prognosis in patients undergoing liver resection for colorectal metastases after preoperative chemotherapy. **BACKGROUND:** CALI worsen the short-term outcomes of liver resection, but their impact on long-term prognosis is unknown. Recently, a prognostic role of TRG has been suggested. Micrometastases (microscopic vascular or biliary invasion) are reduced by preoperative chemotherapy, but their impact on survival is unclear. **METHODS:** Patients undergoing liver resection for colorectal metastases between 1998 and 2011 and treated with oxaliplatin and/or irinotecan-based preoperative chemotherapy were eligible for the study. Patients with operative mortality or incomplete resection (R2) were excluded. All specimens were reviewed to assess CALI, TRG, and micrometastases. **RESULTS:** A total of 323 patients were included. Grade 2-3 sinusoidal obstruction syndrome (SOS) was present in 124 patients (38.4%), grade 2-3 steatosis in 73 (22.6%), and steatohepatitis in 30 (9.3%). Among all patients, 22.9% had TRG 1-2 (major response), whereas 55.7% had TRG 4-5 (no response). Microvascular invasion was detected in 37.8% of patients and microscopic biliary infiltration in 5.6%. The higher the SOS grade the lower the pathological response: TRG 1-2 occurred in 16.9% of patients with grade 2-3 SOS versus 26.6% of patients with grade 0-1 SOS ($P = 0.032$). After a median follow-up of 36.9 months, 5-year survival was 38.6%. CALI did not negatively impact survival. Multivariate analysis showed that grade 2-3 steatosis was associated with better survival than grade 0-1 steatosis (5-year survival rate of 52.5% vs 35.2%, $P = 0.002$). TRG better than the percentage of viable cells stratified patient prognosis: 5-year survival rate of 60.4% in TRG 1-2, 40.2% in TRG 3, and 29.8% in TRG 4-5 ($P = 0.0001$). Microscopic vascular and biliary invasion negatively impacted outcome (5-year survival rate of 23.3% vs 45.7% if absent, $P = 0.017$; 0% vs 42.3%, $P = 0.032$, respectively). **CONCLUSIONS:** TRG was confirmed to be a crucial prognostic determinant. CALI do

not negatively impact long-term prognosis, but the tumor response is reduced in patients with grade 2-3 SOS. Steatosis was found to have a protective effect on survival. Micrometastases significantly impacted prognosis assessment.

TÍTULO / TITLE: - Life tables adjusted for comorbidity more accurately estimate noncancer survival for recently diagnosed cancer patients.

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

REVISTA / JOURNAL: - J Clin Epidemiol. 2013 Sep 10. pii: S0895-4356(13)00266-7. doi: 10.1016/j.jclinepi.2013.07.002.

●● Enlace al texto completo (gratis o de pago) [1016/j.jclinepi.2013.07.002](http://dx.doi.org/10.1016/j.jclinepi.2013.07.002)

AUTORES / AUTHORS: - Mariotto AB; Wang Z; Klabunde CN; Cho H; Das B; Feuer EJ

INSTITUCIÓN / INSTITUTION: - Division of Cancer Control and Population Sciences, National Cancer Institute, 9609 Medical Center Drive, Bethesda, MD 20892, USA. Electronic address: mariotta@mail.nih.gov.

RESUMEN / SUMMARY: - OBJECTIVES: To provide cancer patients and clinicians with more accurate estimates of a patient's life expectancy with respect to noncancer mortality, we estimated comorbidity-adjusted life tables and health-adjusted age. STUDY DESIGN AND SETTING: Using data from the Surveillance Epidemiology and End Results-Medicare database, we estimated comorbidity scores that reflect the health status of people who are 66 years of age and older in the year before cancer diagnosis. Noncancer survival by comorbidity score was estimated for each age, race, and sex. Health-adjusted age was estimated by systematically comparing the noncancer survival models with US life tables. RESULTS: Comorbidity, cancer status, sex, and race are all important predictors of noncancer survival; however, their relative impact on noncancer survival decreases as age increases. Survival models by comorbidity better predicted noncancer survival than the US life tables. The health-adjusted age and national life tables can be consulted to provide an approximate estimate of a person's life expectancy, for example, the health-adjusted age of a black man aged 75 years with no comorbidities is 67 years, giving him a life expectancy of 13 years. CONCLUSION: The health-adjusted age and the life tables adjusted by age, race, sex, and comorbidity can provide important information to facilitate decision making about treatment for cancer and other conditions.

TÍTULO / TITLE: - Correlation between overall survival and growth modulation index in pre-treated sarcoma patients: a study from the French Sarcoma Group.

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

REVISTA / JOURNAL: - Ann Oncol. 2013 Oct;24(10):2681-5. doi: 10.1093/annonc/mdt278. Epub 2013 Jul 31.

AUTORES / AUTHORS: - Cousin S; Blay JY; Bertucci F; Isambert N; Italiano A; Bompas E; Ray-Coquard I; Perrot D; Chaix M; Bui-Nguyen B; Chaigneau L; Corradini N; Penel N
INSTITUCIÓN / INSTITUTION: - Department of General Oncology, Oscar Lambret Center, Lille.

RESUMEN / SUMMARY: - BACKGROUND: Growth modulation index (GMI), the ratio of two times to progression measured in patients receiving two successive treatments (GMI = TTP2/TTP1), has been proposed as a criterion of phase II clinical trials. Nevertheless, its use has been limited until now. PATIENTS AND METHODS: We carried out a retrospective multicentre study in soft tissue sarcoma patients receiving a second-line treatment after doxorubicin-based regimens to evaluate the link between overall survival and GMI. Second-line treatments were classified as 'active' according to the EORTC-STBSG criteria (3-month progression-free rate >40% or 6-month PFR >14%). Comparisons used chi-squared and log-rank tests. RESULTS: The population consisted in 106 men and 121 women, 110 patients (48%) received 'active drugs'. Median OS from the second-line start was 317 days. Sixty-nine patients experienced GMI >1.33 (30.4%). Treatments with 'active drug' were not associated with OS improvement: 490 versus 407 days (P = 0.524). Median OS was highly correlated with GMI: 324, 302 and 710 days with GMI <1, GMI = [1.00-1.33], and GMI >1.33, respectively (P < 0.0001). In logistic regression analysis, the sole predictive factor was the number of doxorubicin-based chemotherapy cycles. CONCLUSION: GMI seems to be an interesting end point that provides additional information compared with classical criteria. GMI >1.33 is associated with significant OS improvement.

TÍTULO / TITLE: - Morbidity and mortality outcomes of cytoreductive surgery and hyperthermic intraperitoneal chemotherapy in patients with primary and recurrent advanced ovarian cancer.

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

REVISTA / JOURNAL: - Eur J Surg Oncol. 2013 Sep 12. pii: S0748-7983(13)00752-X. doi: 10.1016/j.ejso.2013.08.013.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejso.2013.08.013](#)

AUTORES / AUTHORS: - Cascales Campos P

INSTITUCIÓN / INSTITUTION: - Carretera Madrid-Cartagena S/N, El Palmar, Murcia CP 30120, España. Electronic address: cascalex@yahoo.es.

RESUMEN / SUMMARY: - BACKGROUND: The aim of this study is to report the perioperative outcomes of CRS and HIPEC from a single institution and review those factors that are associated with a poor perioperative outcome in patients with peritoneal dissemination from primary or recurrent ovarian cancer. PATIENTS AND METHOD: A retrospective cohort study setting was conducted in a third level hospital peritoneal surface malignancy program. Ninety one patients diagnosed with ovarian peritoneal carcinomatosis, primary and recurrent without extraperitoneal metastasis

were included for cytoreductive surgery and HIPEC with paclitaxel. We analyzed the postoperative morbidity rates and a univariate and multivariate analysis of factors associated with overall (grade I-IV) and major (grade III-IV) postoperative morbidity were performed. RESULTS: Peritoneal Cancer Index (PCI) upper than 12 (OR = 2.942 95%: 1.892-9.594 p = 0.044) was an independent factor associated with the occurrence of I-IV postoperative morbidity. Regarding major complications (grade III-IV), on multivariate analysis, in addition to PCI >12 (OR = 6.692, 95% CI: 1974-45, 674, p = 0.032), the need to carry out intestinal resection (OR = 4.987, 95% CI: 1350-27, 620, p = 0.046) was an independent factor related with major morbidity (grade III-IV). CONCLUSIONS: The use of HIPEC after aggressive cytoreductive surgery in patients with ovarian cancer with peritoneal dissemination can be performed with acceptable postoperative morbidity rates. Knowledge of the factors associated with the onset of these postoperative adverse events allows better management of the same and offers the patient a safe procedure.

TÍTULO / TITLE: - Neuronal intranuclear inclusion disease cases with leukoencephalopathy diagnosed via skin biopsy.

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

REVISTA / JOURNAL: - J Neurol Neurosurg Psychiatry. 2013 Sep 13. doi: 10.1136/jnnp-2013-306084.

●● Enlace al texto completo (gratis o de pago) [1136/jnnp-2013-306084](#)

AUTORES / AUTHORS: - Sone J; Kitagawa N; Sugawara E; Iguchi M; Nakamura R; Koike H; Iwasaki Y; Yoshida M; Takahashi T; Chiba S; Katsuno M; Tanaka F; Sobue G

INSTITUCIÓN / INSTITUTION: - Department of Neurology, Nagoya University Graduate School of Medicine, , Nagoya, Aichi, Japan.

TÍTULO / TITLE: - Plasticity-related gene 1 is important for survival of neurons derived from rat neural stem cells.

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

REVISTA / JOURNAL: - J Neurosci Res. 2013 Nov;91(11):1402-7. doi: 10.1002/jnr.23269. Epub 2013 Aug 30.

●● Enlace al texto completo (gratis o de pago) [1002/jnr.23269](#)

AUTORES / AUTHORS: - Hashimoto T; Yamada M; Iwai T; Saitoh A; Hashimoto E; Ukai W; Saito T; Yamada M

INSTITUCIÓN / INSTITUTION: - Department of Neuropsychopharmacology, National Institute of Mental Health, National Center of Neurology and Psychiatry, Tokyo, Japan.

RESUMEN / SUMMARY: - Plasticity-related gene 1 (Prg1) is a membrane-associated lipid phosphate phosphatase. In this study, we first investigated the role of Prg1 in the survival of neurons derived from rat neural stem cells (NSCs) using small interfering

RNA (siRNA). Prg1 knock-down decreased the cell number. Interestingly, Prg1 knock-down increased genomic DNA fragmentation, suggesting the possible induction of apoptosis. Exogenously expressed Prg1 rescued the cells from death and restored the loss of 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) activity induced with Prg1 siRNA. However, exogenously expressed mutated-Prg1 (the 253rd amino acid, histidine253, had been changed to alanine) did not rescue the cell death or restore the MTT activity. Histidine253 of Prg1 has been reported to be important for lipid phosphate phosphatase activity. These results suggest that Prg1 is important for survival of neurons through its dephosphorylation activity. © 2013 Wiley Periodicals, Inc.

TÍTULO / TITLE: - MyD88-Dependent Signaling Prolongs Survival and Reduces Bacterial Burden during Pulmonary Infection with Virulent Francisella tularensis.

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

REVISTA / JOURNAL: - Am J Pathol. 2013 Oct;183(4):1223-32. doi: 10.1016/j.ajpath.2013.06.013. Epub 2013 Aug 3.

●● Enlace al texto completo (gratis o de pago) 1016/j.ajpath.2013.06.013

AUTORES / AUTHORS: - Russo BC; Brown MJ; Nau GJ

INSTITUCIÓN / INSTITUTION: - Department of Microbiology and Molecular Genetics, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania.

RESUMEN / SUMMARY: - Francisella tularensis is the causative agent of the debilitating febrile illness tularemia. The severe morbidity associated with F. tularensis infections is attributed to its ability to evade the host immune response. Innate immune activation is undetectable until more than 48 hours after infection. The ensuing inflammatory response is considered pathological, eliciting a septic-like state characterized by hypercytokinemia and cell death. To investigate potential pathological consequences of the innate immune response, mice deficient in a key innate immune signaling molecule, MyD88, were studied. MyD88 knockout (KO) mice were infected with the prototypical virulent F. tularensis strain, Schu S4. MyD88 KO mice succumbed to infection more rapidly than wild-type mice. The enhanced pathogenicity of Schu S4 in MyD88 KO mice was associated with greater bacterial burdens in lungs and distal organs, and the absence of IFN-gamma in the lungs, spleens, and sera. Cellular infiltrates were not observed on histological evaluation of the lungs, livers, or spleens of MyD88 KO mice, the first KO mouse described with this phenotype to our knowledge. Despite the absence of cellular infiltration, there was more cell death in the lungs of MyD88 KO mice. Thus, the host proinflammatory response is beneficial, and MyD88 signaling is required to limit bacterial burden and prolong survival during pulmonary infection by virulent F. tularensis.

TÍTULO / TITLE: - Adaptive Liver Stereotactic Body Radiation Therapy: Automated Daily Plan Reoptimization Prevents Dose Delivery Degradation Caused by Anatomy Deformations.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Sep 24. pii: S0360-3016(13)02965-9. doi: 10.1016/j.ijrobp.2013.08.009.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijrobp.2013.08.009](https://doi.org/10.1016/j.ijrobp.2013.08.009)

AUTORES / AUTHORS: - Leinders SM; Breedveld S; Romero AM; Schaart D; Seppenwoolde Y; Heijmen BJ

INSTITUCIÓN / INSTITUTION: - Erasmus Medical Center-Daniel den Hoed Cancer Center, Rotterdam, The Netherlands; Delft University of Technology, Delft, The Netherlands.

RESUMEN / SUMMARY: - **PURPOSE:** To investigate how dose distributions for liver stereotactic body radiation therapy (SBRT) can be improved by using automated, daily plan reoptimization to account for anatomy deformations, compared with setup corrections only. **METHODS AND MATERIALS:** For 12 tumors, 3 strategies for dose delivery were simulated. In the first strategy, computed tomography scans made before each treatment fraction were used only for patient repositioning before dose delivery for correction of detected tumor setup errors. In adaptive second and third strategies, in addition to the isocenter shift, intensity modulated radiation therapy beam profiles were reoptimized or both intensity profiles and beam orientations were reoptimized, respectively. All optimizations were performed with a recently published algorithm for automated, multicriteria optimization of both beam profiles and beam angles. **RESULTS:** In 6 of 12 cases, violations of organs at risk (ie, heart, stomach, kidney) constraints of 1 to 6 Gy in single fractions occurred in cases of tumor repositioning only. By using the adaptive strategies, these could be avoided (<1 Gy). For 1 case, this needed adaptation by slightly underdosing the planning target volume. For 2 cases with restricted tumor dose in the planning phase to avoid organ-at-risk constraint violations, fraction doses could be increased by 1 and 2 Gy because of more favorable anatomy. Daily reoptimization of both beam profiles and beam angles (third strategy) performed slightly better than reoptimization of profiles only, but the latter required only a few minutes of computation time, whereas full reoptimization took several hours. **CONCLUSIONS:** This simulation study demonstrated that replanning based on daily acquired computed tomography scans can improve liver stereotactic body radiation therapy dose delivery.

TÍTULO / TITLE: - Comparative effectiveness and survival of infliximab, adalimumab, and etanercept for rheumatoid arthritis patients in the Hellenic Registry of Biologics: Low rates of remission and 5-year drug survival.

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

REVISTA / JOURNAL: - Semin Arthritis Rheum. 2013 Sep 5. pii: S0049-0172(13)00159-5. doi: 10.1016/j.semarthrit.2013.07.011.

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

[1016/j.semarthrit.2013.07.011](https://doi.org/10.1016/j.semarthrit.2013.07.011)

AUTORES / AUTHORS: - Flouri I; Markatseli TE; Voulgari PV; Boki KA; Papadopoulos I; Settas L; Zisopoulos D; Skopouli FN; Iliopoulos A; Bertias GK; Geborek P; Drosos AA; Boumpas DT; Sidiropoulos P

INSTITUCIÓN / INSTITUTION: - Rheumatology, Clinical Immunology and Allergy, Medical School, University of Crete, Voutes, 71003 Heraklion, Greece.

RESUMEN / SUMMARY: - **OBJECTIVE:** To compare effectiveness, drug survival, and safety between infliximab, adalimumab, and etanercept, in a nationwide cohort of rheumatoid arthritis (RA) patients. **METHODS:** This study is a prospective cohort study of 1208 active RA patients. Effectiveness, drug survival, and serious adverse events during entire follow-up (median 2.9 years) were monitored. **RESULTS:** EULAR and CDAI responses were comparable between the three agents (EULAR good/moderate responses at 12 months ranged 76-79%). At 12 months, 15-23% achieved remission. For adalimumab and etanercept, adjusted hazard rate (HR) for EULAR/ACR remission (reference: infliximab) was 2.7 and 2.1 (95% confidence interval was 1.7-4.1 and 1.3-3.4, respectively); males (HR 1.6; 1.1-2.4), use of glucocorticoids (HR 2.0; 1.3-3.0), and swollen joint count >7 (HR 0.36; 0.24-0.55) were independent predictors. Five-year drug survival was 31%, 43%, and 49% for infliximab, adalimumab, and etanercept, respectively (p = 0.010). Infliximab was associated with significantly more withdrawals due to adverse events. Disease activity, CRP, and use of glucocorticoids predicted efficacy-related drug survival; age, use of methotrexate, and prior DMARDs failures predicted safety-related survival. Risk for serious infections was lower with adalimumab (odds ratio [OR] 0.62; 0.38-1.00) or etanercept (OR 0.39; 0.21-0.72) than infliximab, independent of the effects of age (OR 1.65; 1.37-2.00 per 10 years), tender joint count >10 (OR 1.86; 1.21-2.86), and glucocorticoids >35mg/week (OR 1.83; 1.12-2.99). **CONCLUSIONS:** Response rates were comparable among anti-TNF agents. Overall, 5-year drug survival was below 50%, with infliximab demonstrating increased safety-related discontinuations. Remission rates are low in clinical practice. Strategies to increase effectiveness and long-term survival of anti-TNF agents in RA are needed.

TÍTULO / TITLE: - Which bowel preparation is best? Comparison of a high-fibre diet leaflet, daily microenema and no preparation in prostate cancer patients treated with radical radiotherapy to assess the effect on planned target volume shifts due to rectal distension.

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

REVISTA / JOURNAL: - Br J Radiol. 2013 Nov;86(1031):20130457. doi: 10.1259/bjr.20130457. Epub 2013 Aug 30.

●● Enlace al texto completo (gratis o de pago) [1259/bjr.20130457](https://doi.org/10.1259/bjr.20130457)

AUTORES / AUTHORS: - Yahya S; Zarkar A; Southgate E; Nightingale P; Webster G

INSTITUCIÓN / INSTITUTION: - Hall-Edwards Radiotherapy Research Group, The Cancer Centre, Queen Elizabeth Hospital, Birmingham, UK.

RESUMEN / SUMMARY: - Objective: We evaluated and compared a high-fibre diet leaflet, daily microenema and no preparation to establish how best to achieve consistent bowel preparation in prostate cancer patients being treated with radical radiotherapy. Methods: 3 cohorts of 10 patients had different dietary interventions: no bowel preparation, high-fibre diet information leaflet and daily microenemas. The available cone beam CT (CBCT) scans of each patient were used to quantify interfractional changes in rectal distension (measured using average cross-sectional area-CSA), prostate shifts relative to bony anatomy compared with that at CT planning scan and rates of geometric miss (i.e. shifts of ≥ 5 mm). 85 CBCT scans were available in the pre-leaflet cohort, 89 scans in the post-leaflet, and 89 scans in the post-enema group. Results: Mean rectal CSA in the post-enema group was reduced compared with both pre-leaflet ($p=0.010$) and post-leaflet values ($p=0.031$). The magnitude of observed mean prostate shifts was significantly reduced in the post-enema group compared with the pre-leaflet group ($p=0.014$). The proportion of scans showing geometric miss (i.e. shift >5 mm) in the post-enema group (31%) was significantly lower than in the pre-leaflet (62%, $p<0.001$) or post-leaflet groups (56%, $p<0.001$). Conclusion: This study indicates microenema to be an effective measure to achieve reduction in rectal CSA, prostate shift and reduce geometric miss of ≥ 5 mm. A further prospective randomised study is advocated to validate the results. Advances in knowledge: The use of microenema is effective in reducing prostate shift and rectal CSA, consequently decreasing the incidence of geographical miss.

TÍTULO / TITLE: - Aberrantly activated AREG-EGFR signaling is required for the growth and survival of CRTC1-MAML2 fusion-positive mucoepidermoid carcinoma cells.

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

REVISTA / JOURNAL: - Oncogene. 2013 Aug 26. doi: 10.1038/onc.2013.348.

●● Enlace al texto completo (gratis o de pago) [1038/onc.2013.348](https://doi.org/10.1038/onc.2013.348)

AUTORES / AUTHORS: - Chen Z; Chen J; Gu Y; Hu C; Li JL; Lin S; Shen H; Cao C; Gao R; Li J; Ha PK; Kaye FJ; Griffin JD; Wu L

INSTITUCIÓN / INSTITUTION: - Department of Molecular Genetics and Microbiology, Shands Cancer Center, University of Florida, Gainesville, FL, USA.

RESUMEN / SUMMARY: - Salivary gland tumors (SGT) are a group of highly heterogeneous head and neck malignancies with widely varied clinical outcomes and no standard effective treatments. The CRTC1-MAML2 fusion oncogene, encoded by a recurring chromosomal translocation t(11;19)(q14-21;p12-13), is a frequent genetic alteration found in $>50\%$ of mucoepidermoid carcinomas (MEC), the most common malignant

SGT. In this study, we aimed to define the role of the CRTC1-MAML2 oncogene in the maintenance of MEC tumor growth and to investigate critical downstream target genes and pathways for therapeutic targeting of MEC. By performing gene expression analyses and functional studies via RNA interference and pharmacological modulation, we determined the importance of the CRTC1-MAML2 fusion gene and its downstream AREG-EGFR signaling in human MEC cancer cell growth and survival in vitro and in vivo using human MEC xenograft models. We found that CRTC1-MAML2 fusion oncogene was required for the growth and survival of fusion-positive human MEC cancer cells in vitro and in vivo. The CRTC1-MAML2 oncoprotein induced the upregulation of the epidermal growth factor receptor (EGFR) ligand Amphiregulin (AREG) by co-activating the transcription factor CREB, and AREG subsequently activated EGFR signaling in an autocrine manner that promoted MEC cell growth and survival. Importantly, CRTC1-MAML2-positive MEC cells were highly sensitive to EGFR signaling inhibition. Therefore, our study revealed that aberrantly activated AREG-EGFR signaling is required for CRTC1-MAML2-positive MEC cell growth and survival, suggesting that EGFR-targeted therapies will benefit patients with advanced, unresectable CRTC1-MAML2-positive MEC. Oncogene advance online publication, 26 August 2013; doi:10.1038/onc.2013.348.

PTPTPTP - JOURNAL ARTICLE ----- [383]

TÍTULO / TITLE: - Marriage Is As Protective As Chemotherapy in Cancer Care.

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Sep 23.

●● Enlace al texto completo (gratis o de pago) [1200/JCO.2013.51.5080](#)

AUTORES / AUTHORS: - Kissane DW

INSTITUCIÓN / INSTITUTION: - Monash University, Victoria, Australia; Memorial Sloan-Kettering Cancer Center and Weill Cornell Medical College, New York, NY.

TÍTULO / TITLE: - Beraprost sodium improves survival rates in anti-glomerular basement membrane glomerulonephritis and 5/6 nephrectomized chronic kidney disease rats.

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

REVISTA / JOURNAL: - Eur J Pharmacol. 2013 Aug 15;714(1-3):325-31. doi: 10.1016/j.ejphar.2013.07.032. Epub 2013 Jul 30.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejphar.2013.07.032](#)

AUTORES / AUTHORS: - Yamaguchi S; Inada C; Tamura M; Sato N; Yamada M; Itaba S; Okazaki S; Matsuura H; Fujii S; Matsuda F; Goto Y; Mochizuki H; Kurumatani H; Miyamoto M

INSTITUCIÓN / INSTITUTION: - Pharmacology Laboratory, Pharmaceutical Research Laboratories, Toray Industries, Inc., Kanagawa 248 8555, Japan. Electronic address: Shinichi_Yamaguchi@nts.toray.co.jp.

RESUMEN / SUMMARY: - Beraprost sodium, a stable prostacyclin analog, was showed to improve survival rates in two different rat models, anti-glomerular basement membrane (GBM) glomerulonephritis (GN) and 5/6 nephrectomized (Nx) chronic kidney disease (CKD) rats. In the anti-GBM rat, beraprost sodium (0.2 and 0.6mg/kg/day) improved survival rate (hazard ratio for beraprost sodium 0.6mg/kg/day group, 0.10; 95% confidence interval, 0.01 to 0.68). Subsequently, in the 5/6 Nx CKD rat, beraprost sodium (0.6mg/kg/day) improved survival rate (hazard ratio for beraprost sodium, 0.46; 95% confidence interval, 0.23 to 0.92), serum creatinine doubling time and the slope of the reciprocal of serum creatinine. In the anti-GBM GN rats, beraprost sodium suppressed the serum accumulation of representative uremic toxins such as indoxyl sulfate. Furthermore, beraprost sodium inhibited human aortic endothelial cell (HAEC) injury induced by indoxyl sulfate, indicating that beraprost sodium might have a protective effect against cardiovascular damage due to CKD. These results show that beraprost sodium can improve the survival rates in two rat models of anti-GBM GN and 5/6 Nx CKD rats by protecting endothelial cells and thereby ameliorating decreased renal function. Therefore, clinical studies are needed in patients with chronic kidney failure to determine whether beraprost sodium will become a useful medication in CKD.

TÍTULO / TITLE: - Managing brain metastases patients with and without radiotherapy: initial lessons from a team-based consult service through a multidisciplinary integrated palliative oncology clinic.

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

REVISTA / JOURNAL: - Support Care Cancer. 2013 Aug 10.

●● Enlace al texto completo (gratis o de pago) [1007/s00520-013-1917-1](#)

AUTORES / AUTHORS: - Jung H; Sinnarajah A; Enns B; Voroney JP; Murray A; Pelletier G; Wu JS

INSTITUCIÓN / INSTITUTION: - Department of Nursing, Tom Baker Cancer Centre, Alberta Health Services Cancer Care, Calgary, Canada.

RESUMEN / SUMMARY: - **PURPOSE:** A new ambulatory consultative clinic with integrated assessments by palliative care, radiation oncology, and allied health professionals was introduced to (1) assess patients with brain metastases at a regional comprehensive cancer center and (2) inform and guide patients on management strategies, including palliative radiotherapy, symptom control, and end-of-life care issues. We conducted a quality assurance study to inform clinical program development. **METHODS:** Between January 2011 and May 2012, 100 consecutive brain metastases patients referred and assessed through a multidisciplinary clinic were evaluated for baseline characteristics, radiotherapy use, and supportive care decisions. Overall survival was examined by known prognostic groups. Proportion of patients receiving end-of-life radiotherapy (death within 30 and 14 days of brain radiotherapy) was used as a quality metric.

RESULTS: The median age was 65 years, with non-small cell lung cancer (n = 38) and breast cancer (n = 23) being the most common primary cancers. At least 57 patients were engaged in advance care planning discussions at first consult visit. In total, 75 patients eventually underwent brain radiotherapy, whereas 25 did not. The most common reasons for nonradiotherapy management were patient preference and rapid clinical deterioration. Overall survival for prognostic subgroups was consistent with literature reports. End-of-life brain radiotherapy was observed in 9 % (death within 30 days) and 1 % (within 14 days) of treated patients. CONCLUSIONS: By integrating palliative care expertise to address the complex needs of patients with newly diagnosed brain metastases, end-of-life radiotherapy use appears acceptable and improved over historical rates at our institution. An appreciable proportion of patients are not suitable for palliative brain radiotherapy or opt against this treatment option, but the team approach involving nurses, palliative care experts, allied health, and clinical oncologists facilitates patient-centered decision making and transition to end-of-life care.

TÍTULO / TITLE: - Risk of in-hospital complications after radical cystectomy for urinary bladder carcinoma: population-based follow-up study of 7608 patients.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jul 26. doi: 10.1111/bju.12239.

●● [Enlace al texto completo \(gratis o de pago\) 1111/bju.12239](#)

AUTORES / AUTHORS: - van Hemelrijck M; Thorstenson A; Smith P; Adolfsen J; Akre O

INSTITUCIÓN / INSTITUTION: - Division of Cancer Studies, Cancer Epidemiology Group, School of Medicine, King's College London, London, UK.

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate the risk of different in-hospital complications for patients undergoing a radical cystectomy (RC), as limited nationwide population data on short- and long-term complications after RC is available, despite it being the standard treatment for localised muscle-invasive urinary bladder cancer (UBC). PATIENTS AND METHODS: In all, 7608 persons underwent a RC after UBC diagnosis, as registered in the Swedish National Patient Register between 1964 and 2008. We estimated the frequency and incidences and calculated hazard ratios (HR) and 95% confidence intervals (CI) using multivariate Cox proportional hazards models. RESULTS: Urinary tract infection/septicaemia was the most common complication following radical cystectomy, with an incidence of 90.4 per 1,000 person years. There was a higher risk of urinary tract infection among patients who had a continent cutaneous reservoir (HR: 1.11 (0.94-1.30) or orthotopic neobladder 1.21 (1.05-1.39) than among those with ileal conduit. Similarly, continent cutaneous reservoir and orthotopic neobladder were associated with increased risks for wound and abdominal wall hernias, stones in the urinary tract, hydronephrosis and nephrostomy tube treatment, and kidney failure. In contrast, risk of bowel obstruction was lower among

those with orthotopic neobladder than those with ileal conduit (HR: 0.64 (0.50-0.81)) and those with continent cutaneous reservoir (HR: 0.92 (0.73-1.16)). CONCLUSIONS: In-hospital complications after RC are numerous and continue to accumulate for many years after surgery, indicating the need for life-long follow-up of these patients. Comparison between different types of diversion should, however, be made with care because of potential confounding by indication.

TÍTULO / TITLE: - Vertebral Compression Fracture After Spine Stereotactic Body Radiotherapy: A Multi-Institutional Analysis With a Focus on Radiation Dose and the Spinal Instability Neoplastic Score.

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Sep 20;31(27):3426-3431. Epub 2013 Aug 19.

●● Enlace al texto completo (gratis o de pago) [1200/JCO.2013.50.1411](#)

AUTORES / AUTHORS: - Sahgal A; Atenafu EG; Chao S; Al-Omair A; Boehling N; Balagamwala EH; Cunha M; Thibault I; Angelov L; Brown P; Suh J; Rhines LD; Fehlings MG; Chang E

INSTITUCIÓN / INSTITUTION: - Arjun Sahgal and Ameen Al-Omair, Princess Margaret Cancer Centre; Arjun Sahgal, Ameen Al-Omair, Marcelo Cunha, and Isabelle Thibault, Sunnybrook Health Sciences Centre; Eshetu G. Atenafu, University Health Network; Michael G. Fehlings, Toronto Western Hospital, University of Toronto, Toronto, Ontario, Canada; Sam Chao, Ehsan H. Balagamwala, Lilyana Angelov, and John Suh, Cleveland Clinic, Cleveland, OH; Nicholas Boehling, Paul Brown, Laurence D. Rhines, and Eric Chang, MD Anderson Cancer Center, University of Texas, Houston, TX; and Eric Chang, University of Southern California, Los Angeles, CA.

RESUMEN / SUMMARY: - PURPOSE: Vertebral compression fracture (VCF) is increasingly recognized as an adverse event after spine stereotactic body radiotherapy (SBRT). We report a multi-institutional study aimed at clarifying the risk and predictive factors associated with VCF. PATIENTS AND METHODS: A total of 252 patients with 410 spinal segments treated with SBRT were included. The primary outcome was the development of VCF (a new VCF or progression of a baseline VCF). In addition to various patient-, treatment-, and tumor-specific factors, the Spinal Instability Neoplastic Scoring (SINS) system was applied to determine predictive value. RESULTS: The median follow-up was 11.5 months (range, 0.03 to 113 months). The median and mean overall survival rates were 16 and 26 months, respectively. We observed 57 fractures (57 of 410, 14%), with 47% (27 of 57) new fractures and 53% (30 of 57) fracture progression. The median time to VCF was 2.46 months (range, 0.03 to 43.01 months), and 65% occurred within the first 4 months. The 1- and 2-year cumulative incidences of fracture were 12.35% and 13.49%, respectively. Multivariable analysis identified dose per fraction (greatest risk for ≥ 24 Gy v 20 to 23 Gy v ≤ 19 Gy), in addition to three of the six original SINS criteria: baseline VCF, lytic tumor, and spinal

deformity, as significant predictors of VCF. CONCLUSION: Caution must be observed when treating with ≥ 20 Gy/fraction, in particular, for patients with lytic tumor, spinal misalignment, and a baseline VCF. Frequent short-term follow-up is required, as nearly two thirds of all VCF occurred within the first 4 months. We also conclude that SINS may have utility in predicting patients at high risk of SBRT-induced VCF.

TÍTULO / TITLE: - Determination of a predictive cutoff value of NT-proBNP testing for long-term survival in ED patients with acute heart failure.

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

REVISTA / JOURNAL: - Am J Emerg Med. 2013 Sep 18. pii: S0735-6757(13)00540-8. doi: 10.1016/j.ajem.2013.08.033.

●● Enlace al texto completo (gratis o de pago) [1016/j.ajem.2013.08.033](#)

AUTORES / AUTHORS: - Velibey Y; Golcuk Y; Golcuk B; Oray D; Atilla OD; Colak A; Kurtulmus Y; Erbay AR; Yilmaz A; Eren M

INSTITUCIÓN / INSTITUTION: - Bitlis State Hospital, Department of Cardiology, Bitlis, Turkey. Electronic address: dr_yalchin_dr@yahoo.com.tr.

RESUMEN / SUMMARY: - OBJECTIVE: The main objective of this study was to determine a predictive cutoff value for plasma N-terminal pro-B-type natriuretic peptide (NT-proBNP) that could successfully predict the long-term (4-year) survival of patients with acute heart failure (HF) at the time of admission to the emergency department (ED). To our best knowledge, our study is the first research done to identify a predictive cutoff value for admission NT-proBNP to the prescriptive 4-year survival of patients admitted to ED with acute HF diagnosis. METHODS: NT-proBNP levels were measured in plasma obtained from 99 patients with dyspnea and left ventricular dysfunction upon admission to the ED. The end point was survival from the time of inclusion through 4 years. RESULTS: The mean age of the patients in this study was 71.1 +/- 10.3 years; 50 of these patients were female. During the 4-year follow-up period, 76 patients died; survivors were significantly younger than non-survivors (64.26 +/- 11.42 years vs 72.83 +/- 11.07 years, P = .002). The optimal NT-proBNP cutoff point for predicting 4-year survival at the time of admission was 2300 pg/mL, which had 85.9% sensitivity and 39.1% specificity (95% confidence interval, area under the curve: 0.639, P = .044). CONCLUSION: Elevated NT-proBNP levels at the time of admission are a strong and independent predictor of all-cause mortality in patients with acute HF 4 years after admission. Furthermore, the optimal cutoff level of NT-proBNP used to predict 4-year survival had high sensitivity. However, especially in the case of long-term survival, additional prospective, large, and multicenter studies are required to confirm our results.

TÍTULO / TITLE: - Association of TP53 Mutational Status and Gender with Survival After Adjuvant Treatment for Stage III Colon Cancer: Results of CALGB 89803.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Aug 27.

●● Enlace al texto completo (gratis o de pago) [1158/1078-0432.CCR-13-0351](https://doi.org/10.1158/1078-0432.CCR-13-0351)

AUTORES / AUTHORS: - Warren RS; Atreya CE; Niedzwiecki D; Weinberg V; Donner DB; Mayer RJ; Goldberg RM; Compton C; Zuraek MB; Ye X; Saltz LB; Bertagnolli MM

INSTITUCIÓN / INSTITUTION: - Surgery and the Helen Diller Family Comprehensive Cancer Center, University of California San Francisco.

RESUMEN / SUMMARY: - PURPOSE: The TP53 tumor suppressor is frequently mutated in colon cancer, but the influence of such mutations on survival remains controversial. We investigated whether mutations in the DNA binding domain of TP53 are associated with survival in stage III colon cancer. EXPERIMENTAL DESIGN: The impact of TP53 genotype was prospectively evaluated in CALGB 89803, a trial that randomized stage III colon cancer patients to receive adjuvant 5-fluorouracil/leucovorin (5FU/LV) or 5FU/LV with irinotecan. RESULTS: TP53 mutations were identified in 274 of 607 cases. The presence of any TP53 mutation did not predict disease free survival or overall survival with either adjuvant regimen when men and women were considered together or as separate groups. However, outcome differences among women became apparent when tumor TP53 genotype was stratified as wild-type vs. zinc binding or non-zinc binding mutations in the TP53 DNA binding domain. DFS at 5 years was 0.59, 0.52, and 0.78 for women with TP53 wild-type tumors, and tumors with zinc-binding, or non zinc-binding mutations, respectively. Survival at 5 years for these same women was 0.72, 0.59, and 0.90, respectively. No differences in survival by TP53 genotype were observed in men. CONCLUSIONS: The presence of any TP53 mutation within the DNA binding domain did not predict survival in stage III colon cancer. However, TP53 genotype was predictive of survival in women following adjuvant therapy. Future colon cancer therapeutic trials, with inclusion of correlative molecular markers, should be designed to permit evaluation of survival and/or response to treatment in women separately from men.

TÍTULO / TITLE: - Comparison of Long-term Survival of Implants and Endodontically Treated Teeth.

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

REVISTA / JOURNAL: - J Dent Res. 2013 Sep 24.

●● Enlace al texto completo (gratis o de pago) [1177/0022034513504782](https://doi.org/10.1177/0022034513504782)

AUTORES / AUTHORS: - Setzer FC; Kim S

INSTITUCIÓN / INSTITUTION: - University of Pennsylvania, Philadelphia, PA, USA.

RESUMEN / SUMMARY: - The outcomes of both dental implants and endodontically treated teeth have been extensively studied. However, there is still a great controversy

over when to keep a natural tooth and when to extract it for a dental implant. This article reviews the benefits and disadvantages of both treatment options and discusses success vs. survival outcomes, as well as the impact of technical advances for modern endodontics and endodontic microsurgery on the long-term prognosis of tooth retention.

TÍTULO / TITLE: - Glucose starved cells do not engage in pro-survival autophagy.

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

REVISTA / JOURNAL: - J Biol Chem. 2013 Sep 6.

●● Enlace al texto completo (gratis o de pago) [1074/jbc.M113.490581](#)

AUTORES / AUTHORS: - Ramirez-Peinado S; Leon-Annicchiarico CL; Galindo-Moreno J; Iurlaro R; Caro-Maldonado A; Prehn JH; Ryan KM; Munoz-Pinedo C

INSTITUCIÓN / INSTITUTION: - IDIBELL, España;

RESUMEN / SUMMARY: - In response to nutrient shortage or organelle damage, cells undergo macroautophagy. Starvation of glucose, an essential nutrient, is thought to promote autophagy in mammalian cells. We thus aimed to determine the role of autophagy in cell death induced by glucose deprivation. Glucose withdrawal induces cell death that can occur by apoptosis (in Bax, Bak-deficient MEFs or HeLa cells) or by necrosis (in Rh4 rhabdomyosarcoma cells). Inhibition of autophagy by chemical or genetic means by using 3-methyladenine, chloroquine, a dominant negative form of ATG4B or silencing Beclin-1, Atg7 or p62 indicated that macroautophagy does not protect cells undergoing necrosis or apoptosis upon glucose deprivation. Moreover, glucose deprivation did not induce autophagic flux in any of the four cell lines analyzed, even though mTOR was inhibited. Indeed, glucose deprivation inhibited basal autophagic flux. In contrast, the glycolytic inhibitor 2-deoxyglucose induced pro-survival autophagy. Further analyses indicated that in the absence of glucose, autophagic flux induced by other stimuli is inhibited. These data suggest that the role of autophagy in response to nutrient starvation should be reconsidered.

TÍTULO / TITLE: - Associations with growth factor genes (FGF1, FGF2, PDGFB, FGFR2, NRG2, EGF, ERBB2) with breast cancer risk and survival: the Breast Cancer Health Disparities Study.

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

REVISTA / JOURNAL: - Breast Cancer Res Treat. 2013 Aug;140(3):587-601. doi: 10.1007/s10549-013-2644-5. Epub 2013 Aug 3.

●● Enlace al texto completo (gratis o de pago) [1007/s10549-013-2644-5](#)

AUTORES / AUTHORS: - Slattery ML; John EM; Stern MC; Herrick J; Lundgreen A; Giuliano AR; Hines L; Baumgartner KB; Torres-Mejia G; Wolff RK

INSTITUCIÓN / INSTITUTION: - Department of Medicine, University of Utah, 383 Colorow, Salt Lake City, UT, 84108, USA, marty.slattery@hsc.utah.edu.

RESUMEN / SUMMARY: - Growth factors (GF) stimulate cell proliferation through binding to cell membrane receptors and are thought to be involved in cancer risk and survival. We examined how genetic variation in epidermal growth factor (EGF), neuregulin 2 (NRG2), ERBB2 (HER2/neu), fibroblast growth factors 1 and 2 (FGF1 and FGF2) and its receptor 2 (FGFR2), and platelet-derived growth factor B (PDGFB) independently and collectively influence breast cancer risk and survival. We analyzed data from the Breast Cancer Health Disparities Study which includes Hispanic (2,111 cases, 2,597 controls) and non-Hispanic white (1,481 cases, 1,586 controls) women. Adaptive rank-truncated product (ARTP) analysis was conducted to determine gene significance. Odds ratios (OR) and 95 % confidence intervals were obtained from conditional logistic regression models to estimate breast cancer risk and Cox proportional hazard models were used to estimate hazard ratios (HR) of dying from breast cancer. We assessed Native American (NA) ancestry using 104 ancestry informative markers. We observed few significant associations with breast cancer risk overall or by menopausal status other than for FGFR2 rs2981582. This SNP was significantly associated with ER+/PR+ (OR 1.66, 95 % CI 1.37-2.00) and ER+/PR- (OR 1.54, 95 % CI 1.03-2.31) tumors. Multiple SNPs in FGF1, FGF2, and NRG2 significantly interacted with multiple SNPs in EGFR, ERBB2, FGFR2, and PDGFB, suggesting that breast cancer risk is dependent on the collective effects of genetic variants in other GFs. Both FGF1 and ERBB2 significantly influenced overall survival, especially among women with low levels of NA ancestry (P ARTP = 0.007 and 0.003, respectively). Our findings suggest that genetic variants in growth factors signaling appear to influence breast cancer risk through their combined effects. Genetic variation in ERBB2 and FGF1 appear to be associated with survival after diagnosis with breast cancer.

TÍTULO / TITLE: - Higher therapeutic CsA levels early post transplantation reduces risk of acute GVHD and improves survival.

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

REVISTA / JOURNAL: - Bone Marrow Transplant. 2013 Sep 16. doi: 10.1038/bmt.2013.139.

●● Enlace al texto completo (gratis o de pago) [1038/bmt.2013.139](https://doi.org/10.1038/bmt.2013.139)

AUTORES / AUTHORS: - Rogosheske JR; Fargen AD; Defor TE; Warlick E; Arora M; Blazar BR; Weisdorf DJ; Brunstein CG

INSTITUCIÓN / INSTITUTION: - University of Minnesota Blood and Marrow Transplant Program, Minneapolis, MN, USA.

RESUMEN / SUMMARY: - We studied whether early CsA trough levels were associated with the risk of acute GVHD in 337 patients after either sibling PBSC or double umbilical cord blood transplantation. All patients, regardless of donor type, started CsA

at a dose of 5 mg/kg i.v. divided twice daily, targeting trough concentrations 200-400 ng/mL. The CsA level was studied by a weighted average method calculated by giving 70% of the weight to the level that was measured just before the onset of the event or day +30. We found that higher weighted average CsA trough levels early post transplantation contributed to lower risk of acute GVHD, and lower non-relapse and overall mortality. Thus, our data support close monitoring with active adjustments of CsA dosing to maintain therapeutic CsA levels in the first weeks of allo-HCT. In patients who are near or even modestly above the CsA target trough level, in the absence of CsA-related toxicity, dose reduction should be cautious to avoid subtherapeutic drug levels resulting in higher risk of acute GVHD. Bone Marrow Transplantation advance online publication, 16 September 2013; doi:10.1038/bmt.2013.139.

TÍTULO / TITLE: - PBMC expressed adiponectin mRNA is predictive of survival in patients with gastric cancer.

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

REVISTA / JOURNAL: - Clin Chem. journals.uchicago.edu/ ●● Clinical Infectious Diseases: <> Lab Med. 2013 Aug 17:1-4. doi: 10.1515/cclm-2013-0453.

●● Enlace al texto completo (gratis o de pago) 1515/cclm-2013-0453

AUTORES / AUTHORS: - Tsai JS; Lin MT; Wu MS; Huang KC; Lue BH; Lee LT; Chiu TY; Chen CH; Chen SC; Chuang LM; Chen CY

TÍTULO / TITLE: - Human Resistin in Chemotherapy-Induced Heart Failure in Humanized Male Mice and in Women treated for Breast Cancer.

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

REVISTA / JOURNAL: - Endocrinology. 2013 Aug 27.

●● Enlace al texto completo (gratis o de pago) 1210/en.2013-1399

AUTORES / AUTHORS: - Schwartz DR; Briggs ER; Qatanani M; Sawaya H; Sebag IA; Picard MH; Scherrer-Crosbie M; Lazar MA

INSTITUCIÓN / INSTITUTION: - aDivision of Endocrinology, Diabetes, and Metabolism;

RESUMEN / SUMMARY: - Resistin is a circulating mediator of insulin resistance mainly expressed in human monocytes and responsive to inflammatory stimuli. Recent clinical studies have connected elevated resistin levels with the development and severity of heart failure. To further our understanding of the role of human resistin in heart failure, we studied a humanized mouse model lacking murine resistin but transgenic for the human Retn gene (Hum-Retn mice), which exhibits basal and inflammation-stimulated resistin levels similar to humans. Specifically, we explored whether resistin underlies acute anthracycline-induced cardiotoxicity. Remarkably, doxorubicin (25mg/kg I.P.) led to a 4-fold induction of serum resistin levels in Hum-Retn mice. Moreover, doxorubicin-induced cardiotoxicity was greater in the Hum-Retn mice than

in littermate controls not expressing human resistin (Retn-/-). Hum-Retn mice showed increased cardiac mRNA levels of inflammatory and cell adhesion genes compared to Retn-/- mice. Macrophages, but not cardiomyocytes, from Hum-Retn mice treated with doxorubicin in vitro showed dramatic induction of hRetn mRNA and protein expression. We also examined resistin levels in anthracycline treated breast cancer patients with and without cardiotoxicity. Intriguingly, serum resistin levels in women undergoing anthracycline-containing chemotherapy increased significantly at 3 months and remained elevated at 6 months in those with subsequent cardiotoxicity. Further, elevation in resistin correlated with decline in ejection fraction in these women. These results suggest that elevated resistin is a biomarker of anthracycline-induced cardiotoxicity, and may contribute in the development of heart failure via its direct effects on macrophages. These results further implicate resistin as a link between inflammation, metabolism and heart disease.

TÍTULO / TITLE: - Stereotactic Radiosurgery Plays a Critical Role in Enhancing Long-term Survival in a Patient with Pancreatic Cancer Metastatic to the Brain.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Sep;33(9):3899-903.

AUTORES / AUTHORS: - Rajappa P; Margetis K; Wernicke G; Ginter P; Cope W; Sherr DL; Lavi E; Fine RL; Schwartz TH; Bruckner H; Pannullo SC

INSTITUCIÓN / INSTITUTION: - Weill Cornell Brain and Spine Center, 525 East 69th Street Starr Pavilion, 651, New York, NY 10065, box 99, U.S.A. scp2002@med.cornell.edu.

RESUMEN / SUMMARY: - BACKGROUND: Pancreatic cancer is an aggressive disease which metastasizes readily. The presence of brain metastases from pancreatic cancer is rare and it carries a poor prognosis. Our approach to treating these lesions stresses extensive use of stereotactic radiosurgery (SRS), whereas other reports focus on surgical resection. Case Report: Information regarding the patient's clinical history was extracted from a retrospective review of the medical records and imaging studies. The patient survived seven years after his primary diagnosis of pancreatic cancer, and 36 months after diagnosis of metastatic disease to the brain. In addition to surgical resection and the use of multiple chemotherapeutic agents, the patient received six separate radiosurgery treatments. CONCLUSION: We present a case of brain metastasis from pancreatic cancer that is remarkable for an unusually long survivorship and discuss the utility of SRS along with a multimodality treatment approach for dealing with these cases.

TÍTULO / TITLE: - Does long-term survival in patients with pancreatic cancer really exist?- Results from the CONKO-001 study.

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

REVISTA / JOURNAL: - J Surg Oncol. 2013 Aug 23. doi: 10.1002/jso.23409.

●● Enlace al texto completo (gratis o de pago) [1002/jso.23409](https://doi.org/10.1002/jso.23409)

AUTORES / AUTHORS: - Sinn M; Striefler JK; Sinn BV; Sallmon D; Bischoff S; Stieler JM; Pelzer U; Bahra M; Neuhaus P; Dorken B; Denkert C; Riess H; Oettle H

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology and Haematology, Charite-Universitätsmedizin Berlin, Germany.

RESUMEN / SUMMARY: - BACKGROUND: Long-term survival (LTS) in patients (pts) with pancreatic cancer is still uncommon, little data is available to identify long-term survivors. The CONKO-001 study, which established gemcitabine after resection as adjuvant therapy, may provide data to answer this question. METHODS: CONKO-001 pts with an overall survival \geq 5 years were compared to those who survived $<$ 5 years. Central re-evaluation of primary histology was performed. Univariate analysis with the chi² -test identified qualifying factors. Logistic regression was used to investigate the influence of these covariates on LTS. RESULTS: Of the evaluable 354 CONKO-001 pts, 54 (15%) with an overall survival \geq 5 years were identified. It was possible to obtain tumor specimens of 39 pts (72%). Histological re-evaluation confirmed adenocarcinoma in 38 pts, 1 showed a high-grade neuroendocrine tumor. Univariate analysis for all 53 LTS pts with adenocarcinoma compared to the remaining 300 non-LTS pts revealed as relevant active treatment, tumor grading, tumor size, lymph nodes. No significance could be demonstrated for resection margin, sex, age, Karnofsky performance status, CA 19-9 at study entry. In multivariate analysis, tumor grading, active treatment, tumor size, lymph node involvement were independent prognostic factors for LTS. CONCLUSION: Long-term survival can be achieved in adenocarcinoma of the pancreas. J. Surg. Oncol. 2013 9999:1-5. © 2013 Wiley Periodicals, Inc.

TÍTULO / TITLE: - Long-Term Outcomes After Pelvic Radiation for Early-Stage Endometrial Cancer.

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Sep 9.

●● Enlace al texto completo (gratis o de pago) [1200/JCO.2013.48.8023](https://doi.org/10.1200/JCO.2013.48.8023)

AUTORES / AUTHORS: - Onsrud M; Cvancarova M; Hellebust TP; Trope CG; Kristensen GB; Lindemann K

INSTITUCIÓN / INSTITUTION: - Mathias Onsrud, Taran P. Hellebust, Claes G. Trope, and Gunnar B. Kristensen, Norwegian Radium Hospital, Oslo University Hospital; Mathias Onsrud, Milada Cvancarova, Taran P. Hellebust, and Claes G. Trope, University of Oslo, Oslo; Taran P. Hellebust, Norwegian Radiation Protection Authority, Osteras; and Kristina Lindemann, Akershus University Hospital, Lorenskog, Norway.

RESUMEN / SUMMARY: - PURPOSE: This follow-up of a randomized study was conducted to assess the long-term effects of external beam radiation therapy (EBRT) in the

adjuvant treatment of early-stage endometrial cancer. PATIENTS AND METHODS: Between 1968 and 1974, 568 patients with stage I endometrial cancer were included. After primary surgery, patients were randomly assigned to either vaginal radium brachytherapy followed by EBRT (n = 288) or brachytherapy alone (n = 280). Overall survival was analyzed by using the Kaplan-Meier method. A Cox proportional hazards model was used to estimate hazard ratios (HRs) with 95% CIs. We also conducted analyses stratified by age groups. RESULTS: After median 20.5 years (range, 0 to 43.4 years) of follow-up, no statistically significant difference was revealed in overall survival (P = .186) between treatment groups. However, women younger than age 60 years had significantly higher mortality rates after EBRT (HR, 1.36; 95% CI, 1.06 to 1.76) than the control group. The risk of secondary cancer increased after EBRT, especially in women younger than age 60 years (HR, 2.02; 95% CI, 1.30 to 3.15). CONCLUSION: We observed no survival benefit of external pelvic radiation in early-stage endometrial carcinoma. In women younger than age 60 years, pelvic radiation decreased survival and increased the risk of secondary cancer. Adjuvant EBRT should be used with caution, especially in women with a long life expectancy.

TÍTULO / TITLE: - Combination Therapy with a Second-Generation Androgen Receptor Antagonist and a Metastasis Vaccine Improves Survival in a Spontaneous Prostate Cancer Model.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Sep 18.

●● Enlace al texto completo (gratis o de pago) [1158/1078-0432.CCR-13-1026](#)

AUTORES / AUTHORS: - Ardiani A; Farsaci B; Rogers CJ; Protter AA; Guo Z; King TH; Apelian D; Hodge JW

INSTITUCIÓN / INSTITUTION: - Bldg 10, Rm 8B13, NCI, NIH.

RESUMEN / SUMMARY: - PURPOSE: Enzalutamide, a second-generation androgen antagonist, was approved by the FDA for castration-resistant prostate cancer (CRPC) treatment. Immunotherapy has been shown to be a promising strategy for prostate cancer. This study is performed to provide data to support the combination of enzalutamide and immunotherapy for CRPC treatment. EXPERIMENTAL DESIGN: Male C57BL/6 or TRAMP prostate cancer model mice were exposed to enzalutamide and/or a therapeutic vaccine targeting Twist, an antigen involved in epithelial-to-mesenchymal transition and metastasis. The physiological and immunological effects of enzalutamide were characterized. The generation of Twist-specific immunity by Twist-vaccine was evaluated. Finally, the combination of enzalutamide and Twist-vaccine to improve TRAMP mice overall survival was evaluated. RESULTS: Enzalutamide mediated immunogenic modulation in TRAMP-C2 cells. In vivo, enzalutamide mediated reduced genitourinary tissue weight, enlargement of the thymus, and increased levels of T-cell excision circles. Because no changes were seen

in T-cell function, as determined by CD4+ T-cell proliferation and Treg functional assays, enzalutamide was determined to be immune inert. Enzalutamide did not diminish the Twist-vaccine's ability to generate Twist-specific immunity. Twist was confirmed as a valid tumor antigen in TRAMP mice by immunohistochemistry. The combination of enzalutamide and Twist-vaccine resulted in significantly increased overall survival of TRAMP mice compared to other treatment groups (27.5 vs. 10.3 weeks). Notably, the effectiveness of the combination therapy increased with disease stage, i.e., the greatest survival benefit was seen in mice with advanced-stage prostate tumors. CONCLUSIONS: These data support the combination of enzalutamide and immunotherapy as a promising treatment strategy for CRPC.

TÍTULO / TITLE: - Causes of false-negative sentinel node biopsy in patients with breast cancer (Br J Surg 2013; 100: 775-783).

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

REVISTA / JOURNAL: - Br J Surg. 2013 Sep;100(10):1398-9. doi: 10.1002/bjs.9250.

●● Enlace al texto completo (gratis o de pago) [1002/bjs.9250](#)

AUTORES / AUTHORS: - Kim B; Verghese ET; Horgan K

INSTITUCIÓN / INSTITUTION: - St James's University Hospital, Beckett Street, Leeds, LS9 7TF, UK. B.Kim@leeds.ac.uk.

TÍTULO / TITLE: - Authors' reply: Causes of false-negative sentinel node biopsy in patients with breast cancer (Br J Surg 2013; 100: 775-783).

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

REVISTA / JOURNAL: - Br J Surg. 2013 Sep;100(10):1399. doi: 10.1002/bjs.9251.

AUTORES / AUTHORS: - de Boniface J; Andersson Y

INSTITUCIÓN / INSTITUTION: - Karolinska University Hospital, SE-171 76, Stockholm, Sweden.

TÍTULO / TITLE: - Association of diabetes mellitus and metformin use with biochemical recurrence in patients treated with radical prostatectomy for prostate cancer.

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

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

●● Enlace al texto completo (gratis o de pago) [1007/s00345-013-1171-7](#)

AUTORES / AUTHORS: - Rieken M; Kluth LA; Xylinas E; Fajkovic H; Becker A; Karakiewicz PI; Herman M; Lotan Y; Seitz C; Schramek P; Remzi M; Loidl W; Lee RK; Faison T; Scherr DS; Kautzky-Willer A; Bachmann A; Tewari A; Shariat SF

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

RESUMEN / SUMMARY: - PURPOSE: The impact of diabetes mellitus (DM) and metformin use on biochemical recurrence (BCR) in patients treated with radical prostatectomy (RP) remains controversial. METHODS: We retrospectively evaluated 6,863 patients who underwent RP for clinically localized PC between 2000 and 2011. Univariable and multivariable Cox regression models addressed the association of DM and metformin use with BCR. RESULTS: Overall, 664 patients had a diagnosis of DM from which 287 (43 %) were on metformin and 377 (57 %) were on anti-diabetics other than metformin. DM and metformin were not associated with any clinicopathologic features (p values >0.05). Within a median follow-up of 25 months (interquartile range 35 months), 774 (11.3 %) patients experienced BCR. Actuarial 5-year biochemical-free survival was 83 % for non-diabetic, 79 % for diabetic patients without metformin use, and 85 % for diabetic patients with metformin use (log rank p = 0.17). In uni- and multivariable Cox regression analyses with the non-diabetic group as referent, DM without metformin use (HR = 0.99; 95 % CI 0.75-1.30, p = 0.65) and DM with metformin use (HR = 0.84, 95 % CI 0.58-1.22, p = 0.36) were not associated with BCR after RP. A subgroup analysis stratified by nodal status, surgical margins, tumor stage, and Gleason sum did not reveal any significant association between DM, use of metformin and risk of BCR. CONCLUSIONS: We found no association between DM or metformin use and cancer-specific features or BCR in patients treated with RP. The effect of DM and metformin on complications, wound healing and overall survival needs to be assessed in similar cohorts.

TÍTULO / TITLE: - Phase 2 Study of Pemetrexed Plus Carboplatin, or Pemetrexed Plus Cisplatin with Concurrent Radiation Therapy Followed by Pemetrexed Consolidation in Patients with Favorable-Prognosis Inoperable Stage IIIA/B Non-Small-Cell Lung Cancer.

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

REVISTA / JOURNAL: - J Thorac Oncol. 2013 Aug 26.

●● Enlace al texto completo (gratis o de pago) [1097/JTO.0b013e3182a02546](#)

AUTORES / AUTHORS: - Choy H; Schwartzberg LS; Dakhil SR; Garon EB; Gerber DE; Choksi JK; Govindan R; Peng G; Koustenis A; Treat J; Obasaju C

INSTITUCIÓN / INSTITUTION: - *University of Texas Southwestern, Dallas, Texas; daggerACORN and West Clinic, Memphis, Tennessee; double daggerCancer Center of Kansas, Wichita, Kansas; section signUCLA/Translational Oncology Research International Network, Los Angeles, Los Angeles; | |Alamance Regional Medical Center, Burlington, North Carolina; paragraph signWashington University, St. Louis, Missouri; and #Lilly USA, LLC, Indianapolis, Indiana.

RESUMEN / SUMMARY: - INTRODUCTION:: There is no consensus chemotherapy regimen with concurrent radiotherapy (RT) for inoperable stage IIIA/B non-small-cell lung cancer. This trial evaluated pemetrexed with carboplatin (PCb) or cisplatin (PC) with concurrent RT followed by consolidation pemetrexed. METHODS:: In this open-label,

noncomparative phase II trial, patients with inoperable stage IIIA/B non-small-cell lung cancer (initially all histologies, later restricted to nonsquamous) were randomized (1:1) to PCb or PC with concurrent RT (64-68 Gy over days 1-45). Consolidation pemetrexed monotherapy was administered every 21 days for three cycles. Primary endpoint was 2-year overall survival (OS) rate. RESULTS:: From June 2007 to November 2009, 98 patients were enrolled (PCb: 46; PC: 52). The 2-year OS rate was PCb: 45.4% (95% confidence interval [CI], 29.5-60.0%); PC: 58.4% (95% CI, 42.6-71.3%), and in nonsquamous patients was PCb: 48.0% (95% CI, 29.0-64.8%); PC: 55.8% (95% CI, 38.0-70.3%). Median time to disease progression was PCb: 8.8 months (95% CI, 6.0-12.6 months); PC: 13.1 months (95% CI, 8.3-not evaluable [NE]). Median OS (months) was PCb: 18.7 (95% CI, 12.9-NE); PC: 27.0 (95% CI, 23.2-NE). The objective response rates (ORRs) were PCb: 52.2%; PC: 46.2%. Grade 4 treatment-related toxicities (% PCb/% PC) were: anemia, 0/1.9; neutropenia, 6.5/3.8; thrombocytopenia, 4.3/1.9; and esophagitis, 0/1.9. Most patients completed scheduled chemotherapy and RT during induction and consolidation phases. No drug-related deaths were reported during chemoradiotherapy. CONCLUSIONS:: Because of study design, efficacy comparisons cannot be made. However, both combinations with concurrent RT were active and well tolerated.

TÍTULO / TITLE: - Autocrine TNF-alpha production supports CML stem and progenitor cell survival and enhances their proliferation.

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

REVISTA / JOURNAL: - Blood. 2013 Sep 16.

●● Enlace al texto completo (gratis o de pago) [1182/blood-2013-02-485607](#)

AUTORES / AUTHORS: - Gallipoli P; Pellicano F; Morrison H; Laidlaw K; Allan EK; Bhatia R; Copland M; Jorgensen HG; Holyoake TL

INSTITUCIÓN / INSTITUTION: - Paul O’Gorman Leukaemia Research Centre, College of Medical, Veterinary & Life Sciences, Institute of Cancer Sciences, University of Glasgow, United Kingdom;

RESUMEN / SUMMARY: - Chronic myeloid leukaemia (CML) stem cells are not dependent on BCR-ABL kinase for their survival suggesting that kinase-independent mechanisms must contribute to their persistence. We observed that CML stem/progenitor cells (SPCs) produce tumour necrosis factor-alpha (TNF-alpha) in a kinase-independent fashion and at higher levels relative to their normal counterparts. We therefore investigated the role of TNF-alpha and found that it supports survival of CML SPCs by promoting NFkappaB/p65 pathway activity and expression of the interleukin-3 and granulocyte/macrophage-colony stimulating factor common beta-chain receptor. Furthermore, we demonstrate that in CML SPCs inhibition of autocrine TNF-alpha signalling via a small molecule TNF-alpha inhibitor induces apoptosis. Moreover TNF-alpha inhibition combined with nilotinib induces significantly more apoptosis relative

to either treatment alone and a reduction in the absolute number of primitive quiescent CML stem cells. These results highlight a novel survival mechanism of CML SPCs and suggest a new putative therapeutic target for their eradication.

TÍTULO / TITLE: - CD11b(+) cells in donor-specific transfusion prolonged allogeneic skin graft survival through indoleamine 2,3-dioxygenase.

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

REVISTA / JOURNAL: - Cell Immunol. 2013 May-Jun;283(1-2):81-90. doi: 10.1016/j.cellimm.2013.06.004. Epub 2013 Jun 19.

●● Enlace al texto completo (gratis o de pago) [1016/j.cellimm.2013.06.004](http://dx.doi.org/10.1016/j.cellimm.2013.06.004)

AUTORES / AUTHORS: - Ikemoto T; Takita M; Levy MF; Shimada M; Naziruddin B

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RESUMEN / SUMMARY: - The aim of this study is to show the effect of donor-specific transfusion (DST) in inducing immunological tolerance mediated by regulatory T cells (Treg) and indoleamine 2,3-dioxygenase (IDO). Skin grafts from H2(d) Balb/c were transplanted into H2(k) C3H/He 7days after the infusion of donor splenocytes, isolated each immune cell populations. Graft survival prolonged in recipients who received splenocytes, MHC class II(+) CD90(-) cells and CD3(-)CD19(-) cells (p<0.001, p<0.05 and p<0.01, respectively). CD11b(+) cell infusion resulted in prolongation of graft survival when compared to CD11c(+) cell infusion (p<0.01). Foxp3(+)CD4(+)CD25(+) T cells were increased after the transplant in recipients infused with CD11b(+) cells (p<0.05). The mixed lymphocyte reaction showed donor-specificity (p<0.001). High IDO expression was observed in CD11b(+) cell infusion group. Graft survival with DST using IDO antagonist (1MT) were not prolonged. In conclusion, DST allows induction of donor-specific tolerance which involves Foxp3(+)CD4(+)CD25(+) T cells and IDO expression.

TÍTULO / TITLE: - Serum level of prostate-specific antigen (PSA) in women with breast cancer.

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

REVISTA / JOURNAL: - Cancer Epidemiol. 2013 Oct;37(5):613-8. doi: 10.1016/j.canep.2013.06.009. Epub 2013 Aug 8.

●● Enlace al texto completo (gratis o de pago) [1016/j.canep.2013.06.009](http://dx.doi.org/10.1016/j.canep.2013.06.009)

AUTORES / AUTHORS: - Mashkoo FC; Al-Asadi JN; Al-Naama LM

INSTITUCIÓN / INSTITUTION: - Department of Biochemistry, College of Pharmacy, University of Basrah, Basrah, Iraq. Electronic address: fawzi_cm@yahoo.com.

RESUMEN / SUMMARY: - OBJECTIVE: To identify the diagnostic role of total and free prostate-specific antigen (TPSA and FPSA) in breast cancer in women. METHODS: Blood samples of 55 women with breast cancer were prospectively analyzed for PSA before and after breast surgery, with a control group of 82 healthy women. RESULTS: Total and free PSA levels were significantly higher in women with breast cancer (preoperatively) than in healthy women ($P < 0.001$). Both serum TPSA and FPSA showed a significant decline in their pre-surgical values after surgical removal of the tumor ($P < 0.001$). A significant proportion of breast cancer patients (83.6%) had free PSA as the predominant molecular form in serum as compared to 0% of controls and 1.8% of postoperative groups ($P < 0.001$). TPSA and FPSA levels were significantly associated with younger age and earlier cancer stage, whereas no significant association was found between these two variables and FPSA as a predominant molecular form. CONCLUSIONS: This study indicated a clinical significance of preoperative measurement of serum TPSA and FPSA in the diagnosis of women with breast cancer, and may be a useful marker for monitoring the response to treatment.

TÍTULO / TITLE: - Ionizing radiation and genetic risks. XVII. Formation mechanisms underlying naturally occurring DNA deletions in the human genome and their potential relevance for bridging the gap between induced DNA double-strand breaks and deletions in irradiated germ cells.

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

REVISTA / JOURNAL: - Mutat Res. 2013 Aug 12. pii: S1383-5742(13)00050-1. doi: 10.1016/j.mrrev.2013.07.003.

●● Enlace al texto completo (gratis o de pago) [1016/j.mrrev.2013.07.003](https://doi.org/10.1016/j.mrrev.2013.07.003)

AUTORES / AUTHORS: - Sankaranarayanan K; Taleei R; Rahmanian S; Nikjoo H

INSTITUCIÓN / INSTITUTION: - Radiation Biophysics Group, Department of Oncology-Pathology, Karolinska Institutet, Box 260, Stockholm SE 17176, Sweden.

RESUMEN / SUMMARY: - While much is known about radiation-induced DNA double-strand breaks (DSBs) and their repair, the question of how deletions of different sizes arise as a result of the processing of DSBs by the cell's repair systems has not been fully answered. In order to bridge this gap between DSBs and deletions, we critically reviewed published data on mechanisms pertaining to: (a) repair of DNA DSBs (from basic studies in this area); (b) formation of naturally occurring structural variation (SV) - especially of deletions - in the human genome (from genomic studies) and (c) radiation-induced mutations and structural chromosomal aberrations in mammalian somatic cells (from radiation mutagenesis and radiation cytogenetic studies). The specific aim was to assess the relative importance of the postulated mechanisms in generating deletions in the human genome and examine whether empirical data on radiation-induced deletions in mouse germ cells are consistent with predictions of

these mechanisms. The mechanisms include (a) NHEJ, a DSB repair process that does not require any homology and which functions in all stages of the cell cycle (and is of particular relevance in G0/G1); (b) MMEJ, also a DSB repair process but which requires microhomology and which presumably functions in all cell cycle stages; (c) NAHR, a recombination-based DSB repair mechanism which operates in prophase I of meiosis in germ cells; (d) MMBIR, a microhomology-mediated, replication-based mechanism which operates in the S phase of the cell cycle, and (e) strand slippage during replication (involved in the origin of small insertions and deletions (INDELs)). Our analysis permits the inference that, between them, these five mechanisms can explain nearly all naturally occurring deletions of different sizes identified in the human genome, NAHR and MMBIR being potentially more versatile in this regard. With respect to radiation-induced deletions, the basic studies suggest that those arising as a result of the operation of NHEJ/MMEJ processes, as currently formulated, are expected to be relatively small. However, data on induced mutations in mouse spermatogonial stem cells (irradiation in G0/G1 phase of the cell cycle and DSB repair presumed to be via NHEJ predominantly) show that most are associated with deletions of different sizes, some in the megabase range. There is thus a 'discrepancy' between what the basic studies suggest and the empirical observations in mutagenesis studies. This discrepancy, however, is only an apparent but not a real one. It can be resolved by considering the issue of deletions in the broader context of and in conjunction with the organization of chromatin in chromosomes and nuclear architecture, the conceptual framework for which already exists in studies carried out during the past fifteen years or so. In this paper, we specifically hypothesize that repair of DSBs induced in chromatin loops may offer a basis to explain the induction of deletions of different sizes and suggest an approach to test the hypothesis. We emphasize that the bridging of the gap between induced DSB and resulting deletions of different sizes is critical for current efforts in computational modeling of genetic risks.

TÍTULO / TITLE: - Bone-Targeted Therapies for Elderly Patients with Renal Cell Carcinoma: Current and Future Directions.

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

REVISTA / JOURNAL: - Drugs Aging. 2013 Sep 27.

●● Enlace al texto completo (gratis o de pago) [1007/s40266-013-0117-5](#)

AUTORES / AUTHORS: - Roza T; Hakim L; van Poppel H; Joniau S

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RESUMEN / SUMMARY: - Bone metastases are very common in advanced renal cell carcinoma (RCC) and can have a huge impact on quality of life by leading to skeletal-related events (SREs), including pain, pathologic fractures and spinal cord compression

with need for surgery or radiotherapy. Because of their osteolytic aspect and biologic behaviour, these SREs are more common in patients with bone metastases from RCC than from other malignancies. As overall survival is increased by new anti-angiogenic drugs like tyrosine kinase inhibitors and mammalian target of rapamycin inhibitors, the incidence of SREs is rising, making the clinical management of bone metastases in RCC ever more important, especially in the more vulnerable elderly patient. In this review we discuss the current advances and future directions in bone-targeted therapies in patients with RCC with a special focus on the elderly population. Recently, two bone-targeted agents have been approved in the prevention of SREs in advanced RCC: zoledronic acid and denosumab. To date, there is no specific data on the use of bisphosphonates or denosumab in the elderly and specific studies in this setting are warranted. We compare the available evidence for the use and implications of both agents in the elderly patient and give general information on safety concerns that could be more important in these patients.

TÍTULO / TITLE: - Doses to carotid arteries after modern radiation therapy for hodgkin lymphoma: is stroke still a late effect of treatment?

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Oct 1;87(2):297-303. doi: 10.1016/j.ijrobp.2013.06.004. Epub 2013 Aug 1.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.ijrobp.2013.06.004](#)

AUTORES / AUTHORS: - Maraldo MV; Brodin P; Aznar MC; Vogelius IR; Munck Af Rosenschold P; Petersen PM; Specht L

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark. Electronic address: dra.maraldo@gmail.com.

RESUMEN / SUMMARY: - **PURPOSE:** Hodgkin lymphoma (HL) survivors are at an increased risk of stroke because of carotid artery irradiation. However, for early-stage HL involved node radiation therapy (INRT) reduces the volume of normal tissue exposed to high doses. Here, we evaluate 3-dimensional conformal radiation therapy (3D-CRT), volumetric-modulated arc therapy (VMAT), and proton therapy (PT) delivered as INRT along with the extensive mantle field (MF) by comparing doses to the carotid arteries and corresponding risk estimates. **METHODS AND MATERIALS:** We included a cohort of 46 supradiaphragmatic stage I-II classical HL patients. All patients were initially treated with chemotherapy and INRT delivered as 3D-CRT (30 Gy). For each patient, we simulated MF (36 Gy) and INRT plans using VMAT and PT (30 Gy). Linear dose-response curves for the 20-, 25-, and 30-year risk of stroke were derived from published HL data. Risks of stroke with each technique were calculated for all patients. Statistical analyses were performed with repeated measures analysis of variance. **RESULTS:** The mean doses to the right and left common carotid artery were significantly lower with

modern treatment compared with MF, with substantial patient variability. The estimated excess risk of stroke after 20, 25, and 30 years was 0.6%, 0.86%, and 1.3% for 3D-CRT; 0.67%, 0.96%, and 1.47% for VMAT; 0.61%, 0.96%, and 1.33% for PT; and 1.3%, 1.72%, and 2.61% for MF. CONCLUSIONS: INRT reduces the dose delivered to the carotid arteries and corresponding estimated risk of stroke for HL survivors. Even for the subset of patients with lymphoma close to the carotid arteries, the estimated risk is low.

TÍTULO / TITLE: - Induction and Persistence of Large gammaH2AX Foci by High Linear Energy Transfer Radiation in DNA-dependent protein kinase-Deficient Cells.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Aug 22. pii: S0360-3016(13)02851-4. doi: 10.1016/j.ijrobp.2013.07.014.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.ijrobp.2013.07.014](#)

AUTORES / AUTHORS: - Bracalente C; Ibanez IL; Molinari B; Palmieri M; Kreiner A; Valda A; Davidson J; Duran H

INSTITUCIÓN / INSTITUTION: - Departamento de Micro y Nanotecnología, Comisión Nacional de Energía Atómica, San Martín, Buenos Aires, Argentina; Consejo Nacional de Investigaciones Científicas y Técnicas, Buenos Aires, Argentina.

RESUMEN / SUMMARY: - PURPOSE: To evaluate the cell response to DNA double-strand breaks induced by low and high linear energy transfer (LET) radiations when the catalytic subunit of DNA-dependent protein kinase (DNA-PKcs), an essential protein of the nonhomologous end-joining repair pathway, lacks kinase activity. METHODS AND MATERIALS: CHO10B2, a Chinese hamster ovary cell line, and its derived radiosensitive mutant cell line, irs-20, lacking DNA-PKcs activity, were evaluated after 0 to 3 Gy of gamma-rays, plateau and Bragg peak protons, and lithium beams by clonogenic assay, and as a measurement of double-strand breaks, phosphorylated H2AX (gammaH2AX) foci number and size were quantified by immunocytofluorescence. RESULTS: Irs-20 exhibited greater radiosensitivity and a higher amount of gammaH2AX foci than CHO10B2 at 6 hours after irradiation for all types of radiations. Remarkably, CHO10B2 and irs-20 maintained their difference in radiosensitivity after high-LET radiation. Six hours after low-LET radiations, irs-20 did not reach basal levels of gammaH2AX at high doses, whereas CHO10B2 recovered basal levels for all doses. After high-LET radiation, only CHO10B2 exhibited a reduction in gammaH2AX foci, but it never reached basal levels. Persistent foci in irs-20 confirmed a repair deficiency. Interestingly, after 30 minutes of high-LET radiation both cell lines exhibited large foci (size >0.9 μm²) related to the damage nature, whereas at 6 hours irs-20 showed a higher amount of large foci than CHO10B2, with a 7-fold increase at 3 Gy, that could also be associated to radiosensitivity. CONCLUSIONS: We demonstrated, for the first time, an association

between deficient DNA-PKcs activity and not only high levels of H2AX phosphorylation but also persistence and size increase of gammaH2AX foci after high-LET irradiation.

TÍTULO / TITLE: - Words of wisdom: Re: High-risk prostate cancer treated with pelvic radiotherapy and 36 versus 18 months of androgen blockade: results of a phase III randomized study [abstract 3].

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

REVISTA / JOURNAL: - Eur Urol. 2013 Sep;64(3):513. doi: 10.1016/j.eururo.2013.06.028.

●● Enlace al texto completo (gratis o de pago) [1016/j.eururo.2013.06.028](https://doi.org/10.1016/j.eururo.2013.06.028)

AUTORES / AUTHORS: - Bolla M

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TÍTULO / TITLE: - Population-based survival rate with a one- or two-stop referral pattern for patients with ruptured abdominal aortic aneurysms.

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

REVISTA / JOURNAL: - Int Angiol. 2013 Oct;32(5):492-500.

AUTORES / AUTHORS: - Hager J; Lundgren F

INSTITUCIÓN / INSTITUTION: - Department of Thoracic and Vascular surgery, The University Hospital, SE-58185 Linköping, Sweden. Jakob.Hager@Lio.se

RESUMEN / SUMMARY: - AIM: Is there a difference in the population-based survival rate for patients with ruptured abdominal aortic aneurysms (rAAA), handled by a “one-stop” or a “two-stop” referral pattern? METHODS: Ten regions in Sweden were identified where clear-cut “one-stop” or “two-stop” referral-patterns prevailed. From the Swedvasc Registry we identified 849 patients operated on for rAAA, 1987 to 2004, living in any of these ten regions, and related the number of survivors to the whole population served by each hospital. RESULTS: The population-based survival rate was 14% lower for patients following a “two-stop” compared to a “one-stop” referral pattern (P=0.084). For the group 65-74 years-of-age the difference was significant (P=0.021), but no corresponding effect was seen regarding operative mortality rate or sex. CONCLUSION: Compared to a “one-stop” referral pattern for rAAA, a “two-stop” referral pattern results in a lower population-based survival rate for patients 65-74 years old, but the consequences would be small even if a “one-stop” referral pattern could be generally accomplished.

TÍTULO / TITLE: - Mortality and Complications Following Prostate Biopsy in the PLCO Cancer Screening Trial.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jul 19. doi: 10.1111/bju.12368.

●● Enlace al texto completo (gratis o de pago) 1111/bju.12368

AUTORES / AUTHORS: - Pinsky PF; Parnes HL; Andriole G

INSTITUCIÓN / INSTITUTION: - Division of Cancer Prevention, NCI.

RESUMEN / SUMMARY: - **OBJECTIVE:** To examine mortality and morbidity following prostate biopsy in the intervention arm of the Prostate, Lung, Colorectal and Ovarian (PLCO) trial. **SUBJECTS AND METHODS:** PLCO abstractors recorded the types and dates of diagnostic follow-up procedures following positive screens and documented the types and dates of resultant complications. PLCO tracked participant cancers and deaths. The mortality rate in the 120-day period following prostate biopsy was compared to a control rate of deaths in the 120-day period following a negative screen in men without biopsy. Multivariate analysis was performed to control for potential confounders, including age, comorbidities and smoking. Rates of any, infectious and non-infectious complications were computed among men with negative biopsy; multivariate analysis examined risk factors for complications. **RESULTS:** Of 37,345 men enrolled in PLCO (intervention arm), 4861 had at least one biopsy following a positive screen and 28661 had a negative screen and no biopsy. The 120-day post-biopsy mortality rate was 0.95 (per 1,000), compared to the control group rate of 1.8; the multivariate RR was 0.49 (95% CI:0.2-1.1). Among 3706 negative biopsies, rates (per 1,000) of any, infectious and non-infectious complications were 20.2, 7.8 and 13.0, respectively. History of prostate enlargement or inflammation was significantly associated with increased rates of both infectious (OR=3.7) and non-infectious (OR=2.2) complications. Blacks had a higher infectious complications rate (OR=7.1); repeat biopsy was associated with lower rates of non-infectious complications (OR=0.3). **CONCLUSION:** There was no increased mortality following prostate biopsy in PLCO. Complications were relatively infrequent, with several risk factors identified.

TÍTULO / TITLE: - Re: Evaluation of acute toxicity and symptoms palliation in a hypofractionated weekly schedule of external radiotherapy for elderly patients with muscular invasive bladder cancer.

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

REVISTA / JOURNAL: - J Urol. 2013 Sep;190(3):865-6. doi: 10.1016/j.juro.2013.06.002. Epub 2013 Jun 7.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.06.002

AUTORES / AUTHORS: - Griebing T

TÍTULO / TITLE: - Re: Retrospective evaluation reveals that long-term androgen deprivation therapy improves cause-specific and overall survival in the setting of dose-escalated radiation for high-risk prostate cancer.

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

REVISTA / JOURNAL: - J Urol. 2013 Sep;190(3):878-9. doi: 10.1016/j.juro.2013.05.102. Epub 2013 Jun 7.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.05.102](#)

AUTORES / AUTHORS: - Taneja SS

TÍTULO / TITLE: - The number of involved extracranial organs: A new predictor of survival in breast cancer patients with brain metastasis.

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

REVISTA / JOURNAL: - Clin Neurol Neurosurg. 2013 Oct;115(10):2108-10. doi: 10.1016/j.clineuro.2013.07.030. Epub 2013 Aug 2.

●● Enlace al texto completo (gratis o de pago) [1016/j.clineuro.2013.07.030](#)

AUTORES / AUTHORS: - Gerdan L; Segedin B; Nagy V; Khoa MT; Trang NT; Schild SE; Rades D

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of Lubeck, Lubeck, Germany; Section of Nuclear Medicine, University of Lubeck, Lubeck, Germany.

RESUMEN / SUMMARY: - **OBJECTIVE:** This study was performed to investigate the potential impact of the number of involved extracranial organs on survival in patients with brain metastasis from breast cancer. **METHODS:** The data of 196 patients treated with whole-brain radiotherapy (WBRT) alone for brain metastases from breast cancer were retrospectively analyzed. Six potential prognostic factors were evaluated for associations with survival. These factors included WBRT regimen, age, Karnofsky performance score (KPS), number of brain metastases, interval from breast cancer diagnosis to WBRT, and the number of involved extracranial organs. **RESULTS:** The 6-month survival rates of patients with involvement of 0, 1, 2, 3 and ≥ 4 extracranial organs were 59%, 49%, 26%, 26% and 13%, respectively, and the 12-month survival rates were 45%, 36%, 17%, 17% and 13%, respectively ($p < 0.001$). On multivariate analysis, the number of involved extracranial organs (risk ratio 1.17; 95%-confidence interval 1.02-1.35; $p = 0.028$) maintained significance, as did KPS ($p < 0.001$), but not age ($p = 0.27$). **CONCLUSION:** The number of involved extracranial organs is an independent prognostic factor of survival in patients with brain metastasis from breast cancer.

TÍTULO / TITLE: - IL-7 promotes long-term in vitro survival of unique long-lived memory subset generated from mucosal effector memory CD4 T cells in chronic colitis mice.

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

REVISTA / JOURNAL: - Immunol Lett. 2013 Sep 23. pii: S0165-2478(13)00124-7. doi: 10.1016/j.imlet.2013.09.001.

●● Enlace al texto completo (gratis o de pago) [1016/j.imlet.2013.09.001](#)

AUTORES / AUTHORS: - Takahara M; Nemoto Y; Oshima S; Matsuzawa Y; Kanai T; Okamoto R; Tsuchiya K; Nakamura T; Yamamoto K; Watanabe M

INSTITUCIÓN / INSTITUTION: - Department of Gastroenterology and Hepatology, Graduate School, Tokyo Medical and Dental University, Tokyo 113-8519, Japan; Department of Gastroenterology and Hepatology, Okayama University Graduate School of Medicine, Dentistry and Pharmaceutical Sciences, Okayama City, Okayama 700-8558, Japan.

RESUMEN / SUMMARY: - Colitogenic memory CD4⁺ T cells are important in the pathogenesis of inflammatory bowel disease (IBD). Although memory stem cells with high survival and self-renewal capacity were recently identified in both mice and humans, it is unclear whether a similar subset is present in chronic colitis mice. We sought to identify and purify a long-lived subset of colitogenic memory CD4⁺ T cells, which may be targets for treatment of IBD. A long-lived subset of colitogenic memory CD4⁺ T cells was purified using a long-term culture system. The characteristics of these cells were assessed. Interleukin (IL)-7 promoted the in vitro survival for >8 weeks of lamina propria (LP) CD4⁺ T cells from colitic SCID mice previously injected with CD4⁺CD45RB^{high} T cells. These cells were in a quiescent state and divided a maximum of 5 times in 4 weeks. LP CD4⁺ T cells expressed higher levels of Bcl-2, integrin- α 4 β 7, CXCR3 and CD25 after than before culture, as well as secreting high concentrations of IL-2 and low concentrations of IFN- γ and IL-17 in response to intestinal bacterial antigens. LP CD4⁺ T cells from colitic mice cultured with IL-7 for 8 weeks induced more severe colitis than LP CD4⁺ T cells cultured for 4 weeks. We developed a novel culture system to purify a long-lived, highly pathogenic memory subset from activated LP CD4⁺ T cells. IL-7 promoted long-term in vitro survival of this subset in a quiescent state. This subset will be a novel, effective target for the treatment of IBD.

TÍTULO / TITLE: - Overexpression of CENP-H as a novel prognostic biomarker for human hepatocellular carcinoma progression and patient survival.

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

REVISTA / JOURNAL: - Oncol Rep. 2013 Nov;30(5):2238-44. doi: 10.3892/or.2013.2675. Epub 2013 Aug 20.

- [Enlace al texto completo \(gratis o de pago\) 3892/or.2013.2675](#)

AUTORES / AUTHORS: - Lu G; Shan T; He S; Ren M; Zhu M; Hu Y; Lu X; Zhang D

INSTITUCIÓN / INSTITUTION: - Department of Gastroenterology, First Affiliated Hospital of the Medical College, Xi'an Jiaotong University, Xi'an, Shaanxi 710061, P.R. China.

RESUMEN / SUMMARY: - Centromere protein H (CENP-H) has been shown to be significantly upregulated in many types of cancers and is associated with disrupted cell cycle regulation, cell proliferation and genetic instability. The aim of the present study was to explore the expression and localization of CENP-H in hepatocellular carcinoma (HCC) and determine whether its overexpression is a prognostic biomarker for HCC.

Reverse transcription-polymerase chain reaction (pcr), real-time qPCR and western blotting were used to compare CENP-H expression at the mRNA and protein levels in HCC samples and corresponding adjacent non-cancerous samples. CENP-H protein levels were determined in 60 paired paraffin-embedded HCC tissues using immunohistochemistry (IHC), and the correlation with clinicopathological features and patient prognosis was analyzed. In addition, an immunofluorescence assay was performed to test the expression and localization of CENP-H protein in HCC cells. Results showed that levels of CENP-H mRNA and protein were higher in HCC samples than in the corresponding adjacent non-cancerous samples. In 60 paired paraffin-embedded tissues, CENP-H was upregulated in the HCC samples (38/60, 63.3%) relative to the adjacent non-cancerous samples (21/60, 35%, $P=0.003$), and a higher level of upregulation was associated with tumor size ($P=0.032$); higher histological grade ($P=0.001$); more advanced TNM stage ($P=0.002$) and Chinese clinical stage ($P=0.008$); and poorer prognosis. In addition, consistent with the results of IHC, the immunofluorescence assay showed that CENP-H was localized in the nucleus of Hep3B cells. CENP-H was overexpressed in HCC, and its level of upregulation was an independent prognostic indicator, suggesting that CENP-H may be an effective therapeutic strategy for the treatment of HCC.

TÍTULO / TITLE: - Evaluation of the Usefulness of the Indocyanine Green Clearance Test for Chemotherapy-Associated Liver Injury in Patients with Colorectal Cancer Liver Metastasis.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Aug 20.

●● [Enlace al texto completo \(gratis o de pago\) 1245/s10434-013-3203-3](#)

AUTORES / AUTHORS: - Wakiya T; Kudo D; Toyoki Y; Ishido K; Kimura N; Narumi S; Kijima H; Hakamada K

INSTITUCIÓN / INSTITUTION: - Department of Gastroenterological Surgery, Hirosaki University Graduate School of Medicine, Hirosaki, Aomori, Japan,

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RESUMEN / SUMMARY: - BACKGROUND: The indocyanine green (ICG) clearance test is reported to be useful for the preoperative evaluation of hepatic functional reserve. However, the ICG clearance test has not been sufficiently investigated in patients with colorectal liver metastasis after chemotherapy. The aim of the present study was to evaluate whether the ICG clearance test is a useful parameter for the preoperative detection of chemotherapy-associated liver injury. METHODS: Ninety-four patients undergoing liver resection for colorectal liver metastasis after chemotherapy were studied. The medical records for each case were retrospectively reviewed. They underwent pathological assessment to clarify the degree of histopathological liver injury of the nontumoral liver parenchyma. In addition, the correlation between the

pathological score and the ICG retention rate at 15 min (ICG-R15) was analyzed. RESULTS: Sinusoidal injury was observed in the 31 of 94 patients. Steatohepatitis was observed in the 40 of 94 patients. There was no strong correlation between the preoperative ICG-R15 value and the sinusoidal pathological score ($r = 0.117$, $P = 0.261$). There was no strong correlation between the ICG-R15 and the nonalcoholic fatty liver disease activity score ($r = 0.215$, $P = 0.037$). CONCLUSIONS: It was difficult to predict the degree of chemotherapy-associated liver injury by the preoperative ICG-R15 value. It is necessary to estimate the hepatic functional reserve based on a combination of several clinical indicators without relying on the ICG test, in order to perform a safe radical liver resection.

TÍTULO / TITLE: - Atypical and malignant meningioma: outcome and prognostic factors in 68 irradiated patients.

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

REVISTA / JOURNAL: - J Neurooncol. 2013 Sep 18.

●● Enlace al texto completo (gratis o de pago) 1007/s11060-013-1239-7

AUTORES / AUTHORS: - Detti B; Scoccianti S; Di Cataldo V; Monteleone E; Cipressi S; Bordi L; Pellicano G; Gadda D; Saieva C; Greto D; Pecchioli G; Buccoliero A; Ceroti M; Ammannati F; Biti G

INSTITUCIÓN / INSTITUTION: - Radioterapia, Azienda Ospedaliero-Universitaria Careggi, Viale Morgagni 85, 50144, Florence, Italy, beatrice.detti@aouc.unifi.it.

RESUMEN / SUMMARY: - Meningiomas account for up to 20 % of all primary intracranial neoplasms; although the majority of these have a benign course, as many as 5-10 % can display more aggressive behavior and a higher incidence of disease progression. The benefit of immediate adjuvant radiotherapy is still being debated for atypical and malignant meningiomas. This study aimed to retrospectively assess prognostic factors and outcome in 68 patients with atypical and malignant meningiomas. Sixty-eight meningioma patients were treated with radiotherapy after initial resection or for recurrence, between January 1993 and December 2011. Surgery was macroscopically complete in 80 % of the patients; histology was atypical and malignant in 51 patients and 17 patients, respectively. Mean dose of radiotherapy was 54.6 Gy. Fifty-six percent of all patients received radiotherapy after surgical resection, 26 % at the first relapse, and 18 % at the second relapse. Median follow-up was 6.7 years, (range 1.5-19.9 years). The 5- and 10-year actuarial overall survival (OS) rates were 74.1 and 45.6 %, respectively. At univariate analysis age >60 years, radiotherapy dose >52 Gy showed statistical significance, ($p = 0.04$ and $p = 0.03$, respectively). At the multivariate analysis radiotherapy dose >52 Gy maintained the statistical significance, ($p = 0.037$). OS of patients treated with radiotherapy at diagnosis was longer than the survival of patients treated with salvage radiotherapy; however this difference did not reach statistical significance when tested for the entire series or for the subgroups of grade 2 and

grade 3 patients. The 5- and 10-year disease-free survival (DFS) rates were 76.5 and 69.5 %, respectively, and were significantly influenced by size >5 cm (p = 0.04) and grading (p = 0.003) on univariate analysis. At multivariate analysis, size and grading both remained significant prognostic factors, p = 0.044 and p = 0.0006, respectively. Grade \leq 2 acute side effects were seen during radiotherapy treatment in 16 % of the patients, with no \geq grade 3 acute toxicity, based on the Common Terminology Criteria for Adverse Events. In this mono-institutional retrospective study, age and radiotherapy dose were associated with a longer OS, while preoperative size and grading of the tumor influenced DFS. Although there were some advantages in terms of OS for patients treated with postoperative radiotherapy, the benefit did not reach the significance. Multicenter prospective studies are necessary to clarify the management and the correct timing of radiotherapy in such a rare disease.

TÍTULO / TITLE: - Refining Patient Selection for Neoadjuvant Chemotherapy Prior to Radical Cystectomy.

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

REVISTA / JOURNAL: - J Urol. 2013 Jul 30. pii: S0022-5347(13)05010-6. doi: 10.1016/j.juro.2013.07.061.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.07.061

AUTORES / AUTHORS: - Culp SH; Dickstein RJ; Grossman HB; Pretzsch SM; Porten S; Daneshmand S; Cai J; Groshen S; Siefker-Radtke A; Millikan RE; Czerniak B; Navai N; Wszolek MF; Kamat AM; Dinney CP

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Virginia, University of Texas M.D. Anderson Cancer Center.

RESUMEN / SUMMARY: - **PURPOSE:** We evaluated survival of patients with muscle-invasive bladder cancer undergoing radical cystectomy without neoadjuvant chemotherapy to confirm the utility of existing clinical tools to identify low risk patients who could be treated with radical cystectomy alone and a high risk group most likely to benefit from neoadjuvant chemotherapy. **MATERIALS AND METHODS:** We identified patients with muscle-invasive bladder cancer undergoing radical cystectomy without neoadjuvant chemotherapy at our institution between 2000 and 2010. Patients were deemed high risk based on the clinical presence of hydronephrosis, cT3b-T4a disease, and/or histologic evidence of lymphovascular invasion, micropapillary or neuroendocrine features on transurethral resection. We evaluated survival (disease-specific, progression-free, and overall) and rate of pathological upstaging. An independent cohort of patients from a separate institution was used to confirm our findings. **RESULTS:** We identified 98 high risk and 199 low risk patients eligible for analysis. High risk patients exhibited decreased five-year overall survival (47.0 vs. 64.8%) and decreased disease-specific (64.3 vs. 83.5%) and progression-free (62.0 vs. 84.1%) survival probabilities compared to low risk

patients ($p < 0.001$). Survival outcomes were confirmed in the validation subset. On final pathology, 49.2% of low risk patients were upstaged. CONCLUSIONS: Five-year disease-specific survival of low risk patients was above 80%, supporting the distinction of high and low risk muscle-invasive bladder cancer. The presence of high risk features identifies patients with a poor prognosis who are most likely to benefit from neoadjuvant chemotherapy, while many of those who are low risk can undergo upfront surgery with good expectations and avoid chemotherapy-associated toxicity.

TÍTULO / TITLE: - Applicability of gene expression profile of childhood acute lymphoblastic leukemia at diagnosis and at the end of the induction phase of chemotherapy at a cancer hospital in the state of Goiás (Brazil).

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

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

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-1192-2](#)

AUTORES / AUTHORS: - Minasi LB; Godoy FR; E Silva DD; Vieira TC; da Silva CC; da Cruz AD

INSTITUCIÓN / INSTITUTION: - Programa de Pos-Graduacao Stricto Senso em Biologia, Instituto de Ciencias Biologicas, Universidade Federal de Goiás, Goiania, Goiás, Brazil, lysabernardes@yahoo.com.br.

RESUMEN / SUMMARY: - The present study compared the gene expression pattern of some previously described genes at the time of diagnosis and after induction chemotherapy for childhood acute lymphoblastic leukemia (ALL) in patients submitted to Brazilian Childhood Leukemia Treatment Group (GBTLI) ALL-99 Protocol. Samples were obtained at the time of diagnosis from 16 patients with ALL and on the 28th day of induction chemotherapy the bone marrow samples were obtained from 12 children. The genes expression profiles in diagnostic and induction samples were analyzed by array-based qPCR and then related to the clinical and biological prognostic factors. The results showed significant associations ($p \leq 0.05$) between gender and immunophenotype, immunophenotype and age, immunophenotype and risk group, presence of CD10 and RUNX1 expression, risk group, and immunophenotype. A significant positive correlation was observed between the expression levels of BAX and BCL2. There was a significant difference ($p = 0.008$) between the gene expression pattern at the time of diagnosis and after induction chemotherapy. The expression pattern of these genes after the induction phase of treatment approached the expression profile of the control group, indicating a good induction response in children treated according to the GBTLI ALL-99 protocol. The findings of the current research could be routinely useful for clinical practice and could assist in the discovery phase of medical applications.

TÍTULO / TITLE: - The current spectrum of infection in cancer patients with chemotherapy related neutropenia.

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

REVISTA / JOURNAL: - Infection. 2013 Aug 23.

●● Enlace al texto completo (gratis o de pago) [1007/s15010-013-0525-9](#)

AUTORES / AUTHORS: - Neshler L; Rolston KV

INSTITUCIÓN / INSTITUTION: - Department of Infectious Diseases, Infection Control and Employee Health, The University of Texas MD Anderson Cancer Center, 1515 Holcombe Blvd. (Unit 1460), Houston, TX, 77030, USA.

RESUMEN / SUMMARY: - Despite advancements in the treatment and supportive care of patients with malignant disorders, neutropenia remains the major side effect of most antineoplastic regimens. Infections occur frequently in neutropenic patients and are associated with considerable morbidity and mortality. The spectrum of infection continues to change, and is influenced by various factors including local epidemiology, the use of chemoprophylaxis, and the use of central venous catheters and other medical devices. Bacterial infections are common in the early stages of neutropenia, with fungal infections emerging if neutropenia persists beyond 7-10 days. Gram-positive organisms cause most bacteremic infections (although this trend appears to be changing), whereas infections at other sites are often caused by Gram-negative bacilli or are polymicrobial, especially if deep tissue infection is present. *Candida* spp., and *Aspergillus* spp., remain the most common fungal pathogens, although several opportunistic fungi have emerged. Resistance to antimicrobial and antifungal agents commonly used for the prevention and treatment of infections in neutropenic patients has become a significant problem. The prompt administration of appropriate, empiric, antimicrobial therapy, prior to the availability of microbiological culture results, is the standard of care. Up to date knowledge of the spectrum of infection and local susceptibility/resistance patterns, is critical. In this report, we describe the current spectrum of infection in patients with malignancies and neutropenia, and emphasize the fact that local and geographic differences are not infrequent. We recommend that individual institutions conduct periodic epidemiological surveys in order to have the latest data available for the optimal management of their patients.

TÍTULO / TITLE: - Radiation-Induced Bystander Signaling from Somatic Cells to Germ Cells in *Caenorhabditis elegans*.

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

REVISTA / JOURNAL: - Radiat Res. 2013 Sep;180(3):268-75. doi: 10.1667/RR3218.1. Epub 2013 Aug 9.

●● Enlace al texto completo (gratis o de pago) [1667/RR3218.1](#)

AUTORES / AUTHORS: - Guo X; Sun J; Bian P; Chen L; Zhan F; Wang J; Xu A; Wang Y; Hei TK; Wu L

INSTITUCIÓN / INSTITUTION: - a Key Laboratory of Ion Beam Bioengineering, Hefei Institutes of Physical Science, Chinese Academy of Sciences, PO Box 1138, Hefei, Anhui 230031, PR China;

RESUMEN / SUMMARY: - Recently, radiation-induced bystander effects (RIBE) have been studied in mouse models in vivo, which clearly demonstrated bystander effects among somatic cells. However, there is currently no evidence for RIBE between somatic cells and germ cells in animal models in vivo. In the current study, the model animal *Caenorhabditis elegans* was used to investigate the bystander signaling from somatic cells to germ cells, as well as underlying mechanisms. *C. elegans* body size allows for precise microbeam irradiation and the abundant mutant strains for genetic dissection relative to currently adopted mouse models make it ideal for such analysis. Our results showed that irradiation of posterior pharynx bulbs and tails of *C. elegans* enhanced the level of germ cell apoptosis in bystander gonads. The irradiation of posterior pharynx bulbs also increased the level of DNA damage in bystander germ cells and genomic instability in the F1 progeny of irradiated worms, suggesting a potential carcinogenic risk in progeny even only somatic cells of parents are exposed to ionizing radiation (IR). It was also shown that DNA damage-induced germ cell death machinery and MAPK signaling pathways were both involved in the induction of germ cell apoptosis by microbeam induced bystander signaling, indicating a complex cooperation among multiple signaling pathways for bystander effects from somatic cells to germ cells.

TÍTULO / TITLE: - A Randomized Comparison of Dihydroartemisinin-Piperaquine and Artesunate-Amodiaquine Combined With Primaquine for Radical Treatment of Vivax Malaria in Sumatera, Indonesia.

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

REVISTA / JOURNAL: - J Infect Dis. 2013 Aug 28.

●● [Enlace al texto completo \(gratis o de pago\) 1093/infdis/jit407](#)

AUTORES / AUTHORS: - Pasaribu AP; Chokejindachai W; Sirivichayakul C; Tanomsing N; Chavez I; Tjitra E; Pasaribu S; Imwong M; White NJ; Dondorp AM

INSTITUCIÓN / INSTITUTION: - Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand.

RESUMEN / SUMMARY: - Background. A high prevalence of chloroquine-resistant *Plasmodium vivax* in Indonesia has shifted first-line treatment to artemisinin-based combination therapies, combined with primaquine (PQ) for radical cure. Which combination is most effective and safe remains to be established. Methods. We conducted a prospective open-label randomized comparison of 14 days of PQ (0.25 mg base/kg) plus either artesunate-amodiaquine (AAQ + PQ) or dihydroartemisinin-piperaquine (DHP + PQ) for the treatment of uncomplicated monoinfection *P. vivax* malaria in North Sumatera, Indonesia. Patients were randomized and treatments were given without prior testing for G6PD status. The primary outcome was parasitological

failure at day 42. Patients were followed up to 1 year. Results. Between December 2010 and April 2012, 331 patients were included. After treatment with AAQ + PQ, recurrent infection occurred in 0 of 167 patients within 42 days and in 15 of 130 (11.5%; 95% confidence interval [CI], 6.6%-18.3%) within a year. With DHP + PQ, this was 1 of 164 (0.6%; 95% CI, 0.01%-3.4%) and 13 of 143 (9.1%; 95% CI, 4.9%-15.0%), respectively ($P > .2$). Intravascular hemolysis occurred in 5 patients, of which 3 males were hemizygous for the G6PD-Mahidol mutation. Minor adverse events were more frequent with AAQ + PQ. Conclusions. In North Sumatera, Indonesia, AAQ and DHP, both combined with PQ, were effective for blood-stage parasite clearance of uncomplicated *P. vivax* malaria. Both treatments were safe, but DHP + PQ was better tolerated. Clinical Trials Registration. NCT01288820.

TÍTULO / TITLE: - Longer waiting times for patients undergoing colorectal cancer surgery are not associated with decreased survival.

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

REVISTA / JOURNAL: - J Surg Oncol. 2013 Aug 22. doi: 10.1002/jso.23412.

●● [Enlace al texto completo \(gratis o de pago\) 1002/jso.23412](#)

AUTORES / AUTHORS: - Helewa RM; Turner D; Park J; Wirtzfeld D; Czaykowski P; Hochman D; Singh H; Shu E; McKay A

INSTITUCIÓN / INSTITUTION: - The University of Manitoba, Department of Surgery, Winnipeg, Manitoba.

RESUMEN / SUMMARY: - BACKGROUND AND OBJECTIVES: Wait times are a growing concern in Canada's publicly-funded healthcare system. We sought to determine if increased wait times for colorectal cancer (CRC) treatments resulted in worse outcomes. METHODS: A population-based retrospective cohort analysis of wait times for CRC patients undergoing major surgical resections in Manitoba, Canada, between 2004 and 2006 was undertaken. Administrative records were utilized to estimate total wait time (TWT), defined as the sum of time from index contact with the healthcare system to diagnosis of CRC (diagnostic wait time [DWT]) and the time from diagnosis to first cancer treatment (treatment wait time [TxWT]). Multivariate Cox regression analysis of 5-year overall survival was performed to determine the effect of TWT quartiles on survival. RESULTS: One thousand six hundred twenty eight patients with stage I-IV CRC underwent major surgery with a median TWT of 95 days. Predictors of lower 5-year survival included advanced age, higher stage, lower economic status, increased medical comorbidity, urgent presentation, living between 101 and 500 km from the Provincial cancer center, and not receiving adjuvant chemotherapy. After controlling for these variables, TWT quartiles were not associated with survival ($P = 0.4898$). CONCLUSIONS: On a population basis, increased TWT was not associated with worse survival, while controlling for important confounders. J. Surg. Oncol. © 2013 Wiley Periodicals, Inc.

TÍTULO / TITLE: - Non-irradiated female survivors of childhood acute lymphoblastic leukaemia are at risk of long-term increases in weight and body mass index.

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

REVISTA / JOURNAL: - Br J Haematol. 2013 Sep 14. doi: 10.1111/bjh.12552.

●● Enlace al texto completo (gratis o de pago) [1111/bjh.12552](#)

AUTORES / AUTHORS: - Harper RL; Breene RA; Gattens M; Williams RM; Murray MJ

INSTITUCIÓN / INSTITUTION: - Department of Paediatric Endocrinology, University of Cambridge, Cambridge, UK.

RESUMEN / SUMMARY: - We report long-term, including final height, auxological data from our retrospective study of non-irradiated survivors of childhood acute lymphoblastic leukaemia (ALL). Body mass index (BMI) standard deviation score (SDS) increases in females, due to increased weight-SDS, persisted to final height, with probable adverse long-term health outcomes. In contrast, males demonstrated increased BMI-SDS in follow-up, due to reduced height-SDS, not increased weight-SDS, but such changes had resolved by final height. Childhood ALL survivors, particularly females, are therefore at potential increased risk of developing the metabolic syndrome during follow-up. We recommend that strategies to minimize weight gain should be implemented during ALL treatment.

TÍTULO / TITLE: - PPARgamma activation inhibits growth and survival of human endometriotic cells by suppressing estrogen biosynthesis and PGE2 signaling.

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

REVISTA / JOURNAL: - Endocrinology. 2013 Sep 24.

●● Enlace al texto completo (gratis o de pago) [1210/en.2013-1168](#)

AUTORES / AUTHORS: - Lebovic DI; Kavoussi SK; Lee J; Banu SK; Arosh JA

INSTITUCIÓN / INSTITUTION: - 1 Department of Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility, University of Wisconsin, Madison, WI, 53792, U.S.A.

RESUMEN / SUMMARY: - Endometriosis is a chronic inflammatory disease of reproductive-age women leading to chronic pelvic pain and infertility. Current anti-estrogen therapies are temporizing measures and endometriosis often recurs. Potential nonestrogenic or nonsteroidal targets are needed for treating endometriosis. Peroxisome proliferator-activated receptor gamma (PPARgamma), a nuclear receptor is activated by thiazolidinediones (TZDs). In experimental endometriosis, TZDs inhibit growth of endometriosis. Clinical data suggest potential use of TZDs for treating pain and fertility concurrently in endometriosis patients. Study objectives were to: (i) determine the effects of PPARgamma action on growth and survival of human endometriotic epithelial and stromal cells and (ii) identify the underlying molecular

links between PPARgamma activation and cell cycle regulation, apoptosis, estrogen biosynthesis, and PGE2 biosynthesis and signaling in human endometriotic epithelial and stromal cells. Results indicate that activation of PPARgamma by TZD ciglitazone (i) inhibits growth of endometriotic epithelial cells 12Z up to 35% and growth of endometriotic stromal cells 22B up to 70% through altered cell cycle regulation and intrinsic apoptosis, (ii) decreases expression of PGE2 receptors EP2 and EP4 mRNAs in 12Z and 22B cells, and (iii) inhibits expression and function of P450aromatase mRNA and protein and estrone production in 12Z and 22B cells through EP2 and EP4 in a stromal-epithelial cell specific manner. Collectively, these results indicate that PGE2 receptors EP2 and EP4 mediate actions of PPARgamma by incorporating multiple cell signaling pathways. Activation of PPARgamma combined with inhibition of EP2 and EP4 may emerge as novel nonsteroidal therapeutic targets for endometriosis-associated pain and infertility, if clinically proven safe and efficacious.

TÍTULO / TITLE: - Quality assurance of conventional non-CT-based internal mammary lymph node irradiation in a prospective Danish Breast Cancer Cooperative Group trial: The DBCG-IMN study.

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

REVISTA / JOURNAL: - Acta Oncol. 2013 Oct;52(7):1526-34. doi: 10.3109/0284186X.2013.813643. Epub 2013 Aug 19.

●● [Enlace al texto completo \(gratis o de pago\) 3109/0284186X.2013.813643](#)

AUTORES / AUTHORS: - Thorsen LB; Thomsen MS; Overgaard M; Overgaard J; Offersen BV

INSTITUCIÓN / INSTITUTION: - Department of Experimental Clinical Oncology, Aarhus University Hospital , Aarhus , Denmark.

RESUMEN / SUMMARY: - Abstract In 2003, the Danish Breast Cancer Cooperative Group (DBCG) initiated DBCG-IMN, a prospective study on the effect of adjuvant internal mammary lymph node radiotherapy (IMN-RT) in patients with early lymph node positive breast cancer (BC). In the study, standard DBCG IMN-RT was provided only to patients with right-sided BC. We provide estimates of doses to IMNs and organs at risk (OARs) in patients treated with the non-CT-based RT techniques used during the DBCG-IMN study. Material and methods. Five DBCG RT regimens were simulated on planning CT scans from 50 consecutively scanned BC patients, 10 in each group. Intended target volumes were chest wall or breast and regional lymph nodes +/- IMNs. Field planning was conducted in the Eclipse™ RT treatment planning system. Subsequently, IMN clinical target volumes (CTVs) and OARs were delineated. Estimates on doses to the IMN-CTV and OARs were made. Results. IMN dose coverage estimates were consistently higher in right-sided techniques where IMN treatment was intended (p < 0.0001). Estimated doses to cardiac structures were low regardless of whether IMNs were treated or not. Post-lumpectomy patients had the highest estimated lung

doses. Conclusion. Overall, simulator-based treatment using the DBCG RT techniques resulted in satisfactory coverage of IMNs and acceptable levels of OAR irradiation.

TÍTULO / TITLE: - Localized conventional radiotherapy in the treatment of Mycosis Fungoides: our experience in 100 patients.

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

REVISTA / JOURNAL: - J Eur Acad Dermatol Venereol. 2013 Sep 3. doi: 10.1111/jdv.12254.

●● Enlace al texto completo (gratis o de pago) [1111/jdv.12254](#)

AUTORES / AUTHORS: - Piccinno R; Caccialanza M; Cuka E; Recalcati S

INSTITUCIÓN / INSTITUTION: - Servizio di Fotoradioterapia, UO Dermatologia, Fondazione IRCCS Ca' Granda, Ospedale Maggiore Policlinico, Milano, Italy.

RESUMEN / SUMMARY: - BACKGROUND: Radiotherapy (RT) is one of the treatments of choice as skin-directed therapy in Mycosis Fungoides (MF), both in first stages of the disease as total skin electron beam irradiation and in tumoural stage as localized treatment with conventional energies or electrons. OBJECTIVE: Through a retrospective study, to evaluate the results of localized superficial RT in a series of 100 patients affected by MF. METHODS: All the patients, after diagnosis supported by histological and immunophenotyping investigations, have been treated with conventional RT (range 50-150 kV) and a total dose ranging from 9 to 40 Gy. RESULTS: Complete remission of the irradiated lesion has been observed in 88%, partial remission in 6% and non-response in 2%. Four patients were lost to follow-up. Local relapse has been observed in 13 lesions, with a local control rate of 85% after 5 years from the end of RT. Cosmetic results have been good and acceptable in 93% of cases. The treatment has been always well tolerated. The results confirm to be dose dependent, and show that better response is found in the range of higher energies. CONCLUSION: Localized RT is an effective and safe tool in the care and palliation of MF.

TÍTULO / TITLE: - Obstetric outcomes of patients undergoing total laparoscopic radical trachelectomy for early stage cervical cancer.

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

REVISTA / JOURNAL: - Gynecol Oncol. 2013 Aug 1. pii: S0090-8258(13)01073-1. doi: 10.1016/j.ygyno.2013.07.108.

●● Enlace al texto completo (gratis o de pago) [1016/j.ygyno.2013.07.108](#)

AUTORES / AUTHORS: - Ebisawa K; Takano M; Fukuda M; Fujiwara K; Hada T; Ota Y; Kurotsuchi S; Kanao H; Andou M

INSTITUCIÓN / INSTITUTION: - Department of Obstetrics and Gynecology, Kurashiki Medical Center, Japan. Electronic address: eastfield@mac.com.

RESUMEN / SUMMARY: - OBJECTIVE: To assess the obstetric outcomes of our total laparoscopic radical trachelectomy (TLRT) cases for early stage cervical cancer. MATERIALS AND METHODS: A total of 56 patients who underwent TLRT between December 2001 and August 2012 were reviewed retrospectively using clinicopathological, surgical, and follow-up data from patients' medical records. RESULTS: We performed this operation on 56 patients during the study period. The mean age of these 56 patients was 31.9years (range 22-42years). Fifty-three patients' fertility was preserved without requiring post-operative adjuvant treatment. Twenty-five women attempted to conceive, of whom 13 succeeded for a total of 21 pregnancies (52% pregnancy rate). Ten of these 21 pregnancies were the result of assisted reproductive technologies. Of those, 5 resulted in first trimester miscarriages, 2 in second trimester miscarriages, and 13 in live births. Ten pregnancies reached the third trimester. Preterm premature rupture of membranes (8/13, 61.5%) was the most common complication during pregnancy. The rate of preterm delivery was 47.6%. Three patients delivered at 22-28weeks of gestational age. Two of these babies showed permanent damage: one has cerebral palsy; the other has developmental retardation. One pregnancy is ongoing. CONCLUSION: TLRT is a useful technique associated with an excellent pregnancy rate in fertility-preserving surgery to treat early stage cervical cancer.

TÍTULO / TITLE: - Pustulosis acuta generalisata following chemotherapy in an HIV-positive patient.

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

REVISTA / JOURNAL: - Int J STD AIDS. 2013 Jul 11.

●● Enlace al texto completo (gratis o de pago) [1177/0956462413491080](https://doi.org/10.1177/0956462413491080)

AUTORES / AUTHORS: - Ripa M; Chiappetta S; Nozza S

INSTITUCIÓN / INSTITUTION: - San Raffaele Scientific Institute, Department of Infectious Diseases, Milano, Italy.

RESUMEN / SUMMARY: - Pustulosis acuta generalisata is an uncommon condition characterized by scattered symmetrical eruption of sterile pustules associated with elevated inflammatory markers, leukocytosis, fever and arthropathy caused by previous infection by group A streptococci (GAS). We reported here a case of Pustulosis acuta generalisata in an HIV-positive patient recently treated with chemotherapy for a seminoma.

TÍTULO / TITLE: - Incidence and Predictors of Understaging in Patients with Clinical T1 Urothelial Carcinoma Undergoing Radical Cystectomy.

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

REVISTA / JOURNAL: - BJU Int. 2013 May 23. doi: 10.1111/bju.12245.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12245](https://doi.org/10.1111/bju.12245)

AUTORES / AUTHORS: - Ark JT; Keegan KA; Barocas DA; Morgan TM; Resnick MJ; You C; Cookson MS; Penson DF; Davis R; Clark PE; Smith JA Jr; Chang SS

INSTITUCIÓN / INSTITUTION: - Vanderbilt University Medical Center, Department of Urologic Surgery, Nashville, TN, US.

RESUMEN / SUMMARY: - **OBJECTIVE:** To evaluate predictors of understaging in patients with presumed non-muscle invasive bladder cancer (NMIBC) identified on transurethral resection of bladder tumor (TURBT) who underwent radical cystectomy (RC) with attention to the role of a restaging TURBT. **MATERIALS AND METHODS:** We retrospectively evaluated 279 consecutive patients with clinically staged T1 (cT1) disease following TURBT who underwent RC at our institution from April 2000 to July 2011. 60 of these cT1 patients had undergone a restaging TURBT prior to RC. The primary outcome measure was pathological staging of T2 or greater disease at the time of RC. **RESULTS:** 134 (48.0%) patients were understaged. Of the 60 patients who remained cT1 after a restaging TURBT, 28 (46.7%) were understaged. Solitary tumor (OR 0.43, 95% CI 0.25-0.76, $p = 0.004$) and fewer prior TURBTs (OR 0.84, 95% CI 0.71 - 1.00, $p = 0.05$) were independent risk factors for understaging. **CONCLUSIONS:** Despite the overall improvement in staging accuracy linked to restaging TURBTs, the risk of clinical understaging remains high in restaged patients found to have persistent T1 urothelial carcinoma who undergo RC. Solitary tumor and fewer prior TURBTs are independent risk factors for being understaged. Incorporating these predictors into preoperative risk stratification may allow for augmented identification of those patients with clinical NMIBC who stand to benefit most from RC.

TÍTULO / TITLE: - HER2-overexpressing breast cancer: FDG uptake after two cycles of chemotherapy predicts the outcome of neoadjuvant treatment.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Sep 3;109(5):1157-64. doi: 10.1038/bjc.2013.469. Epub 2013 Aug 13.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.469](https://doi.org/10.1038/bjc.2013.469)

AUTORES / AUTHORS: - Groheux D; Giacchetti S; Hatt M; Marty M; Vercellino L; de Roquancourt A; Cuvier C; Coussy F; Espie M; Hindie E

INSTITUCIÓN / INSTITUTION: - [1] Nuclear Medicine, Saint-Louis Hospital, 1 avenue Claude Vellefaux, Paris 75475, France [2] B2T, Doctoral School, IUH, University of Paris VII, Paris, France.

RESUMEN / SUMMARY: - **Background:** Pathologic complete response (pCR) to neoadjuvant treatment (NAT) is associated with improved survival of patients with HER2+ breast cancer. We investigated the ability of interim positron emission tomography (PET) regarding early prediction of pathology outcomes. **Methods:** During 61 months, consecutive patients with locally advanced or large HER2+ breast cancer

patients without distant metastases were included. All patients received NAT with four cycles of epirubicin+cyclophosphamide, followed by four cycles of docetaxel+trastuzumab. (18)F-fluorodeoxyglucose ((18)F-FDG)-PET/computed tomography (CT) was performed at baseline (PET1) and after two cycles of chemotherapy (PET2). Maximum standardised uptake values were measured in the primary tumour as well as in the axillary lymph nodes. The correlation between pathologic response and SUV parameters (SUVmax at PET1, PET2 and DeltaSUVmax) was examined with the t-test. The predictive performance regarding the identification of non-responders was evaluated using receiver operating characteristics (ROC) analysis. Results: Thirty women were prospectively included and 60 PET/CT examination performed. At baseline, 22 patients had PET+ axilla and in nine of them (18)F-FDG uptake was higher than in the primary tumour. At surgery, 14 patients (47%) showed residual tumour (non-pCR), whereas 16 (53%) reached pCR. Best prediction was obtained when considering the absolute residual SUVmax value at PET2 (AUC=0.91) vs 0.67 for SUVmax at PET1 and 0.86 for DeltaSUVmax. The risk of non-pCR was 92.3% in patients with any site of residual uptake >3 at PET2, no matter whether in breast or axilla, vs 11.8% in patients with uptake <=3 (P=0.0001). The sensitivity, specificity, PPV, NPV and overall accuracy of this cutoff were, respectively: 85.7%, 93.8%, 92.3%, 88.2% and 90%. Conclusion: The level of residual (18)F-FDG uptake after two cycles of chemotherapy predicts residual disease at completion of NAT with chemotherapy+trastuzumab with high accuracy. Because many innovative therapeutic strategies are now available (e.g., addition of a second HER2-directed therapy or an antiangiogenic), early prediction of poor response is critical.

TÍTULO / TITLE: - High-dose chemotherapy with autologous stem cell support as salvage therapy in recurrent gestational trophoblastic disease.

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

REVISTA / JOURNAL: - Int J Gynecol Cancer. 2013 Sep;23(7):1331-3. doi: 10.1097/IGC.0b013e3182a017fc.

●● Enlace al texto completo (gratis o de pago) [1097/IGC.0b013e3182a017fc](#)

AUTORES / AUTHORS: - Benigno BB

INSTITUCIÓN / INSTITUTION: - Gynecologic Oncology, Northside Hospital, Atlanta, GA, USA. benedict.benigno@ugynonc.com

RESUMEN / SUMMARY: - BACKGROUND: Gestational trophoblastic disease usually follows a molar pregnancy but can occur also after an abortion or a term pregnancy. In only 10% of cases will treatment be required; and usually, single-agent chemotherapy will suffice. In high-risk disease, the multiagent regimen EMA-CO is usually used; and if that fails, most oncologists will use the EMA-EP regimen. If this does not produce a remission, there is no unanimity of opinion as to how to proceed. Numerous salvage regimens are in current use, and some centers do not consider high-dose

chemotherapy. CASE: A young woman presented 4 months after a normal spontaneous delivery with an elevated human chorionic gonadotropin level and multiple pulmonary metastases. She failed both the EMA-CO and EMA-EP regimens as well as additional standard chemotherapy. She was then treated with 4 separate courses of high-dose chemotherapy with autologous stem cell support, which produced a complete remission. CONCLUSION: Even patients with high-risk gestational trophoblastic disease are usually cured with standard chemotherapy. Patients who fail such treatment should be considered for high-dose chemotherapy.

TÍTULO / TITLE: - Notch1 Is Required for Kras-Induced Lung Adenocarcinoma and Controls Tumor Cell Survival via p53.

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

REVISTA / JOURNAL: - Cancer Res. 2013 Oct 1;73(19):5974-5984. Epub 2013 Aug 13.

●● [Enlace al texto completo \(gratis o de pago\) 1158/0008-5472.CAN-13-1384](#)

AUTORES / AUTHORS: - Licciulli S; Avila JL; Hanlon L; Troutman S; Cesaroni M; Kota S; Keith B; Simon MC; Pure E; Radtke F; Capobianco AJ; Kissil JL

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Department of Cancer Biology, The Scripps Research Institute, Jupiter; Molecular Oncology Program, DeWitt Daughtry Family Department of Surgery and Sylvester Comprehensive Cancer Center, University of Miami Miller School of Medicine, Miami, Florida; The Wistar Institute; Fels Institute for Cancer Research and Molecular Biology, Temple University School of Medicine; Department of Cancer Biology, Abramson Family Cancer Research Institute; and Department of Cell and Developmental Biology, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania; and Ecole Polytechnique Federale de Lausanne, EPFL SV ISREC, Lausanne, Switzerland.

RESUMEN / SUMMARY: - The Notch pathway has been implicated in a number of malignancies with different roles that are cell- and tissue-type dependent. Notch1 is a putative oncogene in non-small cell lung cancer (NSCLC) and activation of the pathway represents a negative prognostic factor. To establish the role of Notch1 in lung adenocarcinoma, we directly assessed its requirement in Kras-induced tumorigenesis in vivo using an autochthonous model of lung adenocarcinoma with concomitant expression of oncogenic Kras and deletion of Notch1. We found that Notch1 function is required for tumor initiation via suppression of p53-mediated apoptosis through the regulation of p53 stability. These findings implicate Notch1 as a critical effector in Kras-driven lung adenocarcinoma and as a regulator of p53 at a posttranslational level. Moreover, our study provides new insights to explain, at a molecular level, the correlation between Notch1 activity and poor prognosis in patients with NSCLC carrying wild-type p53. This information is critical for design and implementation of new therapeutic strategies in this cohort of patients representing 50% of NSCLC cases. Cancer Res; 73(19); 5974-84. ©2013 AACR.

TÍTULO / TITLE: - Reduced lung dose and improved inspiration level reproducibility in visually guided DIBH compared to audio coached EIG radiotherapy for breast cancer patients.

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

REVISTA / JOURNAL: - Acta Oncol. 2013 Oct;52(7):1458-63. doi: 10.3109/0284186X.2013.813073. Epub 2013 Aug 19.

●● Enlace al texto completo (gratis o de pago) [3109/0284186X.2013.813073](#)

AUTORES / AUTHORS: - Damkjaer SM; Aznar MC; Pedersen AN; Vogelius IR; Bangsgaard JP; Josipovic M

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Rigshospitalet , Copenhagen , Denmark.

RESUMEN / SUMMARY: - Abstract Introduction. Patients with left-sided breast cancer with lymph node involvement have routinely been treated with enhanced inspiration gating (EIG) for a decade at our institution. In a transition from EIG to deep inspiration breath hold (DIBH) we compared the two techniques with focus on target coverage, dose to organs at risk and reproducibility of the inspiration level (IL). Material and methods. Twenty-four patients were computed tomography (CT) scanned with EIG and DIBH. For DIBH we used visual feedback and for EIG audio coaching, both during scan and treatment. Treatment plans for 50 Gy over 25 fractions were calculated. Seventeen of the patients were included in the analysis of reproducibility. They were audio coached for one minute before beam-on in DIBH at nine treatment sessions. These respiration curves were analysed with average maximum IL and standard deviation (SD) for the EIG part of the respiratory signal, and mean IL and SD for the DIBH. Comparison of dosimetric and respiration parameters were performed with the Wilcoxon signed rank-sum test. Results. In DIBH, the ipsilateral lung volume increased further compared to EIG ($p < 0.0004$, mean increase 11%). This led to a 9% mean reduction ($p = 0.002$) of the ipsilateral lung volume receiving 20 Gy (V20 Gy). We found no other significant dosimetric differences between the two methods. The reproducibility of the IL was better with the DIBH method, observed as a significantly smaller SD in most patients ($p < 0.04$ for 16 of 17 patients). Conclusion. The DIBH method resulted in a significantly larger lung volume and lower ipsilateral lung V20 Gy compared to EIG. The IL for visually guided DIBH was more reproducible than audio-coached EIG. Based on these findings, the DIBH technique is our new breathing adaptation standard for radiotherapy of patients with left-sided breast cancer with lymph node involvement.

TÍTULO / TITLE: - Radical prostatectomy vs radiotherapy vs observation among older patients with clinically localized prostate cancer: a comparative effectiveness evaluation.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jun 20. doi: 10.1111/bju.12321.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12321](#)

AUTORES / AUTHORS: - Sun M; Sammon JD; Becker A; Roghmann F; Tian Z; Kim SP; Larouche A; Abdollah F; Hu JC; Karakiewicz PI; Trinh QD

INSTITUCIÓN / INSTITUTION: - Cancer Prognostics and Health Outcomes Unit, University of Montreal Health Center, Montreal, Canada.

RESUMEN / SUMMARY: - OBJECTIVE: To compare efficacy between radical prostatectomy (RP), radiotherapy and observation with respect to overall survival (OS) in patients with clinically localized prostate cancer (PCa). METHODS: Using data (1988-2005) from the Surveillance, Epidemiology, and End Results-Medicare linked database, 67 087 men with localized PCa were identified. The prevalence of the initial treatment strategy was quantified according to patients' life expectancy ([LE] <10 vs ≥10 years) at initial diagnosis and according to tumour stage. To reduce the unmeasured bias associated with treatment, we performed an instrumental variable analysis. Stratified (by stage and LE) Cox regression and competing-risks regression analyses were generated for the prediction of OS and cancer-specific mortality, respectively. RESULTS: Among patients with <10 years of LE, most were treated with radiotherapy (49%) or observation (47%). Among patients with ≥10 years of LE, most received radiotherapy (49%), followed by RP (26%). In men with <10 years of LE, RP and radiotherapy were not different with respect to OS (hazard ratio [HR]: 0.81, 95% confidence interval [CI]: 0.45-1.48, P = 0.499). Conversely, in men with ≥10 years of LE, RP was associated with an improved OS compared with observation (HR: 0.59, 95% CI: 0.49-0.71, P < 0.001) and radiotherapy (HR: 0.66, 95% CI: 0.56-0.79, P < 0.001). Similar results were recorded in competing-risks regression analyses. CONCLUSION: In patients with an estimated LE ≥10 years at initial diagnosis, RP was associated with improved survival compared with radiotherapy and observation, regardless of disease stage.

TÍTULO / TITLE: - Expression of TLR9 in tumor-infiltrating mononuclear cells enhances angiogenesis and is associated with a worse survival in lung cancer.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Aug 3. doi: 10.1002/ijc.28413.

●● Enlace al texto completo (gratis o de pago) [1002/ijc.28413](#)

AUTORES / AUTHORS: - Belmont L; Rabbe N; Antoine M; Cathelin D; Guignabert C; Kurie J; Cadranet J; Wislez M

INSTITUCIÓN / INSTITUTION: - Service de Pneumologie, AP-HP, Hopital Tenon, Paris, France; Equipe de Recherche 2, GRC UPMC-04, Universite Paris 6 Pierre et Marie Curie, Service de Pneumologie, Hopital Tenon, Paris, France.

RESUMEN / SUMMARY: - Toll-like receptors (TLRs) play a crucial role in the innate and adaptive immune responses against microbial infection, tissue injury and cancer. Ligands of TLR9 have been developed as therapy in non-small-cell lung carcinoma (NSCLC). However, phase III clinical trials in metastatic NSCLC were negative. Our objective was to determine whether TLR9 affects tumor growth. We generated a mouse model of lung adenocarcinoma (ADC) mutated for K-ras (K-rasLA1), with and without TLR9 inactivation (K-rasLA1 TLR9^{-/-} and K-rasLA1 TLR9^{+/+}, respectively). TLR9 was functionally expressed only in mononuclear cells of K-rasLA1 TLR9^{+/+} mice. These mice had significantly worse survival and a higher tumor burden than K-rasLA1 TLR9^{-/-} mice. Lung tumors were analyzed for 24 cytokines/growth factors using Bio-Plex multiplex bead-based assays. Factor VIII was assessed by immunochemistry. Tumors from K-rasLA1 TLR9^{+/+} mice were characterized by an angiogenic phenotype with higher concentrations of vascular endothelial growth factor (VEGF) and higher microvessel density than from K-rasLA1 TLR9^{-/-} mice. LKR13 cells, an ADC cell line derived from K-rasLA1 mice, were subcutaneously injected into TLR9^{-/-} and TLR9^{+/+} mice. Syngeneic tumors regressed in TLR9^{-/-} but not in TLR9^{+/+} mice. Peripheral blood mononuclear cells from TLR9^{-/-} mice released less VEGF than those from TLR9^{+/+} mice. In 61 patients with early-stage NSCLC, TLR9 was expressed in mononuclear cells that infiltrated tumors, as assessed by immunochemistry, and contributed to worse survival. Our results suggest that TLR9 expression in mononuclear cells was associated with an angiogenic phenotype and promoted lung cancer progression. These findings may aid clinical development of TLR9 ligands to treat cancers.

TÍTULO / TITLE: - Phase II Study on Combined Intravenous and Intra-Arterial Chemotherapy with Gemcitabine and Mitomycin C in Patients with Advanced Pancreatic Cancer.

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

REVISTA / JOURNAL: - Hepatogastroenterology. 2013 Aug;60(126):1492-6. doi: 10.5754/hge11805.

●● Enlace al texto completo (gratuito o de pago) [5754/hge11805](#)

AUTORES / AUTHORS: - Heinrich S; Kraft D; Staib-Sebler E; Schwarz W; Gog C; Vogl T; Lorenz M

RESUMEN / SUMMARY: - :Background/Aims: This prospective phase II study on a combination of intraarterial (i.a.) and systemic chemotherapy was performed to test whether regional chemotherapy may overcome the chemoresistance of pancreatic cancer. Methodology: One treatment cycle consisted of an i.a. infusion through an angiographic catheter into the celiac artery of 8.5mg/m² mitomycin C (MMC) and 500

mg/m² gemcitabine on days 1 and 22, and intravenous infusions of 500 mg/m² gemcitabine on days 8 and 15. Study-endpoints were overall survival and tumor response as measured by computed tomography (CT). Treatment was continued until disease progression or complete remission on CT. Results: Thirty-seven treatment cycles were performed in 17 patients. The most frequent side effects were hematological with 18 episodes of grade III/IV toxicities. According to radiographic and tumor marker criteria, four (24%) and seven patients (41%), respectively, demonstrated an objective response. The median actual progression-free and overall survivals were 4.6 and 9.1 months, respectively. Patients without distant metastases had a longer median survival (15 months) than those with distant metastases (7.1 months, $p = 0.037$). Conclusions: This combination treatment was well tolerated and resulted in tumor response rates, median overall- and progression-free survival times superior to systemic gemcitabine chemotherapy, and comparable to the more toxic FOLFIRINOX regimen.

TÍTULO / TITLE: - Fatherhood reduces the survival of adult-generated cells and affects various types of behavior in the prairie vole (*Microtus ochrogaster*).

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

REVISTA / JOURNAL: - Eur J Neurosci. 2013 Jul 31. doi: 10.1111/ejn.12323.

●● [Enlace al texto completo \(gratis o de pago\) 1111/ejn.12323](#)

AUTORES / AUTHORS: - Lieberwirth C; Wang Y; Jia X; Liu Y; Wang Z

INSTITUCIÓN / INSTITUTION: - Department of Psychology and Program in Neuroscience, Florida State University, 1107 West Call Street, Tallahassee, FL, 32306-1270, USA.

RESUMEN / SUMMARY: - Motherhood has profound effects on physiology, neuronal plasticity, and behavior. We conducted a series of experiments to test the hypothesis that fatherhood, similarly to motherhood, affects brain plasticity (such as cell proliferation and survival) and various behaviors in the highly social prairie vole (*Microtus ochrogaster*). In Experiment 1, adult males were housed with their same-sex cage mate (control), single-housed (isolation), or housed with a receptive female to mate and produce offspring (father) for 6 weeks. Fatherhood significantly reduced cell survival (assessed by bromodeoxyuridine labeling), but not cell proliferation (assessed by Ki67-labeling), in the amygdala, dentate gyrus of the hippocampus, and ventromedial hypothalamus, suggesting that fatherhood affects brain plasticity. In Experiment 2, neither acute (20 min) nor chronic (20 min daily for 10 consecutive days) pup exposure altered cell proliferation or survival in the brain, but chronic pup exposure increased circulating corticosterone levels. These data suggest that reduced cell survival in the brain of prairie vole fathers was unlikely to be due to the level of pup exposure and display of paternal behavior, and may not be mediated by circulating corticosterone. The effects of fatherhood on various behaviors (including anxiety-like, depression-like, and social behaviors) were examined in Experiment 3.

The data indicated that fatherhood increased anxiety- and depression-like behaviors as well as altered aggression and social recognition memory in male prairie voles. These results warrant further investigation of a possible link between brain plasticity and behavioral changes observed due to fatherhood.

TÍTULO / TITLE: - Locum oncologist whose treatment plan missed tumours and reduced survival chances is struck off.

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

REVISTA / JOURNAL: - BMJ. 2013 Sep 4;347:f5412. doi: 10.1136/bmj.f5412.

AUTORES / AUTHORS: - Dyer C

INSTITUCIÓN / INSTITUTION: - BMJ.

TÍTULO / TITLE: - Does the pretreatment tumor sampling location correspond with metabolic activity on 18F-FDG PET/CT in breast cancer patients scheduled for neoadjuvant chemotherapy?

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

REVISTA / JOURNAL: - Eur J Radiol. 2013 Aug 12. pii: S0720-048X(13)00410-5. doi: 10.1016/j.ejrad.2013.08.011.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.ejrad.2013.08.011](#)

AUTORES / AUTHORS: - Koolen BB; Elshof LE; Loo CE; Wesseling J; Vrancken Peeters MJ; Vogel WV; Rutgers EJ; Valdes Olmos RA

INSTITUCIÓN / INSTITUTION: - Department of Nuclear Medicine, Netherlands Cancer Institute - Antoni van Leeuwenhoek Hospital, Plesmanlaan 121, 1066 CX Amsterdam, The Netherlands; Department of Surgical Oncology, Netherlands Cancer Institute - Antoni van Leeuwenhoek Hospital, Plesmanlaan 121, 1066 CX Amsterdam, The Netherlands. Electronic address: b.koolen@nki.nl.

RESUMEN / SUMMARY: - PURPOSE: To define the correlation between the core biopsy location and the area with highest metabolic activity on 18F-FDG PET/CT in stage II-III breast cancer patients before neoadjuvant chemotherapy. Also, we would like to select a subgroup of patients in which PET/CT information may optimize tumor sampling. METHODS: A PET/CT in prone position was acquired in 199 patients with 203 tumors. The distance and relative difference in standardized uptake value (SUV) between core biopsy localization (indicated by a marker) and area with highest degree of FDG uptake were evaluated. A distance ≥ 2 cm and a relative difference in SUV $\geq 25\%$ were considered clinically relevant and a combination of both was defined as non-correspondence. Non-correspondence for different tumor characteristics (TNM stage, lesion morphology on MRI and PET/CT, histology, subtype, grade, and Ki-67) was assessed. RESULTS: Non-correspondence was found in 28 (14%) of 203 tumors. Non-correspondence was significantly associated with T-stage, lesion morphology on MRI

and PET/CT, tumor diameter, and histologic type. It was more often seen in tumors with a higher T-stage ($p=0.028$), diffuse (non-mass) and multifocal tumors on MRI ($p=0.001$), diffuse and multifocal tumors on PET/CT ($p<0.001$), tumors $>3\text{cm}$ ($p<0.001$), and lobular carcinomas ($p<0.001$). No association was found with other features. CONCLUSION: Non-correspondence between the core biopsy location and area with highest FDG uptake is regularly seen in stage II-III breast cancer patients. PET/CT information and possibly FDG-guided biopsies are most likely to improve pretreatment tumor sampling in tumors $>3\text{cm}$, lobular carcinomas, and diffuse and multifocal tumors.

TÍTULO / TITLE: - Radiation dose in neuroangiography using image noise reduction technology: a population study based on 614 patients.

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

REVISTA / JOURNAL: - Neuroradiology. 2013 Sep 5.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s00234-013-1276-0](#)

AUTORES / AUTHORS: - Soderman M; Mauti M; Boon S; Omar A; Marteinsdottir M; Andersson T; Holmin S; Hoornaert B

INSTITUCIÓN / INSTITUTION: - Department of Clinical Neuroscience, Karolinska Institute and Department of Neuroradiology, Karolinska University Hospital - Solna, Stockholm, 17176, Sweden, michael.soderman@karolinska.se.

RESUMEN / SUMMARY: - INTRODUCTION: The purpose of this study was to quantify the reduction in patient radiation dose by X-ray imaging technology using image noise reduction and system settings for neuroangiography and to assess its impact on the working habits of the physician. METHODS: Radiation dose data from 190 neuroangiographies and 112 interventional neuroprocedures performed with state-of-the-art image processing and reference system settings were collected for the period January-June 2010. The system was then configured with extra image noise reduction algorithms and system settings, which enabled radiation dose reduction without loss of image quality. Radiation dose data from 174 neuroangiographies and 138 interventional neuroprocedures were collected for the period January-June 2012. Procedures were classified as diagnostic or interventional. Patient radiation exposure was quantified using cumulative dose area product and cumulative air kerma. Impact on working habits of the physician was quantified using fluoroscopy time and number of digital subtraction angiography (DSA) images. RESULTS: The optimized system settings provided significant reduction in dose indicators versus reference system settings ($p<0.001$): from 124 to 47 Gy cm² and from 0.78 to 0.27 Gy for neuroangiography, and from 328 to 109 Gy cm² and from 2.71 to 0.89 Gy for interventional neuroradiology. Differences were not significant between the two systems with regard to fluoroscopy time or number of DSA images. CONCLUSION: X-ray imaging technology using an image noise reduction algorithm and system settings

provided approximately 60% radiation dose reduction in neuroangiography and interventional neuroradiology, without affecting the working habits of the physician.

TÍTULO / TITLE: - Dual-energy precursor and nuclear erythroid-related factor 2 activator treatment additively improve redox glutathione levels and neuron survival in aging and Alzheimer mouse neurons upstream of reactive oxygen species.

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

REVISTA / JOURNAL: - Neurobiol Aging. 2013 Aug 15. pii: S0197-4580(13)00284-4. doi: 10.1016/j.neurobiolaging.2013.06.023.

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

[1016/j.neurobiolaging.2013.06.023](#)

AUTORES / AUTHORS: - Ghosh D; Levault KR; Brewer GJ

INSTITUCIÓN / INSTITUTION: - Department of Medical Microbiology, Immunology and Cell Biology, Southern Illinois University School of Medicine, Springfield, IL, USA.

RESUMEN / SUMMARY: - To determine whether glutathione (GSH) loss or increased reactive oxygen species (ROS) are more important to neuron loss, aging, and Alzheimer's disease (AD), we stressed or boosted GSH levels in neurons isolated from aging 3xTg-AD neurons compared with those from age-matched nontransgenic (non-Tg) neurons. Here, using titrating with buthionine sulfoximine, an inhibitor of gamma-glutamyl cysteine synthetase (GCL), we observed that GSH depletion increased neuronal death of 3xTg-AD cultured neurons at increasing rates across the age span, whereas non-Tg neurons were resistant to GSH depletion until old age. Remarkably, the rate of neuron loss with ROS did not increase in old age and was the same for both genotypes, which indicates that cognitive deficits in the AD model were not caused by ROS. Therefore, we targeted for neuroprotection activation of the redox sensitive transcription factor, nuclear erythroid-related factor 2 (Nrf2) by 18 alpha glycyrrhetic acid to stimulate GSH synthesis through GCL. This balanced stimulation of a number of redox enzymes restored the lower levels of Nrf2 and GCL seen in 3xTg-AD neurons compared with those of non-Tg neurons and promoted translocation of Nrf2 to the nucleus. By combining the Nrf2 activator together with the NADH precursor, nicotinamide, we increased neuron survival against amyloid beta stress in an additive manner. These stress tests and neuroprotective treatments suggest that the redox environment is more important for neuron survival than ROS. The dual neuroprotective treatment with nicotinamide and an Nrf2 inducer indicates that these age-related and AD-related changes are reversible.

TÍTULO / TITLE: - Change in inflammatory cytokine profiles after transarterial chemotherapy in patients with hepatocellular carcinoma.

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

REVISTA / JOURNAL: - Cytokine. 2013 Sep 12. pii: S1043-4666(13)00637-6. doi: 10.1016/j.cyto.2013.07.021.

●● Enlace al texto completo (gratis o de pago) [1016/j.cyto.2013.07.021](https://doi.org/10.1016/j.cyto.2013.07.021)

AUTORES / AUTHORS: - Kim MJ; Jang JW; Oh BS; Kwon JH; Chung KW; Jung HS; Jekarl DW; Lee S

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, The Catholic University of Korea Incheon St. Mary's Hospital, Incheon, Republic of Korea.

RESUMEN / SUMMARY: - **BACKGROUND:** Alterations in cytokine profiles after chemotherapy can affect the outcomes of cancer patients. This study evaluated the clinical implications of cytokine changes after transarterial chemo-embolization (TACE) in patients with hepatocellular carcinoma (HCC). **METHODS:** Cytometric bead immunoassays were used to simultaneously measure 13 cytokines (interleukin [IL]-12p70, interferon-gamma, IL-17A, IL-2, IL-10, IL-9, IL-22, IL-6, IL-13, IL-4, IL-5, IL-1beta, and tumor necrosis factor-alpha) in the sera of 83 patients with HCC and 33 healthy controls. Cytokines were serially monitored at baseline, on days 3 and 7, and 2 months after TACE in 63 evaluable patients. **RESULTS:** Serum levels of IL-5, IL-6, and IL-17A were higher in patients with HCC than in healthy controls, whereas IL-1beta and IL-22 levels were lower in patients with HCC. Of the cytokines measured, only the IL-6 level showed a significant positive correlation with both tumor size and Child-Pugh score. The Child-Pugh B/C group had higher IL-6 and lower IL-22 levels at baseline and exhibited relatively minor changes in cytokine levels compared with the Child-Pugh A group. We observed diverse changing patterns of individual cytokines on each date tested, with IL-6 and IL-22 increasing early after TACE. Particularly, IL-6 reached a peak on day 3 and finally decreasing on and after day 7. IL-4, IL-5, and IL-10, on the other hand, increased during the late phase, 2 months after TACE. Patients with larger tumors (>5cm) showed a transient but significant early-phase increase in IL-6 levels coupled with severe post-TACE hepatitis, as well as late-phase increases in IL-4, IL-5, and IL-10 levels after TACE. **CONCLUSIONS:** TACE induces changes in levels of multiple cytokines. Distinct panels of cytokine changes are not uniform, and are influenced by treatment-induced inflammation, underlying liver function, and HCC stage. Early-phase increases in IL-6 after TACE reflect acute-phase responses and are partly associated with post-treatment hepatitis, while late-phase increases in Th2 cytokine profiles suggest immune suppression in patients with large tumors.

TÍTULO / TITLE: - No difference between posaconazole and fluconazole antifungal prophylaxis and mycological diagnostics except costs in patients undergoing AML chemotherapy: a 1-year "real-life" evaluation.

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

REVISTA / JOURNAL: - Ann Hematol. 2013 Aug 15.

●● Enlace al texto completo (gratis o de pago) [1007/s00277-013-1854-6](https://doi.org/10.1007/s00277-013-1854-6)

AUTORES / AUTHORS: - Bertz H; Drognitz K; Lubbert M

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TÍTULO / TITLE: - Buccodental side effects of sunitinib in patients with metastatic renal cell carcinoma.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Oct 1;109(7):1750-1754. doi: 10.1038/bjc.2013.516. Epub 2013 Sep 17.

- Enlace al texto completo (gratis o de pago) [1038/bjc.2013.516](https://doi.org/10.1038/bjc.2013.516)

AUTORES / AUTHORS: - Gilabert M; Provansal M; Cappiello M; Walz Y; Salem N; Tarpin C; Brunelle S; Thomassin J; Gravis G

INSTITUCIÓN / INSTITUTION: - 1] Department of Medical Oncology, Paoli-Calmettes Institute, 232 Bd Sainte Marguerite, Marseille 13009, France [2] Unite de Recherche Contre le Cancer, CRCM-INSERM U1068, Faculte de Luminy, Universite Aix-Marseille, Marseille 13009, France.

RESUMEN / SUMMARY: - Background:Sunitinib is a tyrosine kinase inhibitor approved for the treatment of renal cell carcinoma (RCC). Few data evaluated severe buccodental adverse events. The aim of this study was to evaluate sunitinib buccodental toxicity in patients with metastatic RCC and to compare it with that of standard chemotherapy in patients with other solid cancers.Methods:Patients with RCC treated with sunitinib and patients with other solid tumours treated with chemotherapy were followed for 3 months. Data on dental appliances, oral hygiene/care practices before and during treatment were collected.Results:A total of 116 patients were included (58 RCC treated by sunitinib: group S, and 58 treated by chemotherapy: group C). No differences in dental care habits were noted before treatment. In group S, patients reported significantly more frequent pain ($P<0.01$), teeth instability ($P=0.01$), gingival bleeding ($P=0.01$) and change in teeth colour ($P=0.02$). In all, 58% of patients in this group had to modify their diet ($P<0.01$). Frequency of dentist' visits for teeth removal was increased (25% vs 8%, $P=0.01$).Conclusion:Sunitinib seems to increase buccodental toxicity as compared with chemotherapy. This finding emphasises the need for optimal dental care and standardised dental follow-up in patients treated with sunitinib.

TÍTULO / TITLE: - External validation of an online nomogram in patients undergoing radical nephroureterectomy for upper urinary tract urothelial carcinoma.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Sep 3;109(5):1130-6. doi: 10.1038/bjc.2013.462. Epub 2013 Aug 15.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.462](#)

AUTORES / AUTHORS: - Ku JH; Moon KC; Jung JH; Jeong SH; Kwak C; Kim HH

INSTITUCIÓN / INSTITUTION: - Department of Urology, Seoul National University Hospital, 101 Daehak-ro, Jongno-gu, Seoul 110 744, Korea.

RESUMEN / SUMMARY: - Background:The objective was to validate an online nomogram developed based on the French collaborative national database on upper urinary tract urothelial carcinoma (UUT-UC) using a different cohort.Methods:The study comprised 328 patients with UUT-UC who underwent radical nephroureterectomy. The discrimination of models was quantified using Harrell's concordance index. The relationship between the model-derived and actuarial cancer-specific mortality was graphically explored within calibration plots. Calibration was also assessed using the quartiles of the predicted survival at 3 and 5 years and calculation of the corresponding observed Kaplan-Meier estimates. Clinical net benefit was evaluated constructing decision curve analysis.Results:The discrimination accuracy of the nomograms at 3 and 5 years was 71.6% and 71.8%, respectively. Although nomograms discriminated well by Kaplan-Meier curves, and log-rank tests were all highly significant, the calibration plots tended to exaggerate the overestimation of mortality between predicted and observed probabilities at 3 and 5 years for survival. When compared with the AJCC/UICC staging system, the nomograms performed well across a wide range of threshold probabilities using decision curve analysis.Conclusion:The online nomogram is a highly accurate prognostic tool for patients with UUT-UC treated with radical nephroureterectomy. The model can provide an accurate estimate of the individual risk of cancer-specific mortality. Further improvement and implementation of novel molecular marker is needed.

TÍTULO / TITLE: - Response-Guided Neoadjuvant Chemotherapy for Breast Cancer.

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Sep 23.

●● Enlace al texto completo (gratis o de pago) [1200/JCO.2012.45.0940](#)

AUTORES / AUTHORS: - von Minckwitz G; Blohmer JU; Costa SD; Denkert C; Eidtmann H; Eiermann W; Gerber B; Hanusch C; Hilfrich J; Huober J; Jackisch C; Kaufmann M; Kummel S; Paepke S; Schneeweiss A; Untch M; Zahm DM; Mehta K; Loibl S

INSTITUCIÓN / INSTITUTION: - Gunter von Minckwitz, Keyur Mehta, and Sibylle Loibl, Headquarters, German Breast Group, Neu-Isenburg; Jens Uwe Blohmer, St Gertrauden Krankenhaus, Berlin); Serban Dan Costa, Universitäts-Frauenklinik, Magdeburg; Carsten Denkert, Institute for Pathology, Charite, Berlin; Holger Eidtmann, Universitäts-Frauenklinik, Kiel; Wolfgang Eiermann and Claus Hanusch, Klinikum zum Roten Kreuz, Munich; Bernd Gerber, Universitäts-Frauenklinik, Rostock; Jorn Hilfrich, Henrietten-Stiftung, Hanover; Jens Huober, Universitäts-Frauenklinik Tubingen, Frauenklinik; Christian Jakisch and Sibylle Loibl, Stadtische Kliniken, Offenbach; Gunter

von Minckwitz, Universitäts-Frauenklinik, Frankfurt; Sherko Kummel, Klinikum Essen Mitte, Essen; Stefan Paepke, Universitäts-Frauenklinik rechts der Isar, Munich; Andreas Schneeweiss, National Center for Tumor Diseases, University of Heidelberg; Michael Untch, Helios-Klinikum, Berlin-Buch; Dirk Michael Zahm, Brustzentrum Stiftung Rehabilitation Heidelberg (SRH) Waldkliniken, Gera, Germany; Jens Huober, Kantonsspital, St Gallen, Switzerland.

RESUMEN / SUMMARY: - PURPOSE: We investigated disease-free survival (DFS) and overall survival (OS) after response-guided neoadjuvant chemotherapy in patients with early breast cancer. PATIENTS AND METHODS: We treated 2,072 patients with two cycles of docetaxel, doxorubicin, and cyclophosphamide (TAC) and randomly assigned early responders to four (n = 704) or six (n = 686) additional TAC cycles, and early nonresponders to four cycles of TAC (n = 321) or vinorelbine and capecitabine (NX; n = 301) before surgery. RESULTS: DFS was longer in early responders receiving TAC x 8 than in those receiving TAC x 6 (hazard ratio [HR], 0.78; 95% CI, 0.62 to 0.97; P = .026), and in early nonresponders receiving TAC-NX than in those receiving TAC x 6 (HR, 0.59; 95% CI, 0.49 to 0.82; P = .001). Exploratory analysis showed that DFS after response-guided chemotherapy (TAC x 8 or TAC-NX) was significantly longer (HR, 0.71; 95% CI, 0.60 to 0.85; P < .003), as was OS (HR, 0.79; 95% CI, 0.63 to 0.99; P = .048), than on conventional chemotherapy (TAC x 6). DFS was longer after response-guided chemotherapy in all hormone receptor-positive tumors (luminal A HR = 0.55, luminal B [human epidermal growth factor receptor 2 (HER2) negative] HR = 0.40, and luminal B [HER2 positive] HR = 0.56), but not in hormone receptor-negative tumors (HER2 positive [nonluminal] HR = 1.01 and triple negative HR = 0.87). Pathologic complete response did not predict these survival effects. pCR predicted an improved DFS in triple-negative (HR = 6.67), HER2-positive (nonluminal; HR 5.24), or luminal B (HER2-negative) tumors (HR = 3.74). CONCLUSION: This exploratory analysis suggests that response-guided neoadjuvant chemotherapy might improve survival and is most effective in hormone receptor-positive tumors. If confirmed, the response-guided approach could provide a clinically meaningful advantage for the neoadjuvant over the adjuvant approach in early breast cancer.

TÍTULO / TITLE: - Epithelial-mesenchymal transition phenotypes are associated with patient survival in intrahepatic cholangiocarcinoma.

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

REVISTA / JOURNAL: - J Clin Pathol. 2013 Sep 23. doi: 10.1136/jclinpath-2013-201806.

●● [Enlace al texto completo \(gratis o de pago\) 1136/jclinpath-2013-201806](#)

AUTORES / AUTHORS: - Gu MJ; Choi JH

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Yeungnam University College of Medicine, Daegu, Republic of Korea.

RESUMEN / SUMMARY: - BACKGROUND: The aim of this study was to evaluate the epithelial-mesenchymal transition (EMT) and to assess its prognostic significance in intrahepatic cholangiocarcinoma. METHODS: We performed immunohistochemical stainings for E-cadherin, beta-catenin, vimentin and fibronectin in a total of 85 cases. RESULTS: Expression of vimentin and reduced expression of E-cadherin were found to show correlation with poor differentiation ($p=0.017$, $p=0.010$). Reduced expression of beta-catenin showed significant association with poor differentiation ($p=0.023$), tumour size ($p=0.028$) and lymph node metastasis ($p=0.011$). According to the expression pattern of E-cadherin, beta-catenin, vimentin and fibronectin we categorised four phenotypes: complete type, hybrid type, null type and wild type. The complete type of beta-catenin with vimentin or fibronectin was found to show an association with lymph node metastasis ($p=0.048$, $p=0.012$). Significantly worse overall survival (OS) and disease-free survival (DFS) was observed for the complete type, and the best OS and DFS were observed for the wild type. CONCLUSIONS: EMT phenotypes can be useful markers for prediction of patient outcomes.

TÍTULO / TITLE: - Chemotherapy in Elderly Patients with Gynecological Cancer.

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

REVISTA / JOURNAL: - Oncology. 2013 Aug 30;85(3):168-172.

●● [Enlace al texto completo \(gratis o de pago\) 1159/000350859](#)

AUTORES / AUTHORS: - Palaia I; Loprete E; Musella A; Marchetti C; Di Donato V; Bellati F; Benedetti Panici P

INSTITUCIÓN / INSTITUTION: - Department of Obstetrics, Gynecology and Urologic Sciences, Sapienza University, Rome, Italy.

RESUMEN / SUMMARY: - Objective: The aim of this study was to determine the tolerability, safety and feasibility of chemotherapy in very elderly patients with gynecological cancers. Methods: We included all patients ≥ 75 years of age affected by endometrial, ovarian or cervical cancer treated with neoadjuvant, adjuvant or palliative chemotherapy. Data regarding age, stage of the disease, comorbidities, performance status (PS), chemotherapy regimen and dosing, toxicity, treatment delay and dose adjustments were recorded. Results: Forty-nine patients were included in the study. Their median age was 77.5 years. The vast majority of patients (89.8%) presented with advanced neoplastic disease. Twenty-nine of the 49 patients were treated with full-dose chemotherapy; 41% were subjected to the weekly dose. One toxic death was recorded; grade 2 anemia was reported in 8 patients, and grade 2 and 3 neutropenia was recorded in 2 and 3 patients, respectively. Sixty-one percent of the patients completed the planned treatment. Conclusion: Chemotherapy in very elderly patients is feasible with an acceptable toxicity profile. Careful evaluation of PS and assessment of physical and psychological health are necessary to predict tolerability of chemotherapy. A weekly schedule is better tolerated in this setting.

TÍTULO / TITLE: - Immediate Open Repair vs Surveillance in Patients with Small Abdominal Aortic Aneurysms: Survival Differences by Aneurysm Size.

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

REVISTA / JOURNAL: - Mayo Clin Proc. 2013 Sep;88(9):910-9. doi: 10.1016/j.mayocp.2013.05.014.

●● Enlace al texto completo (gratis o de pago) 1016/j.mayocp.2013.05.014

AUTORES / AUTHORS: - Filardo G; Lederle FA; Ballard DJ; Hamilton C; da Graca B; Herrin J; Harbor J; Vanbuskirk JB; Johnson GR; Powell JT

INSTITUCIÓN / INSTITUTION: - Institute for Health Care Research and Improvement, Baylor Health Care System, Dallas, TX; Baylor University Medical Center, Dallas, TX; Department of Infectious Diseases, University of Louisville, Louisville, KY; The Heart Hospital at Baylor Plano, Plano, TX. Electronic address: giovanfi@baylorhealth.edu.

RESUMEN / SUMMARY: - OBJECTIVE: To assess whether survival differences exist between patients undergoing immediate open repair vs surveillance with selective repair for 4.0- to 5.4-cm abdominal aortic aneurysms (AAAs) and whether these differences vary by diameter, within sexes, or overall. PATIENTS AND METHODS: The study cohort included 2226 patients randomized to immediate repair or surveillance for the UK Small Aneurysm Trial (September 1, 1991, through July 31, 1998; follow-up, 2.6-6.9 years) or the Aneurysm Detection and Management trial (August 1, 1992, through July 31, 2000; follow-up, 3.5-8.0 years). Survival differences were assessed with proportional hazard models, adjusted for a comprehensive array of clinical and nonclinical risk factors. Interaction between treatment and AAA size was added to the model to assess whether the effect of immediate open repair vs surveillance varied by AAA size. RESULTS: The adjusted analysis revealed no statistically significant survival difference between immediate open repair and surveillance patients (hazard ratio [HR], 0.99; 95% CI, 0.83-1.18; mean follow-up time, 1921 days for both study groups). This lack of treatment effect persisted when men (HR, 1.01; 95% CI, 0.84-1.21) and women (HR, 0.96; 95% CI, 0.49-1.86) were examined separately and did not vary by AAA size (P=.39 for the entire cohort and P=.24 for women). CONCLUSION: Immediate open repair offered no significant survival benefit, even in patients with the largest AAAs and highest risk of rupture. Because recent trials failed to find a survival benefit of immediate endovascular repair over surveillance for small asymptomatic AAAs, our findings suggest that the gray area of first-line management for these patients should be resolved in favor of surveillance.

TÍTULO / TITLE: - GABA regulates both the survival and replication of human ss-cells.

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

REVISTA / JOURNAL: - Diabetes. 2013 Aug 30.

- Enlace al texto completo (gratis o de pago) [2337/db13-0931](#)

AUTORES / AUTHORS: - Tian J; Dang H; Chen Z; Guan A; Jin Y; Atkinson MA; Kaufman DL

INSTITUCIÓN / INSTITUTION: - Department of Molecular and Medical Pharmacology, University of California, Los Angeles, California.

RESUMEN / SUMMARY: - Gama-aminobutyric acid (GABA) has been shown to inhibit apoptosis of rodent ss-cells in vitro. Here, we show that activation of GABAA receptors (GABAA-Rs) or GABAB-Rs significantly inhibits oxidative stress-related ss-cell apoptosis and preserves pancreatic ss-cells in streptozotocin-rendered hyperglycemic mice. Moreover, treatment with GABA, or a GABAA-R or GABAB-R specific agonist, inhibited human ss-cell apoptosis following islet transplantation into NOD/scid mice. Accordingly, activation of GABAA-Rs and/or GABAB-Rs may be a useful adjunct therapy for human islet transplantation. GABA-R agonists also promoted ss-cell replication in hyperglycemic mice. While a number of agents can promote rodent ss-cell replication, most fail to provide similar activities with human ss-cells. Here, we show that GABA administration promotes ss-cell replication and functional recovery in human islets following implantation into NOD/scid mice. Human ss-cell replication was induced by both GABAA-R and GABAB-R activation. Hence, GABA regulates both the survival and replication of human ss-cells. These actions, together with the anti-inflammatory properties of GABA, suggest that modulation of peripheral GABA-Rs may represent a promising new therapeutic strategy for improving ss-cell survival following human islet transplantation and increasing ss-cells in patients with diabetes.

TÍTULO / TITLE: - Continued declining incidence and improved survival of progressive multifocal leukoencephalopathy in HIV/AIDS patients in the current era.

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

REVISTA / JOURNAL: - Eur J Clin Microbiol Infect Dis. 2013 Aug 16.

- Enlace al texto completo (gratis o de pago) [1007/s10096-013-1941-6](#)

AUTORES / AUTHORS: - Casado JL; Corral I; Garcia J; Martinez-San Millan J; Navas E; Moreno A; Moreno S

INSTITUCIÓN / INSTITUTION: - Department of Infectious Diseases, Ramon y Cajal Hospital, 28034, Madrid, España, jcasado.hrc@gmail.com.

RESUMEN / SUMMARY: - To evaluate the situation and perspectives of progressive multifocal leukoencephalopathy (PML) in human immunodeficiency virus (HIV)-infected patients, we investigated changes in the incidence, causes, and long-term outcome of this disease in 72 acquired immunodeficiency syndrome (AIDS) patients who were diagnosed with PML from 1996 to 2011. Patients were classified according to the date of diagnosis in the first (1996-2000, n = 35), second (2001-2006, n = 26), and recent or third highly active antiretroviral therapy (HAART) period (2007-2011, n = 11). Overall, the incidence of PML decreased from 14.8 cases/1,000 patients/year in 1996 to 2.6 in 2005 and 0.8 in 2011, and nearly two-thirds of recent cases (64 %) were

observed in HIV patients not attending clinical visits. The baseline median CD4+ count was higher in recently PML-diagnosed patients (77 vs. 86 vs. 101 cells/mm³; $p < 0.01$), and this fact was associated with a cerebrospinal fluid (CSF) inflammatory profile (from 11 to 31 to 55 %, $p = 0.007$) and with a significantly longer survival (attributable death, 54 vs. 35 vs. 36 %, respectively, $p < 0.01$). Thus, the overall 1-year and 3-year survival rates were 55 and 50 %, respectively, increasing to 79 % at 1 year for patients with CD4+ count above 100 cells/mm³ at diagnosis. In a Cox regression analysis, an older age (hazard ratio, HR 0.76), a baseline CD4+ count above 100 cells/mm³ (HR 0.33), and a CSF inflammatory profile (HR 0.12) were significantly associated with a longer survival. The clinical presentation and outcome of PML in AIDS patients continue to change dramatically. Now, a declining incidence and long-term survival is observed.

TÍTULO / TITLE: - Impact of Preoperative Chronic Lung Disease on Survival After Surgical Aortic Valve Replacement.

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

REVISTA / JOURNAL: - Ann Thorac Surg. 2013 Oct;96(4):1322-1328. doi: 10.1016/j.athoracsur.2013.05.061. Epub 2013 Aug 20.

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

[1016/j.athoracsur.2013.05.061](#)

AUTORES / AUTHORS: - Gunter RL; Kilgo P; Guyton RA; Chen EP; Puskas JD; Cooper WA; Halkos ME; Lattouf OM; Babaliaros V; Myung R; Leshnower B; Thourani VH

INSTITUCIÓN / INSTITUTION: - Clinical Research Unit, Structural Heart and Valve Center, Division of Cardiothoracic Surgery, Emory University School of Medicine, Atlanta, Georgia.

RESUMEN / SUMMARY: - BACKGROUND: An increasing number of patients requiring surgical aortic valve replacement (SAVR) present with chronic pulmonary obstructive disease (COPD). The purpose of this study was to compare patients who had a range of COPD from normal to severe and were undergoing SAVR. METHODS: Retrospective review of 2,379 patients undergoing SAVR +/- coronary artery bypass grafting (CABG) from January 2002 to April 2012 at a US academic institution was performed. COPD was defined according to the Society of Thoracic Surgeons (STS) adult cardiac database: normal (forced expiratory volume [FEV] > 75% predicted), mild (FEV in 1 second [FEV₁] 60%-75%), moderate (FEV₁ 50%-59%), and severe (FEV₁ < 50%). Multivariable logistic and Cox regression methods were used to determine independent association between COPD and short- and long-term outcomes. Selection bias adjustment was achieved using the STS predicted risk of mortality (PROM). Adjusted odds ratios (AORs) and adjusted hazard ratios (AHR) were calculated using the normal lung function group as the reference. Kaplan-Meier curves were created to estimate long-term survival. RESULTS: One thousand five hundred seventeen of 2,379 patients (63.8%) had isolated SAVR, whereas 862 of 2,379 (36.2%) patients underwent

SAVR + CABG. Preoperative COPD was common among patients (21.9%) undergoing SAVR +/- CABG and included 332 (14.0%) patients with mild COPD, 89 (3.7%) patients with moderate COPD, and 101 (4.2%) patients with severe COPD. Unadjusted in-hospital mortality rose significantly with COPD class, from 3.9% for those with no COPD to 9.6% to patients with severe COPD. After adjustment, in-hospital mortality was not statistically different in normal patients and in those with COPD. In contrast, when compared with normal patients, adjusted long-term survival was worse across levels of COPD: mild (AHR, 1.70; $p < 0.001$), moderate (AHR, 2.25; $p < 0.001$), and severe (AHR, 2.28; $p < 0.001$). CONCLUSIONS: Preoperative COPD is common in the SAVR population and is associated with diminished long-term but not short-term survival.

PTPTPTP - JOURNAL ARTICLE ----- [456]

TÍTULO / TITLE: - Using off-resonance laser modulation for beam-energy-spread cooling in generation of short-wavelength radiation.

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

REVISTA / JOURNAL: - Phys Rev Lett. 2013 Aug 23;111(8):084801. Epub 2013 Aug 20.

AUTORES / AUTHORS: - Deng H; Feng C

INSTITUCIÓN / INSTITUTION: - Shanghai Institute of Applied Physics, Chinese Academy of Sciences, Shanghai 201800, People's Republic of China.

RESUMEN / SUMMARY: - To improve temporal coherence in electron beam based light sources, various techniques employ frequency up conversion of external seed sources via electron beam density modulation; however, the energy spread of the beam may hinder the harmonic generation efficiency. In this Letter, a method is described for cooling the electron beam energy spread by off-resonance seed laser modulation, through the use of a transversely dispersed electron beam and a modulator undulator with an appropriate transverse field gradient. With this novel mechanism, it is shown that the frequency up-conversion efficiency can be significantly enhanced. We present theoretical analysis and numerical simulations for seeded soft x-ray free-electron laser and storage ring based coherent harmonic generation in the extreme ultraviolet spectral region.

TÍTULO / TITLE: - PET Motion Compensation for Radiation Therapy Using a CT-Based Mid-Position Motion Model: Methodology and Clinical Evaluation.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Oct 1;87(2):394-400. doi: 10.1016/j.ijrobp.2013.06.007. Epub 2013 Aug 1.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.ijrobp.2013.06.007](#)

AUTORES / AUTHORS: - Kruis MF; van de Kamer JB; Houweling AC; Sonke JJ; Belderbos JS; van Herk M

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, The Netherlands Cancer Institute, Antoni van Leeuwenhoek Hospital, Amsterdam, The Netherlands.

RESUMEN / SUMMARY: - PURPOSE: Four-dimensional positron emission tomography (4D PET) imaging of the thorax produces sharper images with reduced motion artifacts. Current radiation therapy planning systems, however, do not facilitate 4D plan optimization. When images are acquired in a 2-minute time slot, the signal-to-noise ratio of each 4D frame is low, compromising image quality. The purpose of this study was to implement and evaluate the construction of mid-position 3D PET scans, with motion compensated using a 4D computed tomography (CT)-derived motion model. METHODS AND MATERIALS: All voxels of 4D PET were registered to the time-averaged position by using a motion model derived from the 4D CT frames. After the registration the scans were summed, resulting in a motion-compensated 3D mid-position PET scan. The method was tested with a phantom dataset as well as data from 27 lung cancer patients. RESULTS: PET motion compensation using a CT-based motion model improved image quality of both phantoms and patients in terms of increased maximum SUV (SUVmax) values and decreased apparent volumes. In homogenous phantom data, a strong relationship was found between the amplitude-to-diameter ratio and the effects of the method. In heterogeneous patient data, the effect correlated better with the motion amplitude. In case of large amplitudes, motion compensation may increase SUVmax up to 25% and reduce the diameter of the 50% SUVmax volume by 10%. CONCLUSIONS: 4D CT-based motion-compensated mid-position PET scans provide improved quantitative data in terms of uptake values and volumes at the time-averaged position, thereby facilitating more accurate radiation therapy treatment planning of pulmonary lesions.

TÍTULO / TITLE: - Giardiasis in a patient undergoing chemotherapy for retinoblastoma and acute myelogenous leukemia.

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

REVISTA / JOURNAL: - *Pediatr Int.* 2013 Aug;55(4):524-7. doi: 10.1111/ped.12078.

●● [Enlace al texto completo \(gratis o de pago\) 1111/ped.12078](#)

AUTORES / AUTHORS: - Otsubo K; Sakaki-Nakatsubo H; Taneichi H; Nomura K; Miyawaki T; Tokoro M; Kanegane H

INSTITUCIÓN / INSTITUTION: - Department of Pediatrics, Graduate School of Medicine and Pharmaceutical Sciences, University of Toyama, Toyama, Japan.

RESUMEN / SUMMARY: - Giardiasis is a common cause of diarrhea in undeveloped countries, but is very rare in developed countries. A patient with acute myelogenous leukemia and retinoblastoma presented with a high fever and severe watery diarrhea during induction chemotherapy. On microscopy, cysts were seen in her stool, suggesting *Giardia intestinalis*, which was confirmed on polymerase chain reaction (PCR). *G. intestinalis* was also detected in the patient's asymptomatic parents, who

may have transmitted it to the patient. Giardiasis should be tested for in patients with severe and persistent diarrhea during chemotherapy, when other etiologies have been excluded. PCR used to amplify the DNA of *G. intestinalis* is rapid and sensitive.

TÍTULO / TITLE: - Deletion of *Irf5* protects hematopoietic stem cells from DNA damage-induced apoptosis and suppresses gamma-irradiation-induced thymic lymphomagenesis.

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

REVISTA / JOURNAL: - Oncogene. 2013 Aug 5. doi: 10.1038/onc.2013.295.

●● [Enlace al texto completo \(gratis o de pago\) 1038/onc.2013.295](#)

AUTORES / AUTHORS: - Bi X; Feng D; Korczeniewska J; Alper N; Hu G; Barnes BJ

INSTITUCIÓN / INSTITUTION: - 1] Department of Biochemistry and Molecular Biology, New Jersey Medical School, UMDNJ, Newark, NJ, USA [2] New Jersey Medical School-University Hospital Cancer Center, UMDNJ, Newark, NJ, USA.

RESUMEN / SUMMARY: - Repeated low-dose gamma-irradiation (IR) induces thymic lymphoma in mice because of oncogenic mutations propagating from a primitive hematopoietic stem/progenitor cell (HSC) in the bone marrow. It is well known that IR-induced thymic lymphomagenesis is markedly enhanced by p53 deficiency, yet data also indicate that p53-dependent apoptosis can actively drive tumor formation in this model. The latter was recently expounded on by findings from Puma-deficient mice, indicating that loss of this proapoptotic p53 target gene results in protection from IR-induced lymphomagenesis rather than enhanced susceptibility to. Similar to Puma, the transcription factor interferon regulatory factor 5 (*Irf5*) has been reported as a p53 target gene and is required for DNA damage-induced apoptosis. To date, no studies have been performed to elucidate the *in vivo* role of IRF5 in tumorigenesis. Given its essential role in DNA damage-induced apoptosis, we explored the tumor suppressor function of IRF5 in IR-induced thymic lymphomagenesis. Somewhat surprisingly, we found that thymic lymphoma development was significantly suppressed in *Irf5*^{-/-} mice as compared with wild-type littermates. Suppression was due, in part, to reduced thymocyte and HSC apoptosis, resulting in reduced compensatory proliferation, and reduced replication stress-associated DNA damage. The observed effects were independent of p53 or Puma as these proteins were upregulated in *Irf5*^{-/-} mice in response to IR. This study demonstrates an important new role for IRF5 in maintaining HSC homeostasis after IR and supports the non-redundant functions of IRF5, p53 and PUMA in DNA damage-induced lymphomagenesis. We propose that IRF5 may be an attractive target for developing therapeutic agents to ameliorate radiation-induced bone marrow injury. Oncogene advance online publication, 5 August 2013; doi:10.1038/onc.2013.295.

TÍTULO / TITLE: - Management of Papillary Lesions of the Breast: Can Larger Core Needle Biopsy Samples Identify Patients Who May Avoid Surgical Excision?

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Aug 14.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3191-3](#)

AUTORES / AUTHORS: - Shamonki J; Chung A; Huynh KT; Sim MS; Kinnaird M; Giuliano A

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Saint John's Health Center, Santa Monica, CA, USA.

RESUMEN / SUMMARY: - BACKGROUND: The ability to distinguish benign from atypical/malignant papillary lesions on core needle biopsy is limited by the representative nature of the biopsy method, thus follow-up excision is usually recommended. We aimed to determine if larger samples of tissue obtained by core needle biopsy can more reliably predict the true benign nature of a papilloma. METHODS: We reviewed the pathology slides and medical records of 51 patients who were diagnosed with benign papillomas on core needle biopsy from 2000 to 2010, who subsequently underwent surgical excision. The characteristics of the core needle biopsy that were associated with retention of benign histology on excision were determined and analyzed. RESULTS: Atypical ductal hyperplasia and carcinoma were identified in 5.8 % (3/51) and 5.8 % (3/51) of papillary lesions, respectively, when excised. Patients whose lesions were diagnosed as benign on excision were significantly distinguished by the area (mm²) of tissue sampled by core needle biopsy (mean +/- standard deviation (SD): 101.5 +/- 106.5) compared with those with atypia or carcinoma on excision (mean +/- SD: 41.7 +/- 24.0, P = 0.003). All biopsies performed with 12-gauge or larger needles retained benign features on excision. Core needle biopsy tissue samples consisting of >=7 cores, or measuring >96 mm² in aggregate, had a negative predictive value for atypia/malignancy of 100 %. CONCLUSIONS: Larger tissue samples significantly improved the predictive value of benign histology on core needle biopsy. A papilloma sampled by a 12-gauge or larger needle, >=7 cores, or >96 mm² retained its benign features upon excision.

TÍTULO / TITLE: - Comparison of 2 common radiation therapy techniques for definitive treatment of small cell lung cancer.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Sep 1;87(1):139-47. doi: 10.1016/j.ijrobp.2013.05.040.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijrobp.2013.05.040](#)

AUTORES / AUTHORS: - Shirvani SM; Juloori A; Allen PK; Komaki R; Liao Z; Gomez D; O'Reilly M; Welsh J; Papadimitrakopoulou V; Cox JD; Chang JY

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of Texas MD Anderson Cancer Center, Houston, Texas, USA.

RESUMEN / SUMMARY: - PURPOSE: Two choices are widely used for radiation delivery, 3-dimensional conformal radiation therapy (3DCRT) and intensity modulated radiation therapy (IMRT). No randomized comparisons have been conducted in the setting of lung cancer, but theoretical concerns suggest that IMRT may negatively impact disease control. We analyzed a large cohort of limited-stage small-cell lung cancer (LS-SCLC) patients treated before and after institutional conversion from 3DCRT to IMRT to compare outcomes. METHODS AND MATERIALS: Patients with LS-SCLC treated with definitive radiation at our institution between 2000 and 2009 were retrospectively reviewed. Both multivariable Cox regression and propensity score matching were used to compare oncologic outcomes of 3DCRT and IMRT in the context of other clinically relevant covariables. Acute and chronic toxicities associated with the 2 techniques were compared using Fisher exact and log-rank tests, respectively. RESULTS: A total of 223 patients were treated during the study period, with 119 receiving 3DCRT and 104 receiving IMRT. Their median age was 64 years (range, 39-90 years). Median follow-up times for 3DCRT and IMRT were 27 months (range, 2-147 months) and 22 months (range, 4-83 months), respectively. Radiation modality was not associated with differences in overall survival or disease-free survival in either multivariable or propensity score-matched analyses. IMRT patients required significantly fewer percutaneous feeding tube placements (5% vs 17%, respectively, P=.005). CONCLUSIONS: IMRT was not associated with worse oncologic outcomes than those of 3DCRT. IMRT was associated with a lower rate of esophagitis-related percutaneous feeding tube placements.

TÍTULO / TITLE: - Monte Carlo calculation of dose distributions in oligometastatic patients planned for spine stereotactic ablative radiotherapy.

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

REVISTA / JOURNAL: - Phys Med Biol. 2013 Oct 21;58(20):7107-7116. Epub 2013 Sep 20.

●● Enlace al texto completo (gratis o de pago) [1088/0031-9155/58/20/7107](#)

AUTORES / AUTHORS: - Moiseenko V; Liu M; Loewen S; Kosztyla R; Vollans E; Lucido J; Fong M; Vellani R; Popescu IA

INSTITUCIÓN / INSTITUTION: - University of California San Diego, La Jolla, CA 92093-0865, USA.

RESUMEN / SUMMARY: - Dosimetric consequences of plans optimized using the analytical anisotropic algorithm (AAA) implemented in the Varian Eclipse treatment planning system for spine stereotactic body radiotherapy were evaluated by re-calculating with BEAMnrc/DOSXYZnrc Monte Carlo. Six patients with spinal vertebral metastases were planned using volumetric modulated arc therapy. The planning goal was to cover at least 80% of the planning target volume with a prescribed dose of 35 Gy in five fractions. Tissue heterogeneity-corrected AAA dose distributions for the planning target volume and spinal canal planning organ-at-risk volume were compared against

those obtained from Monte Carlo. The results showed that the AAA overestimated planning target volume coverage with the prescribed dose by up to 13.5% (mean 8.3% +/- 3.2%) when compared to Monte Carlo simulations. Maximum dose to spinal canal planning organ-at-risk volume calculated with Monte Carlo was consistently smaller than calculated with the treatment planning system and remained under spinal cord dose tolerance. Differences in dose distribution appear to be related to the dosimetric effects of accounting for body composition in Monte Carlo simulations. In contrast, the treatment planning system assumes that all tissues are water-equivalent in their composition and only differ in their electron density.

TÍTULO / TITLE: - Predictive value of ERCC1, ERCC2, and XRCC1 overexpression for stage III colorectal cancer patients receiving FOLFOX-4 adjuvant chemotherapy.

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

REVISTA / JOURNAL: - J Surg Oncol. 2013 Aug 31. doi: 10.1002/jso.23422.

●● [Enlace al texto completo \(gratis o de pago\) 1002/jso.23422](#)

AUTORES / AUTHORS: - Huang MY; Tsai HL; Lin CH; Huang CW; Ma CJ; Huang CM; Chai CY; Wang JY

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan; Department of Radiation Oncology, Faculty of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan; Cancer Center, Kaohsiung Medical University Hospital, Kaohsiung Medical University, Kaohsiung, Taiwan.

RESUMEN / SUMMARY: - OBJECTIVES: To determine the correlation between expression of three DNA repair genes and early failure/clinical outcome of stage III colorectal cancer (CRC) patients administered with FOLFOX-4, including the excision repair cross-complementation group 1 (ERCC1), the excision repair cross-complementing 2 (ERCC2), and X-ray repair cross-complementing protein 1 (XRCC1). MATERIALS AND METHODS: We retrospectively analyzed clinicopathological features and ERCC1, ERCC2, XRCC1 expressions by immunohistochemical staining in 180 stage III CRC patients undergoing curative resection and treated with FOLFOX-4 chemotherapy to identify predictors of postoperative early failure. RESULTS: Among 180 CRC patients, 44 patients were classified into early failure group, and 136 patients were categorized into non-early failure group. A multivariate logistic regression analysis showed that ERCC1 overexpression ($P = 0.005$), and high postoperative carcinoembryonic antigen (CEA) levels ($P = 0.001$) were independent predictors of early failure. Additionally, ERCC1 overexpression was not only a predictor of early failure but also for disease-free survival ($P < 0.001$) and overall survival ($P < 0.001$). However, no predictive roles of ERCC2 and XRCC1 expression among these analyzed patients. CONCLUSIONS: ERCC1 overexpression is an important predictor of early failure in patients with stage III CRC administering FOLFOX-4 adjuvant chemotherapy and this marker may help identify

patients who would benefit from intensive follow-up and enhance therapeutic programs. J. Surg. Oncol. © 2013 Wiley Periodicals, Inc.

TÍTULO / TITLE: - The Addition of Radiation to Chemotherapy does not Improve Outcome When Compared to Chemotherapy in the Treatment of Resected Pancreas Cancer: The Results of a Single-Institution Experience.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Sep 18.

●● [Enlace al texto completo \(gratis o de pago\) 1245/s10434-013-3266-1](#)

AUTORES / AUTHORS: - Martin LK; Luu DC; Li X; Muscarella P; Christopher Ellison E; Bloomston M; Bekaii-Saab T

INSTITUCIÓN / INSTITUTION: - Division of Medical Oncology, Department of Internal Medicine, The Ohio State University, Columbus, OH, USA.

RESUMEN / SUMMARY: - BACKGROUND: Pancreas cancer is highly lethal even at early stages. Adjuvant therapy with chemotherapy (CT) or chemoradiation (CRT) is standard following surgery to delay recurrence and improve survival. There is no consensus on the added value of radiotherapy (RT). We conducted a retrospective analysis of clinical outcomes in pancreas cancer patients treated with CT or CRT following surgery. METHODS: Patients with resected pancreas adenocarcinoma were identified in our institutional database. Relevant clinicopathologic and demographic data were collected. Patients were grouped according to adjuvant treatment: group A: no treatment; group B: CT; group C: CRT. The primary endpoint of overall survival was compared between groups B vs. C. Univariate and multivariate analyses of potential prognostic factors were conducted including all patients. RESULTS: A total of 146 evaluable patients were included (group A: n = 33; group B: n = 45; group C: n = 68). Demographics and pathologic characteristics were comparable. There was no significant survival benefit for CRT compared with CT (mOS 16.8 months vs. 21.5 months, respectively, p = 0.76). Local recurrence rates were similar in all three groups. Univariate analyses identified absence of lymph node involvement (hazards ratio [HR] 1.43, p = 0.0082) and administration of adjuvant therapy (HR 0.496, p = 0.0008) as significant predictors for improved survival. Multivariate analyses suggested that patients without nodal involvement derived the most benefit from adjuvant treatment. CONCLUSIONS: The addition of RT to CT did not improve survival over CT. Lymph node involvement predicts inferior clinical outcome.

TÍTULO / TITLE: - The association between lymph node resection and postoperative survival in patients with colorectal cancer.

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

REVISTA / JOURNAL: - Hepatogastroenterology. 2013 Sep 12. doi: 10.5754/hge13430.

- Enlace al texto completo (gratis o de pago) [5754/hge13430](https://doi.org/10.5754/hge13430)

AUTORES / AUTHORS: - Zhang B; Chen T; Wei Q; Wang G; Lv M; Chen B

RESUMEN / SUMMARY: - Background/Aims: To describe the detail of lymph node dissection and its number and to study the association between that and the postoperative survival in patients with colorectal cancer. Methodology: Two hundred and sixty-five patients with colorectal cancer performed radical resection from December 2004 to December 2006 in the Department of General Surgery, Qilu Hospital of Shandong University were analyzed. The survival rate was estimated using Kaplan-Meier methodology. Log-rank test was used for significant comparison and Cox proportional hazards regression was used to multivariately assess outcome. Results: The survival rate of colorectal cancer patients who had 12 or more lymph nodes harvested was significantly higher than that of those who had less than 12 lymph nodes harvested (adjusted risk ratio (RR): 0.215; 95% CI: 0.102-0.456). The number of lymph nodes harvested was a significant variable that affected survival in both stage II and stage III patients. Only 24.9% of all patients had at least 12 lymph nodes harvested. Conclusions: The number of lymph nodes harvested was a prognostic variable to evaluate outcome in patients with colorectal cancer. However, most patients did not receive adequate lymph node evaluation. More efforts should be done to improve quality of care in this area.

- CASTELLANO -

TÍTULO / TITLE: Überleben von Patienten mit Knochenmetastasen der Wirbelsäule eines nichtkleinzelligen Bronchialkarzinoms : Eine retrospektive Analyse von 303 Patienten.

TÍTULO / TITLE: - Survival and prognostic factors in non-small cell lung cancer patients with spinal bone metastases : A retrospective analysis of 303 patients.

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

REVISTA / JOURNAL: - Strahlenther Onkol. 2013 Sep 21.

- Enlace al texto completo (gratis o de pago) [1007/s00066-013-0431-1](https://doi.org/10.1007/s00066-013-0431-1)

AUTORES / AUTHORS: - Rief H; Muley T; Bruckner T; Welzel T; Rieken S; Bischof M; Lindel K; Combs SE; Debus J

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University Hospital of Heidelberg, Im Neuenheimer Feld 400, 69120, Heidelberg, Germany, Harald.Rief@med.uni-heidelberg.de.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: For palliative care of spinal bone metastases, stability assessment is of crucial importance. Pathological fractures, instability-related patient immobility and the extent of bone metastasis have been reported to affect patient outcome and these parameters have therefore been used for treatment stratification. We report on stability-dependent fracture and survival rates in over 300 non-small cell lung cancer (NSCLC) patients. MATERIALS AND METHODS: Data from 303 patients with 868 osteolytic metastases treated with

radiotherapy (RT) between 2000 and 2012 were evaluated retrospectively. RESULTS: In NSCLC patients with bone metastases only, the retrospective 6- and 12-month overall survival (OS) rates were 76.7 and 47.2 %, respectively. In patients with additional non-bone distant metastases, these values were 60.0 and 34.0 %, respectively. Survival rates were significantly lower in patients with multiple bone metastases and in those suffering pathological fractures ($p = 0.017$). No significant impact of histological type, location of spinal lesions or treatment regime was detected. Furthermore, stability assessment revealed no influence of vertebral column stability on patient outcome ($p = 0.739$). CONCLUSION: Our analysis demonstrated a correlation between the pathological fractures of bone lesions, the number of bone metastases, additional distant metastases and survival. The results offer a rationale for future prospective investigations.

TÍTULO / TITLE: - Strategies to enhance the efficiency of endothelial progenitor cell therapy by Ephrin B2 pre-treatment and Co administration with Smooth Muscle Progenitor Cells on vascular function during wound healing process in irradiated or not condition.

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

REVISTA / JOURNAL: - Cell Transplant. 2013 Sep 10.

●● Enlace al texto completo (gratis o de pago) [3727/096368913X672064](#)

AUTORES / AUTHORS: - P F; C S; V H; V B; C D; B L; M B; Js S; G T; R T

RESUMEN / SUMMARY: - Endothelial progenitor cell (EPC) transplantation has beneficial effects for therapeutic neovascularisation. We therefore assessed the effect of a therapeutic strategy based on EPC administration in the healing of radiation-induced damage. To improve cell therapy for clinical use, we used pre-treatment with ephrin B2-Fc (Eph-B2-Fc) or and co-administration with smooth muscle progenitor cells. At Day 3, EPCs promoted dermal wound healing in both non-irradiated and irradiated mice by 1.2 - and 1.15 -fold, respectively compared with animals injected with PBS. In addition, EPCs also improved skin blood perfusion and capillary density in both irradiated and non-irradiated mice compared with PBS-injected animals. We also demonstrated that activation with ephrin-B2-Fc increased wound closure by 1.6-fold compared with unstimulated EPC in non-irradiated mice. Interestingly, the beneficial effect of Eph-B2-Fc was abolished in irradiated animals. In addition, we found that Eph-B2-Fc stimulation did not improve EPC-induced vascular permeability or adhesiveness compared to unstimulated EPC cells. We hypothesised that this effect was due to high oxidative stress during irradiation leading to inhibition of EPC beneficial effect on the vascular function. In this line, we demonstrated that in irradiated conditions, N-acetyl-L-cysteine treatment restored the beneficial effect of EPC stimulation with Eph-B2-Fc in wound healing process. In conclusion, stimulation by Eph-B2-Fc improved the beneficial effect of EPCs in physiological conditions and irradiated conditions only in

association with antioxidant treatment. Additionally, cotherapy was beneficial in pathological conditions.

TÍTULO / TITLE: - Cardiac metabolism and its interactions with contraction, growth, and survival of cardiomyocytes.

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

REVISTA / JOURNAL: - Circ Res. 2013 Aug 16;113(5):603-16. doi: 10.1161/CIRCRESAHA.113.302095.

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

[1161/CIRCRESAHA.113.302095](#)

AUTORES / AUTHORS: - Kolwicz SC Jr; Purohit S; Tian R

INSTITUCIÓN / INSTITUTION: - From the Mitochondria and Metabolism Center, Department of Anesthesiology and Pain Medicine, and Department of Medicine, University of Washington School of Medicine, Seattle.

RESUMEN / SUMMARY: - The network for cardiac fuel metabolism contains intricate sets of interacting pathways that result in both ATP-producing and non-ATP-producing end points for each class of energy substrates. The most salient feature of the network is the metabolic flexibility demonstrated in response to various stimuli, including developmental changes and nutritional status. The heart is also capable of remodeling the metabolic pathways in chronic pathophysiological conditions, which results in modulations of myocardial energetics and contractile function. In a quest to understand the complexity of the cardiac metabolic network, pharmacological and genetic tools have been engaged to manipulate cardiac metabolism in a variety of research models. In concert, a host of therapeutic interventions have been tested clinically to target substrate preference, insulin sensitivity, and mitochondrial function. In addition, the contribution of cellular metabolism to growth, survival, and other signaling pathways through the production of metabolic intermediates has been increasingly noted. In this review, we provide an overview of the cardiac metabolic network and highlight alterations observed in cardiac pathologies as well as strategies used as metabolic therapies in heart failure. Lastly, the ability of metabolic derivatives to intersect growth and survival are also discussed.

TÍTULO / TITLE: - Proton arc reduces range uncertainty effects and improves conformality compared with photon volumetric modulated arc therapy in stereotactic body radiation therapy for non-small cell lung cancer.

RESUMEN / SUMMARY: -

ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=23920395

●● Enlace al texto completo (gratis o de pago) [1016/j.ijrobp.2013.04.048](#)

AUTORES / AUTHORS: - Seco J; Gu G; Marcelos T; Kooy H; Willers H

INSTITUCIÓN / INSTITUTION: - Francis H. Burr Proton Therapy Center, Department of Radiation Oncology, Massachusetts General Hospital, Boston, Massachusetts, USA.
jseco@partners.org

RESUMEN / SUMMARY: - PURPOSE: To describe, in a setting of non-small cell lung cancer (NSCLC), the theoretical dosimetric advantages of proton arc stereotactic body radiation therapy (SBRT) in which the beam penumbra of a rotating beam is used to reduce the impact of range uncertainties. METHODS AND MATERIALS: Thirteen patients with early-stage NSCLC treated with proton SBRT underwent repeat planning with photon volumetric modulated arc therapy (Photon-VMAT) and an in-house-developed arc planning approach for both proton passive scattering (Passive-Arc) and intensity modulated proton therapy (IMPT-Arc). An arc was mimicked with a series of beams placed at 10 degrees increments. Tumor and organ at risk doses were compared in the context of high- and low-dose regions, represented by volumes receiving >50% and <50% of the prescription dose, respectively. RESULTS: In the high-dose region, conformity index values are 2.56, 1.91, 1.31, and 1.74, and homogeneity index values are 1.29, 1.22, 1.52, and 1.18, respectively, for 3 proton passive scattered beams, Passive-Arc, IMPT-Arc, and Photon-VMAT. Therefore, proton arc leads to a 30% reduction in the 95% isodose line volume to 3-beam proton plan, sparing surrounding organs, such as lung and chest wall. For chest wall, V30 is reduced from 21 cm(3) (3 proton beams) to 11.5 cm(3), 12.9 cm(3), and 8.63 cm(3) (P=.005) for Passive-Arc, IMPT-Arc, and Photon-VMAT, respectively. In the low-dose region, the mean lung dose and V20 of the ipsilateral lung are 5.01 Gy(relative biological effectiveness [RBE]), 4.38 Gy(RBE), 4.91 Gy(RBE), and 5.99 Gy(RBE) and 9.5%, 7.5%, 9.0%, and 10.0%, respectively, for 3-beam, Passive-Arc, IMPT-Arc, and Photon-VMAT, respectively. CONCLUSIONS: Stereotactic body radiation therapy with proton arc and Photon-VMAT generate significantly more conformal high-dose volumes than standard proton SBRT, without loss of coverage of the tumor and with significant sparing of nearby organs, such as chest wall. In addition, both proton arc approaches spare the healthy lung from low-dose radiation relative to photon VMAT. Our data suggest that IMPT-Arc should be developed for clinical use.

TÍTULO / TITLE: - Exposure to ionizing radiation during liver transplantation evaluation, waitlist time, and post-operative period: A cause for concern.

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

REVISTA / JOURNAL: - Hepatology. 2013 Jul 31. doi: 10.1002/hep.26633.

●● Enlace al texto completo (gratis o de pago) [1002/hep.26633](https://doi.org/10.1002/hep.26633)

AUTORES / AUTHORS: - Lee SY; Mooney MA; Inra ML; Juluru K; Olsen SK; Brown RS Jr; Emond JC; Cherqui D; Kluger MD

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Section of Hepatobiliary Surgery and Liver Transplantation, New York Presbyterian Hospital - Weill-Cornell Medical Center, New York, New York.

RESUMEN / SUMMARY: - Substantial evidence has linked ionizing radiation exposure(RE) to oncogenesis. Patients evaluated for transplantation undergo extensive diagnostic imaging and have increased baseline cancer risk factors. The objective was to examine exposure in a cohort of patients undergoing evaluation and liver transplantation. Radiation exposure from all diagnostic examinations and procedures were retrospectively recorded. Radiation exposure is reported in millisieverts(mSv), a standardized measure of the detrimental biologic effect of radiation which allows for population-level comparisons. Seventy-four patients (69% male, mean 57 years) were evaluated, of which 13 of 35 subsequently listed patients were transplanted; an additional 18 previously evaluated patients were also transplanted during 2010. The most common indications were hepatitis C (55%) and hepatocellular carcinoma(HCC)(30%). The median observation period was 14 months. 1,826 imaging examinations were performed, of which 408(22%) involved considerable ionizing radiation, and were the focus of investigation. Median annualized effective RE was 51mSv[Interquartile range(IQR):19,126], with 10% exposed to almost twice the amount of radiation recommended for a 5-year period. Patients with HCC received significantly ($p < 0.00001$) higher median annualized effective RE than patients without HCC, 137mSv (IQR:87,259) versus 32mSv(IQR:13,57), respectively. Computed tomography(CT) abdomen(23%) and chest(16%) accounted for the most common exposures, with CT abdomen accounting for 46% of overall cohort RE. Conclusion: Patients undergoing evaluation and liver transplantation at our center are exposed to very high levels of ionizing radiation. Although long-term effects in these patients are yet to be defined, the theoretical increased risk of malignancy must be given its due consideration. Routine use of non-radiating imaging and reconsideration of indications may be preferred and justified in this population. (Hepatology 2013;).

TÍTULO / TITLE: - Sentinel node biopsy for patients with early breast cancer under local anaesthesia: Time to say goodbye?

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

REVISTA / JOURNAL: - Eur J Surg Oncol. 2013 Oct;39(10):1061-2. doi: 10.1016/j.ejso.2013.07.082. Epub 2013 Jul 30.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejso.2013.07.082](https://doi.org/10.1016/j.ejso.2013.07.082)

AUTORES / AUTHORS: - van Berlo CL

INSTITUCIÓN / INSTITUTION: - Department of Surgery, VieCuri Medical Centre, Venlo, The Netherlands. Electronic address: charles.van.berlo@ziggo.nl.

RESUMEN / SUMMARY: - From 2000 onwards many papers were published regarding the technique of sentinel lymph node biopsy in early breast cancer under local

anaesthesia. This technique enabled a solid base for definitive breast surgery in one session under general anaesthesia, contributing to a better preparation of the patient undergoing definite breast cancer treatment and saving operating time. All papers agreed in safety of the concept, quality and patient satisfaction. As we will more and more waive a complete axillary dissection even after positive sentinel nodes, because there is no proof of gain in survival and local control, there is nowadays less place for the knowledge of the sentinel node status prior to definite breast surgery.

TÍTULO / TITLE: - Prospective randomized double-blind multicenter phase II study comparing chemotherapy with gemcitabine and cisplatin plus sorafenib vs gemcitabine and cisplatin plus placebo in locally advanced and/or metastasized urothelial cancer - SUSE - (AUO-AB 31/05).

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

REVISTA / JOURNAL: - BJU Int. 2013 Sep 5. doi: 10.1111/bju.12437.

●● Enlace al texto completo (gratis o de pago) 1111/bju.12437

AUTORES / AUTHORS: - Krege S; Rexer H; Vom Dorp F; de Geeter P; Klotz T; Retz M; Heidenreich A; Kuhn M; Kamradt J; Feyerabend S; Wulfing C; Zastrow S; Albers P; Hakenberg O; Roigas J; Fenner M; Heinzer H; Schrader M

INSTITUCIÓN / INSTITUTION: - Dpt. of Urology, Alexianer Hospital Maria Hilf GmbH, Krefeld, Germany.

RESUMEN / SUMMARY: - Standard chemotherapy with gemcitabine and cisplatin in advanced urothelial cancer of the bladder results in median overall survival of 14 months (1). Triplet chemotherapy regimens or high-dose chemotherapy failed to improve OS (2-4). The success of targeted therapies in some tumor entities as renal cell cancer, hepatocellular carcinoma or breast cancer led to studies in almost all other tumor entities. Based on the fact that these novel agents bind to specific receptors it seemed rationale to choose a target overexpressing its specific receptor in the tumor to be treated. In urothelial cancer the vascular endothelial growth factor receptor (VEGFR), epidermal growth factor receptor (EGFR) and Her-2/neu, a transmembrane tyrosine-kinase growth factor receptor, are known to be overexpressed in a substantial amount (5-9).

TÍTULO / TITLE: - A retrospective study of S-1 and oxaliplatin combination chemotherapy in patients with refractory pancreatic cancer.

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

REVISTA / JOURNAL: - Cancer Chemother Pharmacol. 2013 Sep 1.

●● Enlace al texto completo (gratis o de pago) 1007/s00280-013-2278-7

AUTORES / AUTHORS: - Takahara N; Isayama H; Nakai Y; Sasaki T; Hamada T; Uchino R; Mizuno S; Miyabayashi K; Kogure H; Yamamoto N; Sasahira N; Hirano K; Ijichi H; Tateishi K; Tada M; Koike K

INSTITUCIÓN / INSTITUTION: - Department of Gastroenterology, Graduate School of Medicine, The University of Tokyo, 7-3-1 Hongo, Bunkyo-ku, Tokyo, 113-8655, Japan.

RESUMEN / SUMMARY: - PURPOSE: The aim of this study was to evaluate S-1 and oxaliplatin combination chemotherapy (SOX) in patients with refractory pancreatic cancer (PC). METHODS: Consecutive patients with advanced PC refractory to gemcitabine who were treated with oral S-1 (80 mg/m²) on days 1-14 and intravenous oxaliplatin (100 mg/m²) on day 1 every 3 weeks were studied retrospectively. The primary end point was the objective response rate (ORR). The secondary end points were progression-free survival (PFS), overall survival (OS), the disease control rate (DCR), and safety. RESULTS: Between March 2009 and October 2011, 30 patients were treated with SOX, with a median of two courses (range 1-8). The ORR and DCR were 10.0 and 50.0 %, respectively. Median PFS and OS were 3.4 months (95 % confidence interval [CI] 1.3-5.3) and 5.0 months (95 % CI 3.4-7.4), respectively. The median PFS and OS were 5.6 and 9.1 months in patients receiving S-1 and oxaliplatin as a second-line treatment. Major grade 3 or 4 adverse events included neutropenia (10.0 %), anemia (3.3 %), and diarrhea (6.7 %). CONCLUSIONS: SOX was well tolerated and moderately effective in patients with refractory PC.

TÍTULO / TITLE: - Changes in fPSA level could discriminate tPSA flare-up from tPSA progression in patients with castration-refractory prostate cancer during the initial phase of docetaxel-based chemotherapy.

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

REVISTA / JOURNAL: - Cancer Chemother Pharmacol. 2013 Sep 17.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s00280-013-2291-x](#)

AUTORES / AUTHORS: - Du J; Yang Q; Chen XS; Tian J; Yao X

INSTITUCIÓN / INSTITUTION: - Department of Genitourinary Oncology, Key Laboratory of Cancer Prevention and Therapy, National Clinical Research Center of Cancer, Tianjin Medical University Cancer Institute and Hospital, Huanhuxi Road, Hexi District, Tianjin, 300060, China, dujun_1980@hotmail.com.

RESUMEN / SUMMARY: - PURPOSE: To evaluate whether changes in fPSA level could predict tPSA flare-up in patients with castration-refractory prostate cancer during the initial phase of docetaxel-based chemotherapy. METHODS: We retrospectively identified 79 consecutive patients who received docetaxel-based chemotherapy at our institution. The treatment protocols included docetaxel 75 mg/m² every 21 days, with either prednisone 5 mg twice daily or estramustine 280 mg three times daily on days 1-5; treatment with dexamethasone preceded docetaxel therapy. All PSA values were determined before every cycle of docetaxel-based treatment. RESULTS: According to

changes in tPSA level, 79 patients were divided into 3 groups: response (group 1), progression (group 2) and flare-up (group 3). fPSA and tPSA levels showed different patterns in groups 1, 2 and 3. Changes in fPSA level were independent of the changes in tPSA level in group 3, which decreased during chemotherapy. However, comparing with fPSA changes in group 3, changes in fPSA level were in accordance with tPSA changes in groups 1 and 2. Estimated median survival in groups 1, 2 and 3 was 23, 13 and 21 months, respectively. Median survival for patients in groups 1 ($P = 0.008$ vs group 2) and 3 ($P = 0.029$ vs group 2) is significantly longer than for patients who experienced progressive disease under therapy. However, there was no statistically significant difference in survival between groups 1 and 3. CONCLUSIONS: In the present study, we observed that changes in fPSA level could possibly discriminate tPSA flare-up from tPSA progression in patients with castration-refractory prostate cancer during the initial phase of docetaxel-based chemotherapy.

TÍTULO / TITLE: - Low NK cell counts in peripheral blood are associated with inferior overall survival in patients with follicular lymphoma.

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

REVISTA / JOURNAL: - Leuk Res. 2013 Oct;37(10):1213-5. doi: 10.1016/j.leukres.2013.07.038. Epub 2013 Aug 7.

●● Enlace al texto completo (gratis o de pago) [1016/j.leukres.2013.07.038](#)

AUTORES / AUTHORS: - Shafer D; Smith MR; Borghaei H; Millenson MM; Li T; Litwin S; Anad R; Al-Saleem T

INSTITUCIÓN / INSTITUTION: - Loyola University Medical Center, Maywood, IL, USA.

RESUMEN / SUMMARY: - Host immune responses influence follicular lymphoma (FL) outcomes. To test our hypothesis that immune cells in blood reflect that response, we assessed by peripheral blood flow cytometry in 75 untreated FL patients the absolute counts of: lymphocytes (ALC), CD4(+)T (ACD4C), CD8(+)T (ACD8C) and natural killer (ANKC) cells. Low ANKC was the only parameter associated with inferior overall survival by univariate analysis ($p=0.02$), and trended to significance in multivariable analysis with ACD4C ($p=0.08$). Five (24%) patients with low initial ANKC died, while one (2%) with normal/high ANKC has died. In conclusion, evaluation of blood ANKC may be a useful indicator of outcome in previously untreated FL patients.

TÍTULO / TITLE: - Ei24, a Novel E2F Target Gene, Affects p53-independent Cell Death upon UVC Irradiation.

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

REVISTA / JOURNAL: - J Biol Chem. 2013 Sep 6.

●● Enlace al texto completo (gratis o de pago) [1074/jbc.M113.477570](#)

AUTORES / AUTHORS: - Sung YH; Jin Y; Kang Y; Devkota S; Lee J; Roh JI; Lee HW

INSTITUCIÓN / INSTITUTION: - Department of Biochemistry, College of Life Science and Biotechnology, Yonsei University, Korea, Republic of;

RESUMEN / SUMMARY: - The deficiency of retinoblastoma (Rb) gene deregulates E2F transcription factors, and thus induces E2F target genes directly or p53 target genes indirectly via mouse p19Arf (or p14ARF in humans), an E2F target gene. Here, we identified that etoposide-induced 2.4 mRNA (Ei24)/p53-induced gene 8 (Pig8), a p53 target gene involved in apoptosis and autophagy, was upregulated in Rb^{-/-}-mouse embryonic fibroblasts (MEFs). The Ei24 promoter was activated by E2F1 via multiple E2F-responsive elements, independently of the previously reported p53-responsive element. Chromatin immunoprecipitation (ChIP) assays revealed that E2F1 directly acts on the mouse Ei24 promoter. We observed that Ei24 expression was suppressed in p53^{-/-} MEFs upon UVC irradiation, which was exacerbated in p53^{-/-} E2f1^{-/-} MEFs, supporting the positive role of E2F1 on Ei24 transcription. Furthermore, Ei24 knockdown sensitized p53^{-/-} MEFs against UVC irradiation. Together, our data indicate that Ei24 is a novel E2F target gene contributing to the survival of p53-deficient cells upon UVC irradiation, and thus may have a potential significance as a therapeutic target of certain chemotherapy for treating p53-deficient tumors.

TÍTULO / TITLE: - Peritoneal metastases of lower gastrointestinal tract origin: a comparative study of patient outcomes following cytoreduction and intraperitoneal chemotherapy.

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

REVISTA / JOURNAL: - J Cancer Res Clin Oncol. 2013 Sep 11.

●● Enlace al texto completo (gratis o de pago) [1007/s00432-013-1517-y](#)

AUTORES / AUTHORS: - Ung L; Chua TC; Morris DL

INSTITUCIÓN / INSTITUTION: - UNSW Department of Surgery, St. George Hospital, Kogarah, NSW, 2217, Australia.

RESUMEN / SUMMARY: - BACKGROUND: Cytoreductive surgery (CS) combined with intraperitoneal chemotherapy (IPC) is a multimodal approach to the treatment of peritoneal metastases (PM) of lower gastrointestinal origin. This study examines patient outcomes and critically evaluates its patterns of recurrences relative to the site of metastatic origin. METHODS: Patients treated with CS/IPC from 2000 to 2012 where PM arose from a primary tumour of the appendix, colon and rectum were identified from a prospective database for retrospective evaluation. The primary end points were survival (overall and disease-free), and secondary end points include patterns of recurrence and prognostic factors associated with overall outcomes. RESULTS: Two hundred and eleven patients were followed up for a median of 23.3 months (range 1-156). Overall median survival was 46.8 months, and the 1-, 3-, 5-year survival rates were 87, 56 and 42 %, respectively. The 5-year survival of patients with appendiceal, colonic and rectal PM was 55, 33 and 20 %, respectively. Tumour origin was the only

independent prognostic factor associated with overall survival ($p = 0.03$). Recurrences were more common in patients of colorectal origin over appendiceal origin ($p < 0.001$) and were more likely to be of a systemic nature ($p = 0.05$). CONCLUSION: CS/IPC provides an option for improved survival in patients with PM of lower gastrointestinal origin and appears to be most promising in patients with disease of appendiceal origin.

TÍTULO / TITLE: - Induction of Estrogen-Sensitive Epithelial Cells Derived from Human-Induced Pluripotent Stem Cells to Repair Ovarian Function in a Chemotherapy-Induced Mouse Model of Premature Ovarian Failure.

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

REVISTA / JOURNAL: - DNA Cell Biol. 2013 Sep 14.

●● Enlace al texto completo (gratis o de pago) [1089/dna.2013.2032](#)

AUTORES / AUTHORS: - Liu T; Qin W; Huang Y; Zhao Y; Wang J

INSTITUCIÓN / INSTITUTION: - 1 Shanghai Geriatric Institute of Chinese Medicine, Longhua Hospital, Shanghai University of Traditional Chinese Medicine, Shanghai, China.

RESUMEN / SUMMARY: - The incidence of premature ovarian failure (POF), a condition causing amenorrhea and hypergonadotropic hypogonadism in women before the age of 40, has been increasing in recent years. As an irreversible pathological change, improved treatment strategies for this disease are urgently needed. In this study, a type of microRNA (miR-17-3p) was used to guide the differentiation of human-induced pluripotent stem (iPS) cells into hormone-sensitive ovarian epithelial (OSE)-like cells in vitro. To prevent their morphological transformation into fibroblast-like cells, miR-17-3p, a microRNA that suppresses vimentin expression, was transfected into human iPS cells. Subsequently, these cells were successfully induced into OSE-like cells in vitro after treatment with estrogen and cell growth factors. Compared with controls, iPS cells transfected with miR-17-3p expressed higher levels of epithelial markers (cytokeratin 7, AE1, AE3, and E-cadherin) and estrogen receptors (ER α and ER β) while levels of mesenchymal markers (fibronectin, vimentin, and N-cadherin) lowered after the induction. The human iPS cell-derived OSE-like cells were then injected into cyclophosphamide-induced POF model mice to determine their potential benefit as grafts to repair ovarian tissues. The OSE-like cells survived within POF mouse ovaries for at least 14 days in vivo. Compared with the negative controls, expressions of cytokeratin 7 and ER β proteins were elevated while fibronectin and vimentin levels in ovarian tissues were downregulated in the OSE-like cell transplantation group. Moreover, the ovarian weight and plasma E2 level increased over time in the transplantation with OSE-like cells, compared with control groups. Hence, we can draw the conclusion that iPS cells can be induced to differentiate into OSE-like cells in vitro.

TÍTULO / TITLE: - A modified TNM-7 staging system to better predict the survival in patients with hepatocellular carcinoma after hepatectomy.

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

REVISTA / JOURNAL: - J Cancer Res Clin Oncol. 2013 Oct;139(10):1709-19. doi: 10.1007/s00432-013-1497-y. Epub 2013 Aug 28.

●● Enlace al texto completo (gratis o de pago) [1007/s00432-013-1497-y](#)

AUTORES / AUTHORS: - Huang J; Zhang Y; Peng Z; Gao H; Xu L; Jiao LR; Chen M

INSTITUCIÓN / INSTITUTION: - Department of Hepatobiliary Surgery, Sun Yat-sen University Cancer Center, 651 Dongfeng Road East, Guangzhou, 510060, China.

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate the accuracy of the 7th edition of the American Joint Committee on Cancer staging system (TNM-7) for patients undergoing hepatectomy for hepatocellular carcinoma (HCC) and to propose a modified TNM system for better prediction of survival. METHODS: Clinico-pathological data for 1,313 patients who underwent hepatectomy as initial treatment for HCC between 2000 and 2008 were retrieved from a prospective database. Overall survival (OS) and disease-free survival (DFS) were analyzed to evaluate the predictive value. RESULTS: The 1-, 3-, 5-year OS and DFS of 1,313 patients were 79.2, 55.4, 45.5 %, and 52.6, 36.1, 31.8 %, respectively. Multivariate analysis revealed that major vascular invasion was the most important prognostic factor for both OS and DFS, along with tumour number and size. Patients with pT1 and pT2 disease had significantly better OS and DFS than those with pT3 disease (P < 0.001). There was no significant difference between pT3a and pT4 (P = 0.552) but patients with pT3b disease had a worse OS and DFS than those with pT4 disease (P = 0.006 and P < 0.001, respectively). A modified TNM system within the existing framework was proposed to combine the current pT3a and pT4 together as the new pT3 and to change pT3b to the new pT4. Analysis showed that this modified system had a better prognostic power than either TNM-6 or TNM-7. CONCLUSION: TNM-7 would seem to be inaccurate for staging advanced HCC. The modified system can improve both the prognostic accuracy and the hazard discrimination of disease to be consistent among subgroups of HCC.

TÍTULO / TITLE: - Massive endoprosthetic replacement for bone metastases resulting from renal cell carcinoma: Factors influencing patient survival.

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

REVISTA / JOURNAL: - Eur J Surg Oncol. 2013 Sep 21. pii: S0748-7983(13)00733-6. doi: 10.1016/j.ejso.2013.08.001.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejso.2013.08.001](#)

AUTORES / AUTHORS: - Hwang N; Nandra R; Grimer RJ; Carter SR; Tillman RM; Abudu A; Jeys LM

INSTITUCIÓN / INSTITUTION: - Royal Orthopaedic Hospital, Birmingham (UK), Bristol Rd S, Northfield, Birmingham, B31 2AP, UK. Electronic address: Nick.hwang.8@gmail.com.

RESUMEN / SUMMARY: - BACKGROUND: Surgery remains the main treatment of bone metastases due to renal cell carcinoma (RCC). We reviewed 135 patients treated with resection and endoprosthetic replacement (EPR) and examined clinico-pathological factors predicting survival. METHODS: Surgical and oncological outcomes were examined using a prospectively maintained database between 1976 and 2012. Survival rates were calculated by Kaplan-Meier method. Multivariate analyses were performed to investigate factors predictive of increased survival. RESULTS: At diagnosis, 81 patients had synchronous RCC and bone metastases and the remaining developed metachronous metastases after primary treatment for RCC. The majority were solitary tumours (75%) and 77% had \geq one concurrent visceral metastases. The median age at surgery was 61 years old (IQR 53-69). The median follow-up was 20 months (IQR 10-43) and the overall survival was 72% at one-year. This declined to 45% and 28% at three and five-years, respectively. After adjustments for prognostic factors, there was an increased risk of death in patients with multiple skeletal metastases (HR = 2), \geq one visceral metastases (HR = 3) and local recurrence (HR = 3) (all $p \leq 0.01$). Ten patients required revision (7%) and the risk of revision was 4% at one-year and remained low at 8% from two years postoperatively. CONCLUSION: Patients with solitary bone lesions and no visceral metastases should be considered for bone resection and EPR. As survival beyond one-year can be expected in a majority of patients and the risk of further surgery after EPR is low, patients with multiple skeletal metastases and visceral metastases should also be considered.

TÍTULO / TITLE: - Chemotherapy-induced ovarian toxicity in patients affected by endocrine-responsive early breast cancer.

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

REVISTA / JOURNAL: - Crit Rev Oncol Hematol. 2013 Aug 13. pii: S1040-8428(13)00158-3. doi: 10.1016/j.critrevonc.2013.07.007.

●● Enlace al texto completo (gratis o de pago) [1016/j.critrevonc.2013.07.007](https://doi.org/10.1016/j.critrevonc.2013.07.007)

AUTORES / AUTHORS: - Torino F; Barnabei A; De Vecchis L; Sini V; Schittulli F; Marchetti P; Corsello SM

INSTITUCIÓN / INSTITUTION: - Department of Systems Medicine, Chair of Medical Oncology, Tor Vergata University of Rome, Italy.

RESUMEN / SUMMARY: - Cytotoxic chemotherapy may variably affect ovarian function depending on age and ovarian reserve at diagnosis, type of chemotherapy and use of tamoxifen. Ascertaining whether a premenopausal patient with endocrine-responsive early breast cancer and chemotherapy-induced amenorrhea has reached menopause is essential not only in order to provide accurate information on residual fertility, but also to appropriately prescribe endocrine therapy. Indeed, aromatase inhibitors are contraindicated in women with residual ovarian reserve. However, the diagnosis of menopause in patients with chemotherapy-induced amenorrhea is challenging, since

clinical features, follicle-stimulating hormone and estradiol levels may be inaccurate to this aim. Recent studies demonstrated that the anti-mullerian hormone may improve the assessment of ovarian reserve residual to chemotherapy in women with early breast cancer. Herein, we review the incidence of amenorrhea and menopause induced by cytotoxic chemotherapy in women affected by early breast cancer and the suggested mechanisms that sustain these side-effects. Furthermore, it has been scrutinized the potential of new markers of ovarian reserve that may facilitate the selection of appropriate endocrine treatment for premenopausal women who develop amenorrhea following adjuvant chemotherapy for early breast cancer.

TÍTULO / TITLE: - Impact of Identification of Internal Mammary Sentinel Lymph Node Metastasis in Breast Cancer Patients.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Sep 18.

●● [Enlace al texto completo \(gratis o de pago\) 1245/s10434-013-3276-z](#)

AUTORES / AUTHORS: - Caudle AS; Yi M; Hoffman KE; Mittendorf EA; Babiera GV; Hwang RF; Meric-Bernstam F; Sahin AA; Hunt KK

INSTITUCIÓN / INSTITUTION: - Department of Surgical Oncology, The University of Texas MD Anderson Cancer Center, Houston, TX, USA.

RESUMEN / SUMMARY: - **BACKGROUND:** Accurate assessment of the internal mammary (IM) nodal basin can impact prognosis and treatment in breast cancer. The goal of this study was to identify characteristics associated with positive IM sentinel lymph nodes (SLNs) and the impact on adjuvant treatment. **METHODS:** Clinically node-negative breast cancer patients who underwent SLN dissection including removal of IM SLNs were identified and medical records were reviewed. Statistical analysis was performed using Fisher's exact test and rank-sum tests with a significance level of 0.05. **RESULTS:** IM SLNs were removed in 71 patients, 60 (85 %) had negative IM SLNs, whereas 11 (15 %) had positive IM SLNs. Clinicopathologic characteristics were similar between the groups. The majority of patients in both groups had axillary SLNs removed (95 % in the node-negative group vs. 91 % in the node-positive group). Four patients (36 %) with positive IM SLNs had axillary metastasis; thus, IM nodal metastases were the only nodal metastases in 64 % of patients with positive IM SLNs. The identification of IM metastases altered adjuvant therapy in 5 (45 %) patients with positive IM SLNs. **CONCLUSIONS:** Patients with positive IM SLNs have clinicopathologic features similar to those of patients with negative IM SLNs limiting the ability to predict IM nodal metastasis preoperatively. The identification of IM nodal metastases significantly impacts treatment decisions, especially when IM nodes are the only site of nodal metastasis. Removal of IM SLNs should be considered when lymphoscintigraphy reveals IM drainage.

TÍTULO / TITLE: - Clinical and pathohistological factors affecting the 5 year survival rate in a population of Croatian women with invasive ductal breast carcinoma.

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

REVISTA / JOURNAL: - Coll Antropol. 2013 Jun;37(2):459-64.

AUTORES / AUTHORS: - Milanovic R; Roje Z; Korusic A; Deno IT; Baric A; Stanec Z

INSTITUCIÓN / INSTITUTION: - University of Zagreb, Dubrava University Hospital, Department for Plastic, Reconstructive and Aesthetic Surgery, Zagreb, Croatia.

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RESUMEN / SUMMARY: - Breast carcinoma falls into a heterogeneous group of diseases which can be determined by various prognostic factors. The identification of clinical and histopathologic factors is of great value in predicting the progression of tumor growth and survival outcome. Due to a high degree of cell proliferation in breast tumors and high genetic instability of these tumors, as a consequence of defective DNA repair mechanisms, chemotherapy as a treatment option often renders very successful results. During our scientific study of the expression of genes responsible for mismatch repair of DNA in cells of invasive ductal carcinoma we also compared the patient survival rate with the major prognostic factors. This study included 108 patients who were surgically treated for invasive breast cancer at the Department of Plastic, Reconstructive and Aesthetic Surgery, University Hospital "Dubrava". The overall survival rate was compared to factors such as initial tumor stage, regional lymph node involvement and distant metastasis. The overall five year survival rate of our patients was 78.7%. Patients without the presence of distant metastasis, a lower rate of local lymph node involvement and a lower tumor stage statistically had a longer overall survival period. It is important that physicians recognize the various clinico-pathohistological factors in patients with breast carcinoma. This study confirms that this prognostic factors determine the type of treatment required and most important, the patient overall survival period.

TÍTULO / TITLE: - Coexisting hybrid malignancy in a solitary sporadic solid benign renal mass: implications for managing patients following renal biopsy.

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

REVISTA / JOURNAL: - J Urol. 2013 Jul 27. pii: S0022-5347(13)05007-6. doi: 10.1016/j.juro.2013.07.059.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.juro.2013.07.059](#)

AUTORES / AUTHORS: - Ginzburg S; Uzzo R; Al-Saleem T; Dulaimi E; Walton J; Corcoran A; Plimack E; Mehrazin R; Tomaszewski J; Viterbo R; Chen DY; Greenberg R; Smaldone M; Kutikov A

INSTITUCIÓN / INSTITUTION: - Division of Urologic Oncology, Department of Surgical Oncology, Fox Chase Cancer Center, Temple University, Philadelphia, PA.

RESUMEN / SUMMARY: - INTRODUCTION AND OBJECTIVES: Concern regarding coexisting malignant pathology in benign renal tumors deters renal biopsy and questions its validity. We examined rates of coexisting malignant and high grade pathology in resected benign solid solitary renal tumors. METHODS: Using our prospectively maintained database we identified patients with solitary solid renal tumors who underwent surgical resection between 1994 and 2012 (n=1829). Lesions containing elements of renal oncocytoma (RO), angiomyolipoma (AML) or other benign pathology formed the basis for this analysis. Patients having an oncocytic malignancy, without presence of a classic oncocytoma, and those with known hereditary syndromes were excluded. RESULTS: 147 patients with pathologically proven elements of RO (n=96), AML (n=44), and other solid benign pathology (n=7) were identified. Median tumor size was 3.0 cm (IQR 2.2 - 4.5) and tumor anatomic complexity, as quantified by the RENAL NS, was low in 28%, moderate in 56%, and high in 16%. Only 4 patients (2.7%) were documented as having hybrid malignant pathology, all involving low grade chromophobe RCC in the setting of RO. After a median follow-up of 44 (IQR 33 - 55) months, no patients with hybrid tumors experienced regional or metastatic progression. CONCLUSIONS: In our cohort of patients with a solitary, sporadic, solid benign renal mass, <3% of tumors exhibited coexisting hybrid malignancy. Importantly, no patients harbored coexisting high grade pathology. These data suggest that uncertainty regarding hybrid malignant pathology coexisting with benign pathologic components should not deter renal biopsy, especially in the elderly and comorbid.

TÍTULO / TITLE: - Is radiotherapy needed for pediatric hodgkin lymphoma?

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Oct 1;31(28):3610. doi: 10.1200/JCO.2013.51.2152. Epub 2013 Sep 3.

●● Enlace al texto completo (gratis o de pago) [1200/JCO.2013.51.2152](https://doi.org/10.1200/JCO.2013.51.2152)

AUTORES / AUTHORS: - Reese AS

INSTITUCIÓN / INSTITUTION: - University of Maryland Medical Center, Baltimore, MD.

TÍTULO / TITLE: - Natural history and role of radiation in patients with supratentorial and infratentorial WHO grade II ependymomas: results from a population-based study.

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

REVISTA / JOURNAL: - J Neurooncol. 2013 Sep 21.

●● Enlace al texto completo (gratis o de pago) [1007/s11060-013-1237-9](https://doi.org/10.1007/s11060-013-1237-9)

AUTORES / AUTHORS: - Aizer AA; Ancukiewicz M; Nguyen PL; Macdonald SM; Yock TI; Tarbell NJ; Shih HA; Loeffler JS; Oh KS

INSTITUCIÓN / INSTITUTION: - Harvard Radiation Oncology Program, Department of Radiation Oncology, Massachusetts General Hospital, 55 Fruit Street, Lunder LL3, Boston, MA, 02114, USA, aaaizer@partners.org.

RESUMEN / SUMMARY: - Patients with World Health Organization (WHO) grade II supratentorial ependymomas are commonly observed after gross total resection (GTR), although supporting data are limited. We sought to characterize the natural history of such tumors. We used the Surveillance, Epidemiology, and End Results program to identify 112 patients ages 0-77 diagnosed with WHO grade II ependymomas between 1988 and 2007, of whom 63 (56 %) and 49 (44 %) had supratentorial and infratentorial primaries, respectively. Inclusion criteria were strict to ensure patient homogeneity. Of 33 patients with supratentorial tumors after GTR, 18 (55 %) received adjuvant radiation therapy and 15 (45 %) did not. Ependymoma-specific mortality (ESM) was the primary endpoint. With a median follow up of 4.5 years, only 1 of 33 patients with supratentorial ependymoma died of their disease after GTR; the 5-year estimate of ESM in this population was 3.3 % (95 % CI 0.2-14.8 %). Among patients with infratentorial ependymomas after GTR, the 5-year estimate of ESM was 8.7 % (95 % CI 1.4-24.6 %). In patients with subtotally resected tumors, 5-year estimates of ESM in patients with supratentorial and infratentorial primaries were 20.1 % (95 % CI 8.0-36.2 %) and 12.3 % (95 % CI 2.9-28.8 %), respectively. Among the whole cohort, on both univariable and multivariable regression, extent of resection was predictive of ESM, while tumor location and use of radiation were not. After GTR, patients with WHO grade II supratentorial ependymomas have a very favorable natural history with low associated cancer-specific mortality. Observation, with radiation reserved as a salvage option, may be a reasonable postoperative strategy in this population.

TÍTULO / TITLE: - Factors associated with survival and recurrence for patients undergoing surgery of cerebellar metastases.

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

REVISTA / JOURNAL: - Neurol Res. 2013 Sep 9.

- Enlace al texto completo (gratis o de pago)

[1179/1743132813Y.0000000260](https://doi.org/10.1179/1743132813Y.0000000260)

AUTORES / AUTHORS: - Chaichana KL; Rao K; Gadkaree S; Dangelmajer S; Bettegowda C; Rigamonti D; Weingart J; Olivi A; Gallia GL; Brem H; Lim M; Quinones-Hinojosa A

RESUMEN / SUMMARY: - OBJECTIVE: Patients with cerebellar and non-cerebellar metastases are often included in the same study population, even though posterior fossa lesions typically have different presenting symptoms, clinical outcomes, and complications. This is because the outcomes for patients with cerebellar metastases are unclear. METHODS: Adult patients who underwent surgery for an intracranial metastasis (single or multiple) between 2007 and 2011 were retrospectively reviewed.

Stepwise multivariate proportional hazards regression analysis was used to identify an association between cerebellar location with survival and recurrence. RESULTS: Of the 708 patients who underwent intracranial metastatic surgery, 140 (19.8%) had surgery for cerebellar metastasis. A cerebellar location was associated with poorer survival [RR (95% CI); 1.231 (1.016?1.523), P = 0.04] and increased spinal recurrence [RR (95% CI); 2.895 (1.491?5.409), P = 0.002], but not local (P = 0.61) or distal recurrence (P = 0.88). The factors independently associated with prolonged survival for patients with cerebellar metastases were: decreasing number of intracranial metastases (P = 0.0002), decreasing tumor size (P = 0.002), and radiation (P = 0.0006). The factors associated with prolonged local progression free survival were: decreasing tumor size (P = 0.0009), non small cell lung cancer (NSCLC) (P = 0.006), non-bladder cancer (P = 0.0005), and post-operative radiation therapy (P = 0.02). The factors independently associated with prolonged distal progression free survival were: age > 40 years (P = 0.02), surgical resection (P = 0.01), and whole brain radiation (WBRT) therapy (P = 0.02). DISCUSSION: Patients with cerebellar metastases have more distinct clinical presentations and outcomes than patients with non-cerebellar lesions. The findings of this study may help risk stratify and guide treatment regimens aimed at maximizing outcomes for patients with cerebellar metastases.

TÍTULO / TITLE: - The functional Aquaporin 1 -783G/C-polymorphism is associated with survival in patients with glioblastoma multiforme.

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

REVISTA / JOURNAL: - J Surg Oncol. 2013 Sep 6. doi: 10.1002/jso.23421.

●● [Enlace al texto completo \(gratis o de pago\) 1002/jso.23421](#)

AUTORES / AUTHORS: - El Hindy N; Rump K; Lambertz N; Zhu Y; Frey UH; Bankfalvi A; Siffert W; Sure U; Peters J; Adamzik M; Sandalcioglu IE

INSTITUCIÓN / INSTITUTION: - Department of Neurosurgery, University Duisburg-Essen & University Hospital Essen, Essen, Germany.

RESUMEN / SUMMARY: - BACKGROUND: Despite a dismal prognosis, variability exists regarding the survival-time in patients with glioblastoma-multiforme (GBM), which may be explained by genetic variation. A possible candidate-gene for such variation is Aquaporin-1 (AQP1), since Aquaporin-1-expression influences the pathogenesis and outcome of various malignancies. Functional genetic variants in the promoter of AQP1, modifying Aquaporin-1-expression, could be associated with altered survival in patients with GBM. METHODS: We sequenced the human AQP1-promoter to detect novel sequence variants, which might impact on Aquaporin-1-expression and tested the hypothesis, that functional single nucleotide polymorphisms are associated with different survival-times of patients suffering from GBM. RESULTS: Sequencing the AQP1-promoter revealed a novel -783G/C-polymorphism. Reporter-assays showed that substitution of G for C was associated both with increased transcriptional-

activation of the AQP1-promoter by serum and with increased AQP1 mRNA expression. Finally, we assessed in a cohort of 155 Caucasian patients with GBM whether the functional single-nucleotide-783G/C-polymorphism is associated with survival-time. Cox-regression analyses revealed the AQP1 -783G/C genotype status as an independent prognostic-factor when jointly considering other predictors of survival. Homozygous CC subjects had a significantly worse outcome compared to GC/GG genotypes (hazard ratio: 3.09; 95% CI, 1.43-6.65; P = 0.004). CONCLUSIONS: Our findings suggest the novel AQP1 polymorphism as a survival prognosticator in patients suffering from GBM that could help to identify a subgroup of patients at high risk for death. Further studies are necessary to reveal the exact molecular mechanisms. J. Surg. Oncol. © 2013 Wiley Periodicals, Inc.

TÍTULO / TITLE: - Comparison of carbon ion radiotherapy to photon radiation alone or in combination with temozolomide in patients with high-grade gliomas: Explorative hypothesis-generating retrospective analysis.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Jul;108(1):132-5. doi: 10.1016/j.radonc.2013.06.026. Epub 2013 Aug 6.

●● Enlace al texto completo (gratis o de pago) 1016/j.radonc.2013.06.026

AUTORES / AUTHORS: - Combs SE; Bruckner T; Mizoe JE; Kamada T; Tsujii H; Kieser M; Debus J

INSTITUCIÓN / INSTITUTION: - University Hospital of Heidelberg, Department of Radiation Oncology, Germany. Electronic address: Stephanie.Combs@med.uni-heidelberg.de.

RESUMEN / SUMMARY: - PURPOSE: To compare retrospectively outcome after photon radiotherapy alone, radiochemotherapy with temozolomide (TMZ), and carbon ion radiotherapy in patients with high-grade gliomas and to generate a hypothetical outcome curve for C12 and TMZ. PATIENTS AND METHODS: Patients treated within a Phase I/II Trial with a carbon ion boost were compared retrospectively with randomly chosen patients treated with photons or photons in combination with TMZ in a retrospective analysis. Per treatment group, 16 patients with anaplastic astrocytoma (AA), and 32 patients with glioblastoma (GBM) were included. Treatment outcome with focus on progression-free survival (PFS) and overall survival (OS) was analyzed. RESULTS: Median OS for patients with GBM was 9months with RT, 14months with RCHT group, and 18months in the C12 group. There was no significant difference between the C12 and the RCHT group. For patients with AA, median OS was 13months for RT, 39months for RCHT, and 35months after C12. The difference from RCHT to C12 was not significant. Median PFS for patients with GBM was 5months in the RT group, 6months in the RCHT group, and 8months in the C12 group. There was a significant difference between the RCHT group and the C12 group. For AA, median PFS was 15months with RT, 6months with RCHT, and 34 with C12. Comparing subgroups, C12

was significantly different from RCHT. Based on the significant OS increase from RT to RCHT, and from RT to C12, we projected the potential increase in outcome when combined C12 and TMZ would have been applied. A generated hypothetical curve based on the abovementioned outcome as well as preclinical examinations suggests there might be a benefit from the addition of C12 in patients with high-grade gliomas. CONCLUSIONS: This exploratory retrospective study suggests a potential benefit of carbon ions in patients with high-grade gliomas. This hypothesis is now being evaluated prospectively in GBM within the randomized CLEOPATRA clinical trial.

TÍTULO / TITLE: - Pharmacogenetic determinants associated with sunitinib-induced toxicity and ethnic difference in Korean metastatic renal cell carcinoma patients.

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

REVISTA / JOURNAL: - Cancer Chemother Pharmacol. 2013 Oct;72(4):825-35. doi: 10.1007/s00280-013-2258-y. Epub 2013 Sep 8.

●● Enlace al texto completo (gratis o de pago) [1007/s00280-013-2258-y](#)

AUTORES / AUTHORS: - Kim HR; Park HS; Kwon WS; Lee JH; Tanigawara Y; Lim SM; Kim HS; Shin SJ; Ahn JB; Rha SY

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, College of Medicine, Yonsei University, Seoul, Korea.

RESUMEN / SUMMARY: - PURPOSE: The aim of this study was to investigate the pharmacogenetic determinants of sunitinib-related toxicity and ethnic difference in metastatic renal cell carcinoma (mRCC) among Korean patients. METHODS: A pharmacogenetic study was performed in 65 patients with mRCC treated with the standard schedule of sunitinib (50 mg orally once daily for 4 weeks-on/2 weeks-off). Detailed data regarding the toxicity of sunitinib, including thrombocytopenia, neutropenia, anemia, and hand-foot syndrome (HFS), were prospectively collected in a clinical trial program (n = 38) or standard oncology practice (n = 27). Total of 12 genetic polymorphisms in 8 candidate genes (CYP1A1, CYP3A5, ABCB1, ABCG2, PDGFRalpha, VEGFR2, RET, and FLT3) were analyzed for an association with treatment-related toxicity from sunitinib using Pearson chi (2) test. RESULTS: Common grade 3 or grade 4 treatment-related toxicities were thrombocytopenia (36.9 %, 24/65), neutropenia (18.4 %, 12/65), anemia (7.7 %, 5/65), and HFS (12.3 %, 8/65). Patients carrying an ABCG2 421 AA genotype developed significantly more grade 3 or grade 4 thrombocytopenia, neutropenia, and HFS adjusted for age, sex, and Eastern Cooperative Oncology Group performance status, and body surface area (odds ratio compared with AC/CC genotypes [OR] 9.90, P = 0.04, thrombocytopenia; OR 18.20, P = 0.02, neutropenia; and OR 28.46, P = 0.01, HFS). In addition, total and surface protein ABCG2 protein expression was decreased in ABCG2 421 AA mutant cells compared to wild type. CONCLUSION: Among 12 genetic polymorphisms, polymorphism in the ABCG2 421C>A gene may be mostly associated with the risk of sunitinib-related

toxicity in mRCC patients. Considering the high frequency of 421C>A SNP in Asian, this may be related to differential toxicities among ethnic groups.

TÍTULO / TITLE: - Multiple-digit periungual Bowen's disease: a novel treatment approach with radiotherapy.

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

REVISTA / JOURNAL: - Clin Exp Dermatol. 2013 Aug 13. doi: 10.1111/ced.12149.

●● Enlace al texto completo (gratis o de pago) [1111/ced.12149](#)

AUTORES / AUTHORS: - Hunt WT; Craig P; de Berker DA

INSTITUCIÓN / INSTITUTION: - Peninsula College of Medicine and Dentistry, Royal Devon and Exeter Hospital, Exeter, UK and.

RESUMEN / SUMMARY: - Multiple periungual Bowen disease [BD; also known as squamous cell carcinoma (SCC) in situ] is rare. The pathogenesis of the disease is linked to human papilloma virus, and in some instances to chronic immunosuppression. The usual management of periungual BD is by local excision, Mohs micrographic surgery or distal phalanx amputation. Our patient was offered radiotherapy in the hope of maximizing residual function and minimizing morbidity from treatment. A good response was seen at 2 months post-radiotherapy, but this was followed by relapses at 4 and 6 months post-radiotherapy. Persistent anonychia resulted in improved access to the involved skin, making topical therapy possible. Radiotherapy can be a valuable management approach for periungual SCC/BD in locations where amputation could result in substantial disability.

TÍTULO / TITLE: - Over-expression of LGR5 correlates with poor survival of colon cancer in mice as well as in patients.

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

REVISTA / JOURNAL: - Neoplasma. 2013 Sep 25. doi: 10.4149/neo_2014_016.

●● Enlace al texto completo (gratis o de pago) [4149/neo_2014_016](#)

AUTORES / AUTHORS: - Liu Z; Dai W; Cheng Y

RESUMEN / SUMMARY: - Leucine-rich repeat-containing G protein-coupled receptor 5(LGR5) was identified as the stem cell marker of colon cancer stem cells(CSCs), which were considered as the main criminal cells initiation and reinitiation of colon cancer. We intended to demonstrate and further explain the relationship between LGR5 and colon cancer in mice model and patients. In our research, we used transcriptional methods and immunohistochemistry to investigate the LGR5 gene and protein expression, examined proliferating cell nuclear antigen(PCNA) and Ki67 which were the classic markers for cell proliferation in LGR5 protein positive and negative colon cancer among mice model and patients. Our results showed that LGR5 mRNA and protein expression was significantly over-expressed in 193/366 patients and 24/40 mice model

with primary colon cancer contrasted with matched normal tissues; significantly higher LGR5 gene expression was detected in pT4 cases than that in pT3 cases; PCNA and Ki67 expression was much more increase in colon cancer cells with positive LGR5 expression than those with negative LGR5 expression; LGR5 positive cancer not only in mice model but also in patients have shorter survival rate compared with LGR5 negative cancer. All our study manifested that LGR5 took on an important effect in the initiation and progression of colon cancer, provided also more helpful evidence for clinical diagnosis and an useful indicator for adjuvant therapy. Keywords: LGR5, colon cancer, survival rate.

TÍTULO / TITLE: - Number of involved extracranial organs predicts survival in patients with brain metastasis from small cell lung cancer.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Sep;33(9):3887-9.

AUTORES / AUTHORS: - Gerdan L; Segedin B; Veninga T; Schild SE; Rades D

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of Lubeck, Ratzeburger Allee 160, D-23538 Lubeck, Germany. rades.dirk@gmx.net.

RESUMEN / SUMMARY: - Background/Aim: To investigate the prognostic role of the number of involved extracranial organs in patients with brain metastasis from small-cell lung cancer (SCLC). PATIENTS AND METHODS: Data of 155 patients receiving whole-brain radiotherapy (WBRT) alone for brain metastasis from SCLC were retrospectively evaluated. In addition to the number of involved extracranial organs, six potential prognostic factors were analyzed including WBRT regimen, age, gender, Karnofsky performance score (KPS), number of brain metastases, and interval from diagnosis of SCLC to WBRT. RESULTS: Six-month survival rates of patients with involvement of 0, 1, 2, and ≥ 3 extracranial organs were 52%, 29%, 9%, and 0%, respectively ($p < 0.001$). On multivariate analysis, the number of involved extracranial organs remained significant ($p = 0.003$). Older age ($p = 0.005$), lower KPS ($p < 0.001$), and greater number of brain metastases ($p = 0.005$) were also significantly associated with poorer survival. CONCLUSION: The number of involved extracranial organs is an independent prognostic factor of survival in SCLC patients with brain metastasis.

TÍTULO / TITLE: - Optimal medical therapy predicts amputation-free survival in chronic critical limb ischemia.

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

REVISTA / JOURNAL: - J Vasc Surg. 2013 Oct;58(4):972-80. doi: 10.1016/j.jvs.2013.03.050. Epub 2013 Aug 28.

●● Enlace al texto completo (gratis o de pago) [1016/j.jvs.2013.03.050](https://doi.org/10.1016/j.jvs.2013.03.050)

AUTORES / AUTHORS: - Chung J; Timaran DA; Modrall JG; Ahn C; Timaran CH; Kirkwood ML; Baig MS; Valentine RJ

INSTITUCIÓN / INSTITUTION: - Division of Vascular and Endovascular Surgery, Department of Surgery, The University of Texas Southwestern Medical Center, Dallas, Tex.
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RESUMEN / SUMMARY: - **OBJECTIVE:** Determine the proportion of patients with chronic critical limb ischemia (CLI) who failed to adhere to Trans-Atlantic Inter-Society Consensus II guidelines of medical therapy and to quantify the effect of baseline suboptimal medical management on amputation-free survival (AFS). **METHODS:** The patients were identified from a prospectively maintained database of consecutive patients presenting with CLI to the Vascular Surgery service at a single hospital. The primary outcome variable was AFS. The effects of baseline demographics, comorbid medical conditions, ambulatory status, optimal medical management, and Rutherford classification were assessed. Significant univariate predictors ($P < .10$) of AFS were entered into a multivariate Cox proportional hazards model. **RESULTS:** From August 1, 2010 through January 1, 2012, 98 patients (median age, 59.0; interquartile range, 53, 64 years; 58 men) were evaluated with rest pain ($n = 40$) or tissue loss ($n = 58$). Optimal medical management was identified in 31 (32%) patients at initial presentation. Compliance rates for the entire cohort were 61% for statin use, 69% for antiplatelet therapy, 56% for angiotensin-converting enzyme inhibitor use, and 53% for beta-blocker use. Significant univariate predictors of major amputation or death included: Rutherford classification (hazard ratio [HR], 1.56; 95% confidence interval [CI], 1.01-2.41; $P = .04$); nonambulatory status (HR, 2.17; 95% CI, 1.68-2.81; $P < .01$); unrevascularized patients (HR, 2.77; 95% CI, 1.32-5.85; $P < .01$); a history of tobacco abuse (HR, 1.49; 95% CI, 0.57-3.86; $P = .09$); a history of end-stage-renal disease (HR, 7.97; 95% CI, 3.10-20.52; $P < .01$); suboptimal medical management (HR, 4.25; 95% CI, 1.28-14.07; $P = .02$); and an absence of antiplatelet agents (HR, 1.94; 95% CI, 0.92-4.11; $P = .08$). Independent predictors of major amputation or death included: initial nonambulatory status (HR, 2.43; 95% CI, 1.03-2.05; $P < .01$); unrevascularized status (HR, 2.43; 95% CI, 1.76-3.34; $P = .01$); and suboptimal medical management at presentation (HR, 8.54; 95% CI, 2.05-35.65; $P < .01$). **CONCLUSIONS:** Despite guidelines advocating the optimization of atherosclerotic risk factors, less than one-third of patients with CLI present with their risk factors optimally managed. Patients who are medically undertreated have an eight-fold risk of major amputation and/or death. The magnitude of the effect suggests that future trials and quality assessments should stratify outcomes by the quality of baseline medical management. Of the risk factors affecting AFS medical therapy optimization is the variable that can be most significantly improved by vascular surgeons and the medical community.

TÍTULO / TITLE: - CT triple rule-out examination: higher radiation dose without clinical benefit.

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

REVISTA / JOURNAL: - BMJ. 2013 Aug 20;347:f5118. doi: 10.1136/bmj.f5118.

AUTORES / AUTHORS: - Ripley DP; Uddin A; Greenwood JP

INSTITUCIÓN / INSTITUTION: - University of Leeds, Leeds LS2 9JT, UK.

TÍTULO / TITLE: - Intra-operative use of one-step nucleic acid amplification (OSNA) for detection of the tumor load of sentinel lymph nodes in breast cancer patients.

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

REVISTA / JOURNAL: - J Cancer Res Clin Oncol. 2013 Oct;139(10):1649-55. doi: 10.1007/s00432-013-1481-6. Epub 2013 Aug 2.

●● Enlace al texto completo (gratis o de pago) [1007/s00432-013-1481-6](#)

AUTORES / AUTHORS: - Heilmann T; Mathiak M; Hofmann J; Mundhenke C; van Mackelenbergh M; Alkatout I; Wenners A; Eckmann-Scholz C; Schem C

INSTITUCIÓN / INSTITUTION: - Department of Gynecology and Obstetrics, Universitätsklinikum Schleswig-Holstein, Arnold-Heller-Strasse 3, Haus 24, Campus Kiel, 24105, Kiel, Germany, thorsten.heilmann@uk-sh.de.

RESUMEN / SUMMARY: - BACKGROUND: The purpose of this single-center study was to determine the practicability of the intra-operative use of one-step nucleic acid amplification (OSNA) as the only method for detection of SLN. The OSNA system has been well described and is supposed to be as accurate as conventional histology. METHODS: Three hundred and thirty SLNs from 143 breast cancer patients were analyzed in an intra-operative setting. The CK19-copy number was determined by OSNA and divided into 3 results (“-“ no metastasis; “+” micrometastasis; “++” macrometastasis). If OSNA gave a positive result, an axillary lymph node dissection was carried out during the same session. The central 1-mm slice of each node was obtained for permanent histology. Additionally, the results were correlated to clinicopathological factors, and the time for the intra-operative use was evaluated. RESULTS: Thirty-nine of the 143 patients were OSNA positive, 22 with macrometastatic and 17 with micrometastatic spread. The mean time for the OSNA run with one SLN was 34.4 min. We could show a correlation between the tumor size and OSNA positivity as well as between the numbers of OSNA positive SLNs with the tumor load of associated non-SLNs. Furthermore, we found that a cutoff CK19 copy number of 7,900/muL indicates a positive non-SLN result with the highest sensitivity (91 %) and specificity (61 %). CONCLUSION: We found OSNA to be very helpful for the intra-operative determination of the tumor load of a SLN as a basis for decision-making concerning further surgical axillary intervention. OSNA allows precise differentiation of micro- from macrometastasis, and the CK19 copy number predicts the probability of tumor load in other axillary lymph nodes and might help to find adequate adjuvant

treatment options. This objective method is well suitable for everyday use and may reduce the pathologic workload and the risk of secondary operative interventions with all associated costs and stress for the patients.

TÍTULO / TITLE: - A Splenic Volume Increase Due to Preoperative Chemotherapy May Impair the Long-Term Outcome After Hepatectomy in Patients with Initially Non-Optimally Resectable Colorectal Cancer Liver Metastases.

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

REVISTA / JOURNAL: - Hepatogastroenterology. 2013 Aug 9;60(126):1420-1425. doi: 10.5754/hge13266.

●● Enlace al texto completo (gratis o de pago) [5754/hge13266](#)

AUTORES / AUTHORS: - Nakano H; Katayama M; Kishi S; Kobayashi S; Koizumi S; Fukunaga T; Miyajima N; Otsubo T

RESUMEN / SUMMARY: - Background/Aims: In patients with colorectal cancer liver metastases (CRCLM), chemotherapy-associated hepatotoxicity (CAH) has been shown to be associated with splenomegaly. The aim of the present study was to investigate whether a higher splenic volume increase (SVI) after preoperative chemotherapy was associated with a worse long-term outcome after hepatectomy in patients with CRCLM. Methodology: Between 2007 and 2012, there were 36 patients who received preoperative chemotherapy based on a diagnosis of initially non-optimally resectable synchronous CRCLM. The splenic volume was measured by CT-volumetry before preoperative chemotherapy and 12 weeks after the start of the chemotherapy. Long-term outcome was analyzed in these patients. Results: The overall survival was significantly shorter in the SVI $\geq 30\%$ group than in the SVI $< 30\%$ group (3-year survival = 52% vs. 28%, $p < 0.05$). The disease-free survival was also significantly shorter in the SVI $\geq 30\%$ group than in the SVI $< 30\%$ group (Median = 11 vs. 6 months, $p < 0.05$). The survival after recurrence was significantly shorter in the SVI $\geq 30\%$ group than in the SVI $< 30\%$ group (Median = 12.0 vs. 18 months, $p < 0.05$). Conclusions: In patients with non-optimally resectable CRCLM, the SVI during the first 12 weeks of preoperative chemotherapy may be a significant predictor of the long-term survival after hepatectomy.

TÍTULO / TITLE: - Prognostic Factors of Metastatic or Recurrent Esophageal Squamous Cell Carcinoma in Patients Receiving Three-drug Combination Chemotherapy.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Sep;33(9):4123-8.

AUTORES / AUTHORS: - Chen WW; Lin CC; Huang TC; Cheng AL; Yeh KH; Hsu CH

INSTITUCIÓN / INSTITUTION: - Department of Oncology, National Taiwan University Hospital, 7 Chung-Shan South Road, Taipei 10002, Taiwan, R.O.C.
chihhungshu@ntu.edu.tw.

RESUMEN / SUMMARY: - BACKGROUND: Three-drug combination therapy based on cisplatin/fluorouracil might improve treatment efficacy for metastatic esophageal squamous cell carcinoma (ESCC), but at the risk of increasing toxicity. The study sought to identify factors associated with outcomes of metastatic ESCC in patients who were treated with three-drug combinations. PATIENTS AND METHODS: One-hundred and thirteen patients with metastatic or recurrent ESCC who were treated with cisplatin/fluorouracil-based three-drug combination during 2000-2009 were studied. The prognostic impact of clinicopathological characteristics were evaluated by Cox proportional hazard regression analyses. RESULTS: The third chemotherapeutic agents comprised of paclitaxel, docetaxel, and methotrexate in 76 (67%), 13 (12%), and 24 (21%) of patients, respectively. The overall response rate was 41%. The median overall survival (OS) was 8.5 months. Results of the Cox proportional hazard regression models showed that age ≥ 65 years, Eastern Cooperative Oncology Group performance status of 0 and 1, lymph node-only metastasis and baseline white blood cell (WBC) count $\leq 10,000/\text{mm}^3$ were significant prognostic factors for better OS. The OS curves were significantly separated by risk groups comprising of age, metastasis status and WBC count as risk factors. CONCLUSION: The identification of prognostic factors could facilitate for future design of randomized studies on the efficacy of three-drug combinations for metastatic ESCC.

TÍTULO / TITLE: - Gonotrophic development and survival in field populations of *Musca domestica* (Diptera: Muscidae) at dairies in California, Minnesota, and Georgia, and the relationship of fly age to relative abundance of (Z)-9-tricosene (muscalure).

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

REVISTA / JOURNAL: - J Med Entomol. 2013 Jul;50(4):748-57.

AUTORES / AUTHORS: - Butler SM; Moon RD; Hinkle NC; Millar JG; McElfresh JS; Mullens BA

INSTITUCIÓN / INSTITUTION: - Department of Entomology, University of California, Riverside, CA 92521, USA.

RESUMEN / SUMMARY: - Adult female *Musca domestica* L. were collected in 2004 and 2005 from dairies in California, Minnesota, and Georgia. Relative abundance of (Z)-9-tricosene (muscalure) among the dominant eight hydrocarbons was determined. Fly heads then were removed to quantify pterin levels and estimate fly age, abdomens were dissected to score gonotrophic development and parity (follicular relics), and spermathecae were examined for sperm. Daily survival was assessed using two estimates of time required to become gravid: laboratory-based degree-day (DD) estimates and estimates based on pterin values in field-collected flies matched to their

stages of gonotrophic development. Among newly emerged females (oocyte stage 1) with detectable muscalure, it comprised < approximately 1.5% of cuticular hydrocarbons. In muscalure-positive flies, muscalure comprised a higher proportion of cuticular hydrocarbons in older flies from California and Minnesota (6-9% when gravid) versus flies from Georgia (<2% when gravid). Females mated in early-intermediate stages of egg development. Life expectancy, using laboratory-derived estimates of time needed to become gravid, ranged from 3.6 to 10.6 d. Using equivalent pterin-based time estimates, life expectancy ranged from 4.0 to 19.5 d. Mean DD ages (12 degrees C threshold) of gravid flies varied widely (53-95 DD) and were congruent with laboratory-based estimates (52-57 DD) in only 7 of 12 farm-year combinations. Thus, house flies under natural conditions often required more time to develop eggs than laboratory models would predict, extending daily survival estimates based on gonotrophic age by 11-74%.

TÍTULO / TITLE: - Comparison of peripherally inserted central venous catheters (PICC) versus subcutaneously implanted port-chamber catheters by complication and cost for patients receiving chemotherapy for non-haematological malignancies.

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

REVISTA / JOURNAL: - Support Care Cancer. 2013 Sep 5.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s00520-013-1941-1](#)

AUTORES / AUTHORS: - Patel GS; Kumar R; Strickland AH; Pellegrini L; Slavotinek J; Eaton M; McLeay W; Price T; Ly M; Ullah S; Koczwarra B; Kichenadasse G; Karapetis CS

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Flinders Centre for Innovation in Cancer, Flinders Medical Centre/Flinders University, Bedford Park, SA, 5042, Australia, doctorgargi@hotmail.com.

RESUMEN / SUMMARY: - PURPOSE: Indwelling central venous catheters (CVCs) have been increasingly used to enable delivery of intravenous chemotherapy. We aimed to compare the safety and cost of two commonly used CVCs, peripherally inserted central venous catheter (PICCs) and ports, in the delivery of chemotherapy in patients with non-haematological malignancies. METHODS: Seventy patients were randomly assigned to receive either a PICC or a port. The primary endpoint was occurrence of major complications, which required removal of the CVC and secondary endpoints included occurrence of any complications. RESULTS: Port devices were associated with fewer complications compared with PICC lines (hazard ratio of 0.25, CI, 0.09-0.86, P = 0.038). Major complication rate was lower in the port arm compared to the PICC arm (0.047 versus 0.193 major complications/100 catheter days, P = 0.034) with 6 versus 20 % of patients experiencing major complications, respectively. Thrombosis, the most common complication, was significantly higher in the PICC arm compared to the port arm (25 versus 0 %, P = 0.013). Quality of life and cost estimates did not differ significantly between the two arms. CONCLUSIONS: Port devices are associated with a

lower risk of complications, with no difference in cost, compared to PICC lines in patients with non-haematological malignancies receiving intravenous chemotherapy.

TÍTULO / TITLE: - Cell Survival during Complete Nutrient Deprivation Depends on Lipid Droplet-fueled beta-Oxidation of Fatty Acids.

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

REVISTA / JOURNAL: - J Biol Chem. 2013 Sep 27;288(39):27777-88. doi: 10.1074/jbc.M113.466656. Epub 2013 Aug 12.

●● Enlace al texto completo (gratis o de pago) [1074/jbc.M113.466656](#)

AUTORES / AUTHORS: - Cabodevilla AG; Sanchez-Caballero L; Nintou E; Boiadjieva VG; Picatoste F; Gubern A

INSTITUCIÓN / INSTITUTION: - From the Institut de Neurociències and Departament de Bioquímica i Biologia Molecular, Edifici M2, Campus de la UAB, Universitat Autònoma de Barcelona, E-08193 Cerdanyola del Valles and.

RESUMEN / SUMMARY: - Cells exposed to stress of different origins synthesize triacylglycerols and generate lipid droplets (LD), but the physiological relevance of this response is uncertain. Using complete nutrient deprivation of cells in culture as a simple model of stress, we have addressed whether LD biogenesis has a protective role in cells committed to die. Complete nutrient deprivation induced the biogenesis of LD in human LN18 glioblastoma and HeLa cells and also in CHO and rat primary astrocytes. In all cell types, death was associated with LD depletion and was accelerated by blocking LD biogenesis after pharmacological inhibition of Group IVA phospholipase A2 (cPLA2alpha) or down-regulation of ceramide kinase. Nutrient deprivation also induced beta-oxidation of fatty acids that was sensitive to cPLA2alpha inhibition, and cell survival in these conditions became strictly dependent on fatty acid catabolism. These results show that, during nutrient deprivation, cell viability is sustained by beta-oxidation of fatty acids that requires biogenesis and mobilization of LD.

TÍTULO / TITLE: - Radiation-induced notch signaling in breast cancer stem cells.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Nov 1;87(3):609-18. doi: 10.1016/j.ijrobp.2013.06.2064. Epub 2013 Aug 27.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijrobp.2013.06.2064](#)

AUTORES / AUTHORS: - Lagadec C; Vlashi E; Alhiyari Y; Phillips TM; Bochkur Dratver M; Pajonk F

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, David Geffen School of Medicine at University of California, Los Angeles (UCLA), Los Angeles, California.

RESUMEN / SUMMARY: - PURPOSE: To explore patterns of Notch receptor and ligand expression in response to radiation that could be crucial in defining optimal dosing schemes for gamma-secretase inhibitors if combined with radiation. METHODS AND MATERIALS: Using MCF-7 and T47D breast cancer cell lines, we used real-time reverse transcription-polymerase chain reaction to study the Notch pathway in response to radiation. RESULTS: We show that Notch receptor and ligand expression during the first 48 hours after irradiation followed a complex radiation dose-dependent pattern and was most pronounced in mammospheres, enriched for breast cancer stem cells. Additionally, radiation activated the Notch pathway. Treatment with a gamma-secretase inhibitor prevented radiation-induced Notch family gene expression and led to a significant reduction in the size of the breast cancer stem cell pool. CONCLUSIONS: Our results indicate that, if combined with radiation, gamma-secretase inhibitors may prevent up-regulation of Notch receptor and ligand family members and thus reduce the number of surviving breast cancer stem cells.

TÍTULO / TITLE: - Targeted expression of human folylpolyglutamate synthase for selective enhancement of methotrexate chemotherapy in osteosarcoma cells.

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

REVISTA / JOURNAL: - Cancer Gene Ther. 2013 Sep;20(9):514-20. doi: 10.1038/cgt.2013.48. Epub 2013 Aug 16.

●● Enlace al texto completo (gratis o de pago) [1038/cgt.2013.48](#)

AUTORES / AUTHORS: - Bienemann K; Staeger MS; Howe SJ; Sena-Esteves M; Hanenberg H; Kramm CM

INSTITUCIÓN / INSTITUTION: - 1] Department of Pediatric Oncology, Hematology and Immunology, University Children's Hospital, Heinrich Heine University, Duesseldorf, Germany [2] Department of Pediatrics and Adolescent Medicine, Elisabeth Hospital, Essen, Germany.

RESUMEN / SUMMARY: - The antifolate methotrexate (MTX) is an important chemotherapeutic agent for treatment of osteosarcoma. This drug is converted intracellularly into polyglutamate derivatives by the enzyme folylpolyglutamate synthase (FPGS). MTX polyglutamates show an enhanced and prolonged cytotoxicity in comparison to the monoglutamate. In the present study, we proved the hypothesis that transfer of the human fpgs gene into osteosarcoma cells may augment their MTX sensitivity. For this purpose, we employed the human osteocalcin (OC) promoter, which had shown marked osteosarcoma specificity in promoter studies using different luciferase assays in osteosarcoma and non-osteosarcoma cell lines. A recombinant lentiviral vector was generated with the OC promoter driving the expression of fpgs and the gene for enhanced green fluorescent protein (egfp), which was linked to fpgs by an internal ribosomal entry site (IRES). As the vector backbone contained only a self-inactivating viral LTR promoter, any interference of the OC promoter by unspecific

promoter elements was excluded. We tested the expression of FPGS and enhanced green fluorescent protein (EGFP) after lentiviral transduction in various osteosarcoma cell lines (human MG-63 cells and TM 791 cells; rat osteosarcoma (ROS) 17/2.8 cells) and non-osteogenic tumor cell lines (293T human embryonic kidney cells, HeLa human cervix carcinoma cells). EGFP expression and MTX sensitivity were assessed in comparison with non-transduced controls. Whereas the OC promoter failed to enhance MTX sensitivity via FPGS expression in non-osteogenic tumor cell lines, the OC promoter mediated a markedly increased MTX cytotoxicity in all osteosarcoma cell lines after lentiviral transduction. The present chemotherapy-enhancing gene therapy system may have great potential to overcome in future MTX resistance in human osteosarcomas.

TÍTULO / TITLE: - Benefits and drawbacks of short-course preoperative radiotherapy in rectal cancer patients aged 75 years and older.

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

REVISTA / JOURNAL: - Eur J Surg Oncol. 2013 Oct;39(10):1087-93. doi: 10.1016/j.ejso.2013.07.094. Epub 2013 Aug 16.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejso.2013.07.094](#)

AUTORES / AUTHORS: - Maas HA; Lemmens VE; Nijhuis PH; de Hingh IH; Koning CC; Janssen-Heijnen ML

INSTITUCIÓN / INSTITUTION: - Department of Geriatric Medicine, TweeSteden Hospital Tilburg, The Netherlands. Electronic address: hmaas@tsz.nl.

RESUMEN / SUMMARY: - PURPOSE: To study incidence of local recurrences, postoperative complications and survival, in patients with rectal carcinoma aged 75 years and older, treated with either surgery and pre-operative 5 x 5 Gy radiotherapy or surgery alone. PATIENTS AND METHODS: A random sample of patients aged over 75 years with pT2-T3, N0-2, M0 rectal carcinoma diagnosed between 2002 and 2004 in the Netherlands was included, treated with surgery alone (N = 296) or surgery in combination with pre-operative radiotherapy (N = 346). Information on local recurrent disease, postoperative complications, ECOG-performance score and comorbidity was gathered from the medical files. RESULTS: Local recurrences developed less frequently in patients treated with pre-operative radiotherapy compared to surgery alone (2% vs 6%, p = 0.002). Postoperative complications developed more frequently in irradiated patients (58% vs 42%, p < 0.0001). Especially deep infections (anastomotic leakage, pelvic abscess) were significantly increased in this group (16% vs 10%, p = 0.02). 30-day mortality was equal in both groups (8%). A significant increase in postoperative complication rate and 30-day mortality was only seen in those with "severe comorbidity" compared to patients without comorbidity (respectively 58% and 10% vs 43% and 3%), COPD (59% and 12%), diabetes (60% and 11%) and cerebrovascular disease (62% and 14%). In multivariable analysis, postoperative complications

predicted 5-year survival. CONCLUSION: Elderly patients receiving pre-operative radiotherapy show a lower local recurrence rate. However, as incidence rates of local recurrent disease are low and incidence of postoperative complications is increased in irradiated patients, omitting preoperative RT may be suitable in elderly patients with additional risks for complications or early death.

TÍTULO / TITLE: - Carotid Chemoreceptor Ablation Improves Survival in Heart Failure: Rescuing Autonomic Control of Cardiorespiratory Function.

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

REVISTA / JOURNAL: - J Am Coll Cardiol. 2013 Aug 23. pii: S0735-1097(13)04006-0. doi: 10.1016/j.jacc.2013.07.079.

●● Enlace al texto completo (gratis o de pago) [1016/j.jacc.2013.07.079](#)

AUTORES / AUTHORS: - Del Rio R; Marcus NJ; Schultz HD

INSTITUCIÓN / INSTITUTION: - Department of Cellular & Integrative Physiology, University of Nebraska Medical Center, Omaha, NE 68198-5850.

RESUMEN / SUMMARY: - OBJECTIVES: We investigated whether selective ablation of the carotid body (CB) chemoreceptors improves cardiorespiratory control and survival during heart failure. BACKGROUND: Chronic heart failure (CHF) is a recognized health problem worldwide, and novel treatments are needed to better improve life quality and decrease mortality. Enhanced carotid chemoreflex drive from the CB is thought to contribute significantly to autonomic dysfunction, abnormal breathing patterns, and increased mortality in heart failure. METHODS: CHF was induced by coronary ligation in rats. Selective CB denervation (CBD) was performed to remove carotid chemoreflex drive in the CHF state (16 weeks post MI). Indices of autonomic and respiratory function were assessed in CB intact and CBD animals. CBD at 2 weeks post-MI was performed to evaluate whether early targeted CB ablation decreases the progression of left ventricular dysfunction, cardiac remodeling and arrhythmic episodes and improves survival. RESULTS: CHF rats developed increased CB chemoreflex drive and chronic central pre-sympathetic neuronal activation, increased indices of elevated sympathetic outflow, increased breathing variability and apnea incidence, and desensitization of the baroreflex. Selective CB ablation reduced the central pre-sympathetic neuronal activation by 40%, normalized indices of sympathetic outflow and baroreflex sensitivity, and reduced the incidence of apneas in CHF animals from 16.8 +/- 1.8 events/h to 8.0 +/- 1.4 events/h. Remarkably, when CB ablation was performed early, cardiac remodeling, deterioration of left ventricle ejection fraction, and cardiac arrhythmias were reduced. Most importantly, the rats that underwent early CB ablation exhibited an 85% survival rate compared to 45% survival in CHF rats without the intervention. CONCLUSION: Carotid chemoreceptors play a seminal role in the pathogenesis of heart failure and their targeted ablation might be of therapeutic value to reduce cardiorespiratory dysfunction and improve survival during CHF.

TÍTULO / TITLE: - Lymphoscintigraphy with peritumoral injection versus lymphoscintigraphy with subdermal periareolar injection of technetium-labeled human albumin to identify sentinel lymph nodes in breast cancer patients.

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

REVISTA / JOURNAL: - Acta Radiol. 2013 Aug 7.

●● Enlace al texto completo (gratis o de pago) [1177/0284185113493775](https://doi.org/10.1177/0284185113493775)

AUTORES / AUTHORS: - Caruso G; Cipolla C; Costa R; Morabito A; Latteri S; Fricano S; Salerno S; Latteri MA

INSTITUCIÓN / INSTITUTION: - Department of Medical Biotechnologies and Forensic Medicine - Section of Radiological Sciences, AOU Policlinico Paolo Giaccone - University of Palermo, Palermo, Italy.

RESUMEN / SUMMARY: - BACKGROUND: Preoperative lymphoscintigraphy is without doubt a valid method for the detection of the sentinel lymph node (SLN). There has been considerable debate regarding the optimal site for the introduction of the tracer; various sites include peritumoral (PT), periareolar (PA), subdermal, and intradermal injection. PURPOSE: To evaluate retrospectively the lymphoscintigraphic identification rate of peritumoral (PT) injection versus subdermal periareolar (PA) injection in the detection of SLNs in breast cancer. MATERIAL AND METHODS: Between October 2002 and December 2011, a cohort of 906 consecutive patients with biopsy proven breast cancer underwent 914 SLN biopsy procedures. A total of 339 procedures (Group A) were performed using a PT deep injection of radiotracer while 575 procedures (Group B) adopted a subdermal PA injection of radiotracer towards the upper outer quadrant, regardless of the site of the carcinoma. All the patients underwent synchronous excision of the breast cancer and SLN biopsy. RESULTS: SLNs were identified in the lymphoscintigram in 308/339 cases (90.85%) of Group A (PT injection) and in 537/575 cases (93.39%) of Group B (PA injection). Furthermore, in 2/339 patients (0.58%) of Group A, internal mammary lymph nodes were found at lymphoscintigraphy, whereas no internal mammary sentinel nodes were found in the Group B patients. The intraoperative identification rate of axillary SLNs was 99.41% (337 of 339) in the Group A patients and 99.65% (573 of 575) in the Group B patients. There was no significant difference in the two groups between the incidence of the number of SLNs detected and the incidence of identification of positive SLNs. CONCLUSION: PT versus PA injection of radiotracer showed comparable success rates for axillary SLN identification, and can be considered a rapid and reliable method.

TÍTULO / TITLE: - Physical activity and physical fitness in lymphoma patients before, during, and after chemotherapy: a prospective longitudinal study.

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

REVISTA / JOURNAL: - Ann Hematol. 2013 Aug 21.

- Enlace al texto completo (gratis o de pago) 1007/s00277-013-1881-3

AUTORES / AUTHORS: - Vermaete N; Wolter P; Verhoef G; Gosselink R

INSTITUCIÓN / INSTITUTION: - Department of Rehabilitation Sciences, Faculty of Rehabilitation Sciences, KU Leuven, 3001, Leuven, Belgium.

RESUMEN / SUMMARY: - Fatigue is a common and distressing symptom in cancer patients, especially in lymphoma patients. One hypothesized mechanism in the etiology of fatigue is a vicious circle between fatigue, physical inactivity, and deconditioning. However, the natural evolution of physical activity and physical fitness over the course of treatment is unknown. Therefore, the aim of this longitudinal study was to assess fatigue, physical activity, and physical fitness in lymphoma patients before, during, and after treatment. Fatigue was measured with the EORTC-QLQ-C30, physical activity with an accelerometer, and physical fitness with a maximal incremental cycle ergometer test, 6-min walking distance test, and muscle strength measurements. Differences between the three measurement moments and baseline differences between Hodgkin lymphoma and non-Hodgkin lymphoma, early and advanced disease, were analyzed. Twenty-nine patients were included. Functional exercise capacity and quadriceps force were impaired before the start of treatment (86 +/- 15 and 82 +/- 16 % of predicted value, respectively). Over the course of treatment, significant declines were found in hemoglobin, quadriceps force, handgrip force, and maximal oxygen uptake, while patients reported more fatigue (p values < 0.016). Fatigue was significantly correlated with hemoglobin (r = -0.49), physical activity (r = 0.81), and physical functioning (r = -0.44). Large interindividual variations were found. The present study partially confirmed the hypothesized vicious circle between fatigue, physical inactivity, and deconditioning. Further research with larger samples and longer follow-up is needed to identify factors associated with individual variation in the evolution of fatigue, physical activity, and physical fitness.

TÍTULO / TITLE: - Finasteride for prostate cancer prevention has no effect on survival, study finds.

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

REVISTA / JOURNAL: - BMJ. 2013 Aug 20;347:f5203. doi: 10.1136/bmj.f5203.

AUTORES / AUTHORS: - McCarthy M

INSTITUCIÓN / INSTITUTION: - Seattle.

TÍTULO / TITLE: - Integrated program achieves good survival but moderate recovery rates among children with severe acute malnutrition in India.

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

REVISTA / JOURNAL: - Am J Clin Nutr. 2013 Sep 25.

- Enlace al texto completo (gratuito o de pago) [3945/ajcn.112.054080](https://doi.org/10.1186/1745-7214-112-054080)

AUTORES / AUTHORS: - Aguayo VM; Agarwal V; Agnani M; Das Agrawal D; Bhambhal S; Rawat AK; Gaur A; Badgaiyan N; Singh K

INSTITUCIÓN / INSTITUTION: - Government of Madhya Pradesh, Atal Bal State Nutrition Mission and Integrated Child Development Services Program and National Rural Health Mission, Bhopal, India.

RESUMEN / SUMMARY: - BACKGROUND: At any point in time, an average 8 million Indian children suffer from severe acute malnutrition (SAM). OBJECTIVE: This article assesses the effectiveness of an integrated model for the management of SAM (IM-SAM) in India comprising facility- and community-based care and using locally adapted protocols. DESIGN: Children (n = 2740) were randomly sampled from the 44,017 children aged 6-59 mo admitted to 199 Nutrition Rehabilitation Centers in the state of Madhya Pradesh (1 January to 31 December 2010). RESULTS: On admission, 2.2% of children had edema, 23.4% had medical complications, 56% were girls, 79% were in the age group 6-23 mo, and 64% belonged to scheduled tribe or scheduled caste families. Fifty-six children (2.0%) with severe congenital or pathological conditions were transferred to the district hospital. Of the 2684 program exits, 10 children (0.4%) died, 860 (32.0%) did not complete treatment (defaulted), and 1814 (67.6%) were discharged after a mean (+/-SD) stay of 75.8 +/- 9.4 d. The mean weight gain among discharged children was 2.7 +/- 1.9 g kg body wt⁻¹ d⁻¹; on discharge, 1179 (65%) of the children had recovered (weight gain >=15% of initial weight). CONCLUSIONS: The survival rates in the IM-SAM program were very high. However, the moderate recovery rates documented seem to indicate that the protocols currently in use need to be improved. This trial was registered at clinicaltrials.gov as NCT01917734.

TÍTULO / TITLE: - Diagnostic potential of open lung biopsy in mechanically ventilated patients with diffuse pulmonary infiltrates of unclear aetiology.

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

REVISTA / JOURNAL: - Anaesth Intensive Care. 2013 Sep;41(5):610-7.

AUTORES / AUTHORS: - Depuydt OE; Daeze C; Benoit D; Praet M; Vermassen E; Decruyenaere M

INSTITUCIÓN / INSTITUTION: - Department of Intensive Care, Ghent University Hospital, Ghent, Belgium. pieter.depuydt@ugent.be

RESUMEN / SUMMARY: - Acute respiratory failure with bilateral pulmonary infiltrates is a clinical problem with a wide differential diagnosis. We evaluated whether open lung biopsy offered a diagnosis and therapeutic guidance in cases of unclear diagnosis after non-invasive tests. For this purpose, we reviewed 60 cases of open lung biopsy performed between 2002 and 2009 in patients with acute respiratory failure and bilateral infiltrates at the intensive care unit of Ghent University Hospital. Pathological diagnosis was classified as specific or non-specific and its contribution to therapy and

decision-making was evaluated by a panel of three intensive care unit physicians. We found that a specific pathological diagnosis was present in 39 open lung biopsy patients (65%; 95% confidence interval 52 to 76%): idiopathic interstitial pneumonia in 24 patients, malignancy in four patients, pulmonary infectious disease in nine patients, and a combination of specific diagnoses in two patients. Open lung biopsy contributed to patient management in 53 cases (88%) as it led to the initiation, modification or discontinuation of therapeutic drugs in 36, and contributed to the decision to continue or withdraw ventilator support in 17. Complications of open lung biopsy were noted in 14 patients (23%). We conclude that open lung biopsy was a useful diagnostic intervention in of a selected group of patients with acute respiratory failure and bilateral infiltrates of unclear clinical diagnosis, as it offered a specific diagnosis in 65%.

TÍTULO / TITLE: - Sensitization of Peripheral Sensory Nerves by Mediators From Colonic Biopsies of Diarrhea-Predominant Irritable Bowel Syndrome Patients: A Role for PAR2.

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

REVISTA / JOURNAL: - Am J Gastroenterol. 2013 Oct;108(10):1634-1643. doi: 10.1038/ajg.2013.241. Epub 2013 Aug 20.

●● Enlace al texto completo (gratis o de pago) [1038/ajg.2013.241](#)

AUTORES / AUTHORS: - Valdez-Morales EE; Overington J; Guerrero-Alba R; Ochoa-Cortes F; Ibeakanma CO; Spreadbury I; Bunnett NW; Beyak M; Vanner SJ

INSTITUCIÓN / INSTITUTION: - 1] Gastrointestinal Diseases Research Unit, Kingston General Hospital, Kingston, Ontario, Canada [2] The first two authors contributed equally to this work.

RESUMEN / SUMMARY: - OBJECTIVES:This study examined whether mediators from biopsies of human irritable bowel syndrome (IBS) colons alter intrinsic excitability of colonic nociceptive dorsal root ganglion (DRG) neurons by a protease activated receptor 2 (PAR2)-mediated mechanism.METHODS:Colonic mucosal biopsies from IBS patients with constipation (IBS-C) or diarrhea (IBS-D) and from healthy controls were incubated in medium, and supernatants were collected. Small-diameter mouse colonic DRG neurons were incubated in supernatants overnight and perforated patch current-clamp recordings obtained. Measurements of rheobase and action potential discharge at twice rheobase were compared between IBS and controls to assess differences in intrinsic excitability.RESULTS:Supernatants from IBS-D patients elicited a marked increase in neuronal excitability compared with controls. These changes were consistent among individual patients but the relative contribution of rheobase and action potential discharge varied. In contrast, no differences in neuronal excitability were seen with IBS-C patient supernatants. The increased excitability seen with IBS-D supernatant was not observed in PAR2 knockout mice. A cysteine protease inhibitor, which had no effect on the pronociceptive actions of a serine protease, inhibited the

proexcitatory actions of IBS-D supernatant. CONCLUSIONS: Soluble mediators from colonic biopsies from IBS-D but not IBS-C patients sensitized colonic nociceptive DRG neurons, suggesting differences between these two groups. PAR2 signaling plays a role in this action and this protease signaling pathway could provide novel biomarkers and therapeutic targets for treatment.

TÍTULO / TITLE: - Impacts of Histological Prostatitis on Sexual Function and Lower Urinary Tract Symptoms in Patients With Benign Prostatic Hyperplasia.

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

REVISTA / JOURNAL: - Urology. 2013 Jul 31. pii: S0090-4295(13)00721-8. doi: 10.1016/j.urology.2013.06.010.

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

AUTORES / AUTHORS: - Wang GC; Zheng JH; Yang B; Che JP; Yan Y; Geng J; Liu M; Huang JH; Xia SQ; Peng B

INSTITUCIÓN / INSTITUTION: - Department of Urology, Shanghai Tenth People's Hospital, Tongji University, Shanghai, People's Republic of China.

RESUMEN / SUMMARY: - OBJECTIVE: To investigate the correlation of histological prostatitis with sexual function (erectile dysfunction [ED]) and lower urinary tract symptoms (LUTS) in patients with benign prostatic hyperplasia (BPH). METHODS: A retrospective analysis of patients with BPH who received surgical treatment (from May 1, 2012 to November 30, 2012) was conducted, consisting of 80 patients with uncomplicated BPH and 80 patients with BPH plus histological prostatitis. The International Index of Erectile Function (IIEF-5) symptom score and the International Prostate Symptom Score (IPSS) before surgery were calculated. Preoperative sexual functions were compared between the 2 groups. RESULTS: Differences between both groups in age (72.56 +/- 7.36 vs 71.98 +/- 7.33) and IPSS score (18.65 +/- 5.72 vs 20.50 +/- 7.12) were not statistically significant (P >.05). Meanwhile, comparison in erectile function symptom score (14.80 +/- 5.93 vs 7.35 +/- 4.38) demonstrated significant differences (P <.001). According to the IIEF-5 score, 52 patients had normal erectile function or mild ED, 16 had moderate ED, and 12 had severe ED in the uncomplicated BPH group, whereas 10 patients had mild ED, 32 had moderate ED, 38 had severe ED, and no patients were found normal in BPH within the histological group. Further analysis using the chi-square test demonstrated significant differences between both groups (P <.001). CONCLUSION: BPH combined with histological prostatitis had a serious impact on sexual function of the patients. Histological prostatitis may serve as a major risk factor for sexual dysfunction while having little effects on LUTS in patients with BPH.

TÍTULO / TITLE: - Long-term risk of secondary skin cancers after radiation therapy for Hodgkin's lymphoma.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Aug 7. pii: S0167-8140(13)00323-X. doi: 10.1016/j.radonc.2013.06.041.

●● Enlace al texto completo (gratis o de pago) [1016/j.radonc.2013.06.041](#)

AUTORES / AUTHORS: - Daniels LA; Krol AD; Schaapveld M; Putter H; Jansen PM; Marijt EW; van Leeuwen FE; Creutzberg CL

INSTITUCIÓN / INSTITUTION: - Department of Clinical Oncology, Leiden University Medical Center, The Netherlands. Electronic address: l.a.daniels@lumc.nl.

RESUMEN / SUMMARY: - PURPOSE: Survivors of Hodgkin's lymphoma (HL) are at risk of secondary tumors. We investigated the risk of secondary skin cancers after radiotherapy compared to treatment without radiation and to an age-matched population. MATERIAL AND METHODS: We conducted a retrospective cohort study of 889 HL patients treated between 1965 and 2005. Data on secondary skin cancers and treatment fields were retrieved. Incidence rates were compared to observed rates in the Dutch population. RESULTS: 318 skin cancers were diagnosed in 86 patients, showing significantly higher risks of skin cancers, the majority being BCC. The standardized incidence ratio (SIR) of BCC in HL survivors was significantly increased (SIR 5.2, 95% CI 4.0-6.6), especially in those aged <35years at diagnosis (SIR 8.0, 95% CI 5.8-10.7). SIR increased with longer follow-up to 15.9 (95% CI 9.1-25.9) after 35years, with 626 excess cases per 10,000 patients per year. Most (57%) skin cancers developed within the radiation fields, with significantly increased risk in patients treated with radiotherapy compared to chemotherapy alone ($p=0.047$, HR 2.75, 95% CI 1.01-7.45). CONCLUSION: Radiotherapy for HL is associated with a strongly increased long-term risk of secondary skin cancers, both compared to the general population and to treatment with chemotherapy alone.

TÍTULO / TITLE: - The association of preoperative serum albumin level and American Society of Anesthesiologists (ASA) score on early complications and survival of patients undergoing radical cystectomy for urothelial bladder cancer.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jul 26. doi: 10.1111/bju.12240.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12240](#)

AUTORES / AUTHORS: - Djaladat H; Bruins HM; Miranda G; Cai J; Skinner EC; Daneshmand S

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate the impact of the preoperative American Society of Anesthesiologists (ASA) score and serum albumin level on complications, recurrences and survival rates of patients who underwent radical cystectomy (RC) for urothelial bladder cancer (UBC). PATIENTS AND METHODS: In all,

1964 patients underwent RC for UBC at our institution between 1971 and 2008. Preoperative serum albumin and ASA score were available in 1471 and 1140 patients, respectively. A complication was defined as any surgery related/unrelated event leading to lengthening hospital stay or re-admission. Endpoints were 90-day complication (90dC) rate, recurrence-free survival (RFS) and overall survival (OS). RESULTS: The median (range) follow-up was 12.4 (0.2-27.3) years. In all, 197 patients (13.4%) had a low albumin level (<3.5 g/dL) and 740 (64.8%) had a high ASA score (3 or 4). Low serum albumin and a high ASA score were associated with higher 90dC rate (42% vs 34%, P = 0.03 and 40% vs 28%, P < 0.001, respectively). On multiple logistic regression analysis, a high ASA score remained independently associated with increased 90dC rate (hazard ratio [HR] 1.52, P = 0.005) and decreased OS (HR 1.45, 95% confidence interval [CI] 1.13-1.86). A low serum albumin level was also independently associated with RFS (HR 1.68, 95% CI 1.16-2.43) and OS (HR 1.93, 95% CI 1.43-2.63). CONCLUSION: A low serum albumin level was independently associated with cancer recurrence and decreased OS after RC. A high ASA score was also independently associated with decreased OS. These parameters potentially could be used as prognosticators after RC.

TÍTULO / TITLE: - Radiation-induced bowel injury: the impact of radiotherapy on survivorship after treatment for gynaecological cancers.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Sep 17;109(6):1504-12. doi: 10.1038/bjc.2013.491. Epub 2013 Sep 3.

●● [Enlace al texto completo \(gratis o de pago\) 1038/bjc.2013.491](#)

AUTORES / AUTHORS: - Kuku S; Fragkos C; McCormack M; Forbes A

INSTITUCIÓN / INSTITUTION: - Department of Oncology, University College London Hospitals, 250 Euston Road, London NW1 2PG, UK.

RESUMEN / SUMMARY: - Background: The number of women surviving cancer who live with symptoms of bowel toxicity affecting their quality of life continues to rise. In this retrospective study, we sought to describe and analyse the presenting clinical features in our cohort, and evaluate possible predictors of severity and chronicity in women with radiation-induced bowel injury after treatment for cervical and endometrial cancers. Methods: Review of records of 541 women treated within the North London Gynaecological Cancer Network between 2003 and 2010 with radiotherapy with or without chemotherapy for cervical and endometrial cancer identified 152 women who reported significant new bowel symptoms after pelvic radiation. Results: Factor analysis showed that the 14 most common and important presenting symptoms could be 'clustered' into 3 groups with predictive significance for chronicity and severity of disease. Median follow-up for all patients was 60 months. Univariate analysis showed increasing age, smoking, extended field radiation, cervical cancer treatment and the

need for surgical intervention to be significant predictors for severity of ongoing disease at last follow-up. On multivariate analysis, only age, cancer type (cervix) and symptom combinations/'cluster' of (bloating, flatulence, urgency, rectal bleeding and per-rectal mucus) were found to be significant predictors of disease severity. Fifteen (19%) women in the cervical cancer group had radiation-induced bowel injury requiring surgical intervention compared with five (6.7%) in the endometrial cancer group. Conclusion: Women with cervical cancer are younger and appear to suffer more severe symptoms of late bowel toxicity, whereas women treated for endometrial cancer suffer milder more chronic disease. The impact of radiation-induced bowel injury and the effect on cancer survivorship warrants further research into investigation of predictors of severe late toxicity. There is a need for prospective trials to aid early diagnosis, while identifying the underlying patho-physiological process of the bowel injury.

TÍTULO / TITLE: - Long-Term Outcomes of Fractionated Stereotactic Radiation Therapy for Pituitary Adenomas at the BC Cancer Agency.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Nov 1;87(3):528-33. doi: 10.1016/j.ijrobp.2013.06.2057. Epub 2013 Aug 14.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijrobp.2013.06.2057](https://doi.org/10.1016/j.ijrobp.2013.06.2057)

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INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, British Columbia Cancer Agency, Vancouver, Canada; Division of Radiation Oncology and Developmental Radiotherapeutics, University of British Columbia, Vancouver, Canada.

RESUMEN / SUMMARY: - PURPOSE: To assess the long-term disease control and toxicity outcomes of fractionated stereotactic radiation therapy (FSRT) in patients with pituitary adenomas treated at the BC Cancer Agency. METHODS AND MATERIALS: To ensure a minimum of 5 years of clinical follow-up, this study identified a cohort of 76 patients treated consecutively with FSRT between 1998 and 2007 for pituitary adenomas: 71% (54/76) had nonfunctioning and 29% (22/76) had functioning adenomas (15 adrenocorticotrophic hormone-secreting, 5 growth hormone-secreting, and 2 prolactin-secreting). Surgery was used before FSRT in 96% (73/76) of patients. A median isocenter dose of 50.4 Gy was delivered in 28 fractions, with 100% of the planning target volume covered by the 90% isodose. Patients were followed up clinically by endocrinologists, ophthalmologists, and radiation oncologists. Serial magnetic resonance imaging was used to assess tumor response. RESULTS: With a median follow-up time of 6.8 years (range, 0.6 - 13.1 years), the 7-year progression-free survival was 97.1% and disease-specific survival was 100%. Of the 2 patients with tumor progression, both had disease control after salvage surgery. Of the 22 patients

with functioning adenomas, 50% (11/22) had complete and 9% (2/22) had partial responses after FSRT. Of the patients with normal pituitary function at baseline, 48% (14/29) experienced 1 or more hormone deficiencies after FSRT. Although 79% (60/76) of optic chiasms were at least partially within the planning target volumes, no patient experienced radiation-induced optic neuropathy. No patient experienced radionecrosis. No secondary malignancy occurred during follow-up. CONCLUSION: In this study of long-term follow-up of patients treated for pituitary adenomas, FSRT was safe and effective.

TÍTULO / TITLE: - Acute lymphoblastic leukemia with pancytopenia at presentation: clinical correlates, prognostic impact, and association with survival.

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

REVISTA / JOURNAL: - J Pediatr Hematol Oncol. 2013 Oct;35(7):573-6. doi: 10.1097/MPH.0b013e31829d46f3.

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

[1097/MPH.0b013e31829d46f3](#)

AUTORES / AUTHORS: - Kulkarni KP; Marwaha RK

INSTITUCIÓN / INSTITUTION: - *Department of Pediatrics, Division of Pediatric Hematology-Oncology, Stollery Children Hospital, Edmonton, AB, Canada daggerDivision of Pediatric Hematology-Oncology, Advanced Pediatric Center, PGIMER, Chandigarh, India.

RESUMEN / SUMMARY: - Acute lymphoblastic leukemia has a wide variety of presentations. There is paucity of any data addressing pancytopenia at presentation in acute lymphoblastic leukemia. In this study we assessed 84 patients with pancytopenia at presentation. They had a significantly lower incidence of bulky disease at presentation. A significantly higher fraction of these patients (n=66, 78.57%) opted for therapy (P=0.005) as compared with the rest. The estimated mean survival in patients presenting with pancytopenia (67.2+/-17.2 mo) was significantly higher (P=0.031, log-rank test) as compared with that of other patients (47.2+/-7.4 mo). Pancytopenia was an independent predictor of better survival (P=0.043) in multivariate analysis.

TÍTULO / TITLE: - Therapeutic outcomes of combining cryotherapy, chemotherapy and DC-CIK immunotherapy in the treatment of metastatic non-small cell lung cancer.

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

REVISTA / JOURNAL: - Cryobiology. 2013 Oct;67(2):235-40. doi: 10.1016/j.cryobiol.2013.08.001. Epub 2013 Aug 13.

●● Enlace al texto completo (gratis o de pago) [1016/j.cryobiol.2013.08.001](#)

AUTORES / AUTHORS: - Yuanying Y; Lizhi N; Feng M; Xiaohua W; Jianying Z; Fei Y; Feng J; Lihua H; Jibing C; Jialiang L; Kecheng X

INSTITUCIÓN / INSTITUTION: - Fuda Cancer Hospital, Jinan University School of Medicine, No. 2 Tangdexi Road, Tianhe District, Guangzhou 510665, China.

RESUMEN / SUMMARY: - Currently there are no effective therapies for the treatment of metastatic non-small cell lung cancer (NSCLC). Here, we conducted a retrospective study of 161 patients to evaluate the therapeutic effects of combining cryosurgery, chemotherapy and dendritic cell-activated cytokine-induced killer cells (DC-CIK) immunotherapy. The overall survival (OS) after diagnosis of metastatic NSCLC to patient death was assessed during a 5-years follow-up period. OS of patients who received comprehensive cryotherapy was (median OS, 20months; n=86) significantly longer than that of patients who did not received cryotherapy (median OS, 10months; n=75; P<0.0001). Five treatment combinations were selected: chemotherapy (n=44); chemo-immunotherapy (n=31); cryo-chemotherapy (n=32); cryo-immunotherapy (n=21); and cryo-chemo-immunotherapy (n=33). A combination of cryotherapy with either chemotherapy or immunotherapy lead to significantly longer OS (18months and 17months, respectively) compared to chemotherapy and chemo-immunotherapy (8.5months and 12months, respectively; P<0.001); however, the median OS of patients who underwent cryo-chemo-immunotherapy was significantly longer (27months) compared to the other treatment programs (P<0.001). In conclusion, a combination of cryotherapy, chemotherapy and DC-CIK immunotherapy proved the best treatment option for metastatic NSCLC in this group of patients.

TÍTULO / TITLE: - Genetic ablation of phospholipase C delta 1 increases survival in SOD1 mice.

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

REVISTA / JOURNAL: - Neurobiol Dis. 2013 Aug 19;60C:11-17. doi: 10.1016/j.nbd.2013.08.006.

●● Enlace al texto completo (gratis o de pago) [1016/j.nbd.2013.08.006](https://doi.org/10.1016/j.nbd.2013.08.006)

AUTORES / AUTHORS: - Staats KA; Van Helleputte L; Jones AR; Bento-Abreu A; Van Hoecke A; Shatunov A; Simpson CL; Lemmens R; Jaspers T; Fukami K; Nakamura Y; Brown RH Jr; Van Damme P; Liston A; Robberecht W; Al-Chalabi A; Van Den Bosch L

INSTITUCIÓN / INSTITUTION: - Laboratory of Neurobiology, Belgium; Leuven Research Institute of Neuroscience and Disease (LIND), KU Leuven, Belgium; Vesalius Research Center, VIB, Belgium. Electronic address: kim.staats@vib-kuleuven.be.

RESUMEN / SUMMARY: - Amyotrophic Lateral Sclerosis (ALS) is a devastating progressive neurodegenerative disease, resulting in selective motor neuron degeneration and paralysis. Patients die approximately 3-5years after diagnosis. Disease pathophysiology is multifactorial, including excitotoxicity, but is not yet fully understood. Genetic analysis has proven fruitful in the past to further understand genes modulating the disease and increase knowledge of disease mechanisms. Here, we revisit a previously performed microsatellite analysis in ALS and focus on another hit, PLCD1, encoding

phospholipase C delta 1 (PLCdelta1), to investigate its role in ALS. PLCdelta1 may contribute to excitotoxicity as it increases inositol 1,4,5-trisphosphate (IP3) formation, which releases calcium from the endoplasmic reticulum through IP3 receptors. We find that expression of PLCdelta1 is increased in ALS mouse spinal cord and in neurons from ALS mice. Furthermore, genetic ablation of this protein in ALS mice significantly increases survival, but does not affect astrogliosis, microgliosis, aggregation or the amount of motor neurons at end stage compared to ALS mice with PLCdelta1. Interestingly, genetic ablation of PLCdelta1 prevents nuclear shrinkage of motor neurons in ALS mice at end stage. These results indicate that PLCD1 contributes to ALS and that PLCdelta1 may be a new target for future studies.

TÍTULO / TITLE: - Epithelial-mesenchymal transition phenotype is associated with patient survival in small intestinal adenocarcinoma.

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

REVISTA / JOURNAL: - Pathology. 2013 Oct;45(6):567-73. doi: 10.1097/PAT.0b013e3283650bab.

●● Enlace al texto completo (gratis o de pago) [1097/PAT.0b013e3283650bab](#)

AUTORES / AUTHORS: - Kim A; Bae YK; Gu MJ; Kim JY; Jang KY; Bae HI; Lee HJ; Hong SM

INSTITUCIÓN / INSTITUTION: - *Departments of Pathology, Yeungnam University College of Medicine, Daegu daggerChonbuk National University Medical School, Jeonju double daggerInje University Sanggye Paik Hospital, Seoul section signKyungpook National University School of Medicine, Daegu || Asan Medical Center, University of Ulsan College of Medicine, Seoul, South Korea paragraph signcurrently Department of Pathology, Daegu Fatima Hospital, Daegu, South Korea.

RESUMEN / SUMMARY: - AIMS: We investigated the clinical significance of epithelial-mesenchymal transition (EMT) phenotype in 184 small intestinal adenocarcinomas (SIACs) based on the expression pattern of EMT-related proteins in cancer cells. METHODS: Immunohistochemistry for epithelial (E-cadherin) and mesenchymal (vimentin and fibronectin) markers were performed and cases of SIAC were classified into four subtypes of EMT: complete type (E-cadherin-, vimentin+ and/or fibronectin+), wild type (E-cadherin+, vimentin-, fibronectin-), incomplete 1 type (hybrid type; E-cadherin+, vimentin+ and/or fibronectin+), and incomplete 2 type (null type; E-cadherin-, vimentin-, fibronectin-). RESULTS: We identified 19 (10.3%) cases of complete EMT type, 86 (46.7%) cases of wild type and 79 (43%) cases of incomplete EMT type [hybrid type, 22 (12%) cases; null type, 57 (31%) cases]. Complete EMT phenotype showed a significant association with undifferentiated histology ($p < 0.001$). Overall survival of SIAC patients with complete EMT phenotype was significantly shorter than those of patients with incomplete ($p = 0.001$) and wild ($p < 0.001$) types. In multivariate analysis, complete EMT phenotype was an independent prognostic factor in SIAC patients (hazard ratio 2.3; 95% confidence interval 1.15-4.6; $p = 0.019$).

CONCLUSION: Complete EMT phenotype stratifies a specific group representing a poor clinical outcome in patients with SIAC.

TÍTULO / TITLE: - pN0(i+) Breast Cancer: Treatment Patterns, Locoregional Recurrence, and Survival Outcomes.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Sep 11. pii: S0360-3016(13)02899-X. doi: 10.1016/j.ijrobp.2013.07.028.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.ijrobp.2013.07.028](#)

AUTORES / AUTHORS: - Karam I; Lesperance MF; Berrang T; Speers C; Tyldesley S; Truong PT

INSTITUCIÓN / INSTITUTION: - Radiation Therapy Program, Vancouver Island and Vancouver Centre, British Columbia Cancer Agency, University of British Columbia, Victoria, BC, Canada; Breast Cancer Outcomes Unit, British Columbia Cancer Agency, Vancouver, BC, Canada.

RESUMEN / SUMMARY: - PURPOSE: To examine treatment patterns, recurrence, and survival outcomes in patients with pN0(i+) breast cancer. METHODS AND MATERIALS: Subjects were 5999 women with AJCC (6th edition) pT1-3, pN0-N1a, M0 breast cancer diagnosed between 2003 and 2006. Of these, 4342 (72%) had pN0, 96 (2%) had pN0(i+), 349 (6%) had pNmic (micrometastases >0.2 mm to </=2 mm), and 1212 (20%) had pN1a (1-3 positive macroscopic nodes) disease. Treatment characteristics and 5-year Kaplan-Meier local recurrence, regional recurrence (RR), locoregional recurrence (LRR), and overall survival were compared between nodal subgroups. Multivariable analysis was performed using Cox regression modeling. A 1:3 case-match analysis examined outcomes in pN0(i+) cases compared with pN0 controls matched for similar tumor and treatment characteristics. RESULTS: Median follow-up was 4.8 years. Adjuvant systemic therapy use increased with nodal stage: 81%, 92%, 95%, and 94% in pN0, pN0(i+), pNmic, and pN1a disease, respectively (P<.001). Nodal radiation therapy (RT) use also increased with nodal stage: 1.7% in pN0, 27% in pN0(i+), 33% in pNmic, and 63% in pN1a cohorts (P<.001). Five-year Kaplan-Meier outcomes in pN0 versus pN0(i+) cases were as follows: local recurrence 1.7% versus 3.7% (P=.20), RR 0.5% versus 2.2% (P=.02), and LRR 2.1% versus 5.8% (P=.02). There were no RR events in 26 patients with pN0(i+) disease who received nodal RT and 2 RR events in 70 patients who did not receive nodal RT. On multivariable analysis, pN0(i+) was not associated with worse locoregional control or survival. On case-match analysis, LRR and overall survival were similar between pN0(i+) and matched pN0 counterparts. CONCLUSIONS: Nodal involvement with isolated tumor cells is not a significant prognostic factor for LRR or survival in this study's multivariable and case-match analyses. These data do not support the routine use of nodal RT in the setting of pN0(i+) disease. Prospective

studies are needed to define optimal locoregional management for women with pNO(i+) breast cancer.

TÍTULO / TITLE: - Challenge and Opportunity of Targeted Lung Cancer Chemoprevention.

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Sep 3.

●● Enlace al texto completo (gratis o de pago) [1200/JCO.2013.51.2400](#)

AUTORES / AUTHORS: - Dubinett SM

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

TÍTULO / TITLE: - High level of p37delta-mRNA relative to p110delta-mRNA in neuroblastoma tumors correlates with poor patient survival.

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

REVISTA / JOURNAL: - Med Oncol. 2013 Dec;30(4):724. doi: 10.1007/s12032-013-0724-3. Epub 2013 Sep 12.

●● Enlace al texto completo (gratis o de pago) [1007/s12032-013-0724-3](#)

AUTORES / AUTHORS: - Fransson S; Ejeskar K

INSTITUCIÓN / INSTITUTION: - Department of Medical and Clinical Genetics, Sahlgrenska Cancer Center, University of Gothenburg, Box 425, 405 30, Goteborg, Sweden.

RESUMEN / SUMMARY: - Alterations in the PI3K/Akt pathway, a pathway that promotes proliferation and oncogenic transformation, are common in various cancers. In neuroblastoma, activation of Akt is correlated with aggressive disease although mutations in genes of this pathway are rare. Previous findings include a few mutations in PIK3CD, the gene encoding PI3K catalytic subunit delta, p110delta. We recently reported that an alternatively spliced form of p110delta, called p37delta, had cell proliferative properties and was over-expressed in ovarian and colorectal tumors. Here, we investigated p37delta in neuroblastoma primary tumors of different stages using qPCR (TaqMan) for gene expression analysis (46 samples) and Western blot for protein analysis (22 samples). Elevated levels of both p37delta-mRNA and p110delta-mRNA were detected in metastasizing neuroblastoma tumors compared to normal adrenal gland ($P < 0.05$), and higher expression of p37delta-mRNA relative to p110delta-mRNA in neuroblastoma non-survivor patients compared to survivors ($P < 0.01$). p37delta-Protein levels but not p110delta levels correlated with increased pAKT(T308) and pERK levels. The p37delta-mRNA levels did not correlate with the protein levels, indicating major regulation at the translational/protein level. Deregulation of signaling pathways is a hallmark of cancer development. Here, we show that p37delta, a kinase-dead isoform of the PI3K catalytic subunit p110delta, is

over-expressed in neuroblastoma tumors, and that it correlates with the activation of both PI3K/Akt- and RAS-signaling pathways.

TÍTULO / TITLE: - Efficacy and safety of everolimus in Korean patients with metastatic renal cell carcinoma.

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

REVISTA / JOURNAL: - Cancer Chemother Pharmacol. 2013 Oct;72(4):853-60. doi: 10.1007/s00280-013-2266-y. Epub 2013 Aug 27.

●● Enlace al texto completo (gratis o de pago) [1007/s00280-013-2266-y](#)

AUTORES / AUTHORS: - Kim KH; Yoon SH; Lee HJ; Kim HS; Shin SJ; Ahn JB; Rha SY

INSTITUCIÓN / INSTITUTION: - Division of Medical Oncology, Department of Internal Medicine, Busan Paik Hospital, Inje University College of Medicine, Busan, South Korea.

RESUMEN / SUMMARY: - PURPOSE: Few studies have investigated the effects of everolimus therapy in Asian populations. This study evaluates the safety and efficacy of everolimus in Korean patients with metastatic renal cell carcinoma (mRCC). METHODS: We retrospectively reviewed records of Korean patients with mRCC (n = 22) who received everolimus between January 2009 and July 2010 and evaluated them for efficacy and safety. RESULTS: One patient achieved a partial response, and 16 patients had stable disease, corresponding to an overall response rate of 4.5 % and a disease control rate of 77.3 %. Median progression-free survival was 5.4 months (95 % CI 0.9-9.8). Median overall survival was not reached. Univariate analysis showed that Memorial Sloan-Kettering Cancer Center risk (P = .004), thrombocytopenia (P = .018), hyperglycemia (P = .007) and hypertriglyceridemia (P = .041) were associated with disease progression. The most common adverse events (AEs) were hypertriglyceridemia and anemia, similar to Western patients. Creatinine and aspartate aminotransferase levels were higher than those reported for Western patients. The most common grade ≥ 3 AEs in this study were hypertriglyceridemia and anemia, compared with lymphopenia (14 %) in Western patients. CONCLUSIONS: Safety of everolimus in Korean mRCC patients differed from that reported in Western patients. Therefore, liver function enzymes, hemoglobin levels, lipid profile and chest CT scans should be monitored more closely in Asian mRCC patients receiving everolimus.

TÍTULO / TITLE: - Endothelial g protein-coupled receptor kinase 2 regulates vascular homeostasis through the control of free radical oxygen species.

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

REVISTA / JOURNAL: - Arterioscler Thromb Vasc Biol. 2013 Oct;33(10):2415-24. doi: 10.1161/ATVBAHA.113.302262. Epub 2013 Aug 15.

●● Enlace al texto completo (gratis o de pago) [1161/ATVBAHA.113.302262](#)

AUTORES / AUTHORS: - Ciccarelli M; Sorriento D; Franco A; Fusco A; Del Giudice C; Annunziata R; Cipolletta E; Monti MG; Dorn GW 2nd; Trimarco B; Iaccarino G

INSTITUCIÓN / INSTITUTION: - From the Department of Medicine and Surgery, University of Salerno, Salerno, Italy (M.C., E.C., G.I.); Department of Pharmacology, Center for Translational Medicine, Temple University, Philadelphia, PA (M.C.); Department of Biomedical Sciences, University of Naples Federico II, Naples, Italy (D.S., A.F., C.D.G., R.A., M.G.M., B.T.); Department of Internal Medicine, Washington University School of Medicine, St. Louis, MO (G.W.D.); and IRCCS Multimedica, Milan, Italy (G.I.).

RESUMEN / SUMMARY: - **OBJECTIVE:** The role of endothelial G protein-coupled receptor kinase 2 (GRK2) was investigated in mice with selective deletion of the kinase in the endothelium (Tie2-CRE/GRK2(fl/fl)). **APPROACH AND RESULTS:** Aortas from Tie2-CRE/GRK2(fl/fl) presented functional and structural alterations as compared with control GRK2(fl/fl) mice. In particular, vasoconstriction was blunted to different agonists, and collagen and elastic rearrangement and macrophage infiltration were observed. In primary cultured endothelial cells deficient for GRK2, mitochondrial reactive oxygen species was increased, leading to expression of cytokines. Chronic treatment with a reactive oxygen species scavenger in mice corrected the vascular phenotype by recovering vasoconstriction, structural abnormalities, and reducing macrophage infiltration. **CONCLUSIONS:** These results demonstrate that GRK2 removal compromises vascular phenotype and integrity by increasing endothelial reactive oxygen species production.

TÍTULO / TITLE: - Enhanced autophagy is required for survival in EGFR-independent EGFR-mutant lung adenocarcinoma cells.

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

REVISTA / JOURNAL: - Lab Invest. 2013 Oct;93(10):1137-46. doi: 10.1038/labinvest.2013.102. Epub 2013 Aug 12.

●● Enlace al texto completo (gratuito o de pago) [1038/labinvest.2013.102](#)

AUTORES / AUTHORS: - Sakuma Y; Matsukuma S; Nakamura Y; Yoshihara M; Koizume S; Sekiguchi H; Saito H; Nakayama H; Kameda Y; Yokose T; Oguni S; Niki T; Miyagi Y

INSTITUCIÓN / INSTITUTION: - 1] Molecular Pathology and Genetics Division, Kanagawa Cancer Center Research Institute, Yokohama, Japan [2] Laboratory for Molecular Diagnostics, Kanagawa Cancer Center Hospital, Yokohama, Japan [3] Department of Pathology, Jichi Medical University, Tochigi, Japan.

RESUMEN / SUMMARY: - Lung cancers harboring epidermal growth factor receptor (EGFR) mutations depend on constitutive activation of the kinase for survival. Although most EGFR-mutant lung cancers are sensitive to EGFR tyrosine kinase inhibitors (TKIs) and shrink in response to treatment, acquired resistance to TKI therapy is common. We demonstrate here that two EGFR-mutated lung adenocarcinoma cell lines, HCC827 and HCC4006, contain a subpopulation of cells that have undergone epithelial-to-

mesenchymal transition and survive independent of activated EGFR. These EGFR-independent cancer cells, herein termed gefitinib-resistant (GR) cells, demonstrate higher levels of basal autophagy than their parental cells and thrive under hypoxic, reduced-serum conditions in vitro; this somewhat simulates the hypoxic environment common to cancerous tissues. We show that depletion of the essential autophagy gene, ATG5, by small interfering RNA (siRNA) or chloroquine, an autophagy inhibitor, markedly reduces GR cell viability under hypoxic conditions. Moreover, we show a significant elevation in caspase activity in GR cells following knockdown of ATG5. These results suggest that GR cells can evade apoptosis and survive in hostile, hypoxic environments with constant autophagic flux. We also show the presence of autophagosomes in some cancer cells from patient samples, even in untreated EGFR-mutant lung cancer tissue samples. Together, our results indicate that autophagy inhibitors alone or in combination with EGFR TKIs may be an effective approach for the treatment of EGFR-mutant lung cancers, where basal autophagy of some cancer cells is upregulated.

TÍTULO / TITLE: - Papuamine causes autophagy following the reduction of cell survival through mitochondrial damage and JNK activation in MCF-7 human breast cancer cells.

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

REVISTA / JOURNAL: - Int J Oncol. 2013 Nov;43(5):1413-9. doi: 10.3892/ijo.2013.2093. Epub 2013 Sep 10.

●● [Enlace al texto completo \(gratis o de pago\) 3892/ijo.2013.2093](#)

AUTORES / AUTHORS: - Kanno S; Yomogida S; Tomizawa A; Yamazaki H; Ukai K; Mangindaan RE; Namikoshi M; Ishikawa M

INSTITUCIÓN / INSTITUTION: - Department of Clinical Pharmacotherapeutics, Tohoku Pharmaceutical University, Aoba-ku, Sendai 981-8558, Japan.

RESUMEN / SUMMARY: - We previously reported that extracts of an Indonesian marine sponge *Haliclona* sp. showed potent cytotoxicity and the induction of apoptosis against human solid cancer cell lines. In this study, we examine the cytotoxic mechanism of the major chemical compound, papuamine, on MCF-7 human breast cancer cells. Papuamine at 5 µM did not show significant cytotoxic effects after incubation for 24 h, but autophagosome vesicular formation was apparent. At 10 µM of papuamine, significant reduction in cell survival was observed at 12 h, and increases in autophagy at this concentration were time-dependent and apparent before the appearance of cytotoxic effects. Both the release of cytochrome c to the cytosol and increase in Bax in the mitochondrial fraction were found to be concentration-dependent. Moreover, mitochondrial membrane potential shows concentration- and time-dependent decreases with exposure to papuamine. The release of cytochrome c has been shown to be accompanied by an increase in JNK activation. 3-Methyladenine (MA), a classical autophagy inhibitor showed increased JNK activation by exposure to

papuamine. In conclusion, our results indicate that papuamine causes earlier onset autophagy and delayed reduction of cell survival through mitochondrial damage and JNK activation in MCF-7 cells.

TÍTULO / TITLE: - Chemoprevention of Prostate Cancer by D,L-Sulforaphane Is Augmented by Pharmacological Inhibition of Autophagy.

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

REVISTA / JOURNAL: - Cancer Res. 2013 Oct 1;73(19):5985-5995. Epub 2013 Aug 6.

●● Enlace al texto completo (gratis o de pago) [1158/0008-5472.CAN-13-0755](#)

AUTORES / AUTHORS: - Vyas AR; Hahm ER; Arlotti JA; Watkins S; Stolz DB; Desai D; Amin S; Singh SV

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Department of Pharmacology & Chemical Biology, University of Pittsburgh Cancer Institute, Department of Cell Biology and Physiology, University of Pittsburgh School of Medicine, Pittsburgh; and Department of Pharmacology, Penn State Milton S. Hershey Medical Center, Hershey, Pennsylvania.

RESUMEN / SUMMARY: - There is a preclinical evidence that the oral administration of d,l-sulforaphane (SFN) can decrease the incidence or burden of early-stage prostate cancer [prostatic intraepithelial neoplasia (PIN)] and well-differentiated cancer (WDC) but not late-stage poorly differentiated cancer (PDC). Because SFN treatment induces cytoprotective autophagy in cultured human prostate cancer cells, the present study tested the hypothesis that chemopreventive efficacy of SFN could be augmented by the pharmacologic inhibition of autophagy using chloroquine (CQ). Incidence of PDC characterized by prostate weight of more than 1 g was significantly lower in the SFN + CQ group than in control (P = 0.004), CQ group (P = 0.026), or SFN group (P = 0.002 by Fisher exact test). Average size of the metastatic lymph node was lower by about 42% in the SFN + CQ group than in control (P = 0.043 by Wilcoxon test). On the other hand, the SFN + CQ combination was not superior to SFN alone with respect to inhibition of incidence or burden of microscopic PIN or WDC. SFN treatment caused in vivo autophagy as evidenced by transmission electron microscopy. Mechanistic studies showed that prevention of prostate cancer and metastasis by the SFN + CQ combination was associated with decreased cell proliferation, increased apoptosis, alterations in protein levels of autophagy regulators Atg5 and phospho-mTOR, and suppression of biochemical features of epithelial-mesenchymal transition. Plasma proteomics identified protein expression signature that may serve as biomarker of SFN + CQ exposure/response. This study offers a novel combination regimen for future clinical investigations for prevention of prostate cancer in humans. Cancer Res; 73(19); 5985-95. ©2013 AACR.

TÍTULO / TITLE: - Survival benefits of liver transplant in severe hepatopulmonary syndrome.

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

REVISTA / JOURNAL: - Am J Respir Crit Care Med. 2013 Aug 15;188(4):514. doi: 10.1164/rccm.201302-0245LE.

●● Enlace al texto completo (gratis o de pago) [1164/rccm.201302-0245LE](#)

AUTORES / AUTHORS: - Iyer VN; Swanson KL; Krowka MJ

INSTITUCIÓN / INSTITUTION: - 1 Mayo Clinic Rochester, Minnesota.

TÍTULO / TITLE: - Background parenchymal enhancement in the contralateral normal breast of patients undergoing neoadjuvant chemotherapy measured by DCE-MRI.

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

REVISTA / JOURNAL: - Magn Reson Imaging. 2013 Aug 28. pii: S0730-725X(13)00259-2. doi: 10.1016/j.mri.2013.07.014.

●● Enlace al texto completo (gratis o de pago) [1016/j.mri.2013.07.014](#)

AUTORES / AUTHORS: - Chen JH; Yu H; Lin M; Mehta RS; Su MY

INSTITUCIÓN / INSTITUTION: - Tu & Yuen Center for Functional Onco-Imaging, Department of Radiological Sciences, University of California, Irvine, CA, USA; Department of Radiology, E-Da Hospital and I-Shou University, Kaohsiung 82445, Taiwan. Electronic address: jeonhc@uci.edu.

RESUMEN / SUMMARY: - The purpose of this study was to analyze background parenchymal enhancement (BPE) in the contralateral normal breast of cancer patients during the course of neoadjuvant chemotherapy (NAC). Forty-five subjects were analyzed. Each patient had three MRIs, one baseline (B/L) and two follow-up (F/U) studies. The fibroglandular tissue in the contralateral normal breast was segmented using a computer-assisted algorithm. Based on the segmented fibroglandular tissue, BPE was calculated. BPE measured in baseline (B/L) and follow-up (F/U) MR studies were compared. The baseline BPE was also correlated with age and compared between pre/peri-menopausal (<55years old) and post-menopausal women (>=55years old). The pre-treatment BPE measured in B/L MRI was significantly higher in women <55years old than in women >=55years old (20.1%+/-7.4% vs. 12.1%+/-5.1%, p<=0.01). A trend of negative correlation between BPE and age was noted (r=-0.29). In women <55years old, BPE at F/U-1 (18.8%+/-6.9%) was decreased compared to B/L, and was further decreased in F/U-2 (13.3%+/-5.7%) which was significant compared to B/L and F/U-1. In women >=55years old, no significant difference was noted in any paired comparison among B/L, F/U-1 and F/U-2 MRI. A higher baseline BPE was associated with a greater reduction of BPE in F/U-2 MRI (r=0.73). Our study showed that younger women tended to have higher BPE than older women. BPE was significantly decreased in F/U-2 MRI after NAC in women <55years old. The reduction

in BPE was most likely due to the ovarian ablation induced by chemotherapeutic agents.

TÍTULO / TITLE: - The effect of solar-geomagnetic activity during and after admission on survival in patients with acute coronary syndromes.

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

REVISTA / JOURNAL: - Int J Biometeorol. 2013 Sep 10.

●● Enlace al texto completo (gratis o de pago) 1007/s00484-013-0725-0

AUTORES / AUTHORS: - Vencloviene J; Babarskiene R; Milvidaite I; Kubilius R; Stasionyte J

INSTITUCIÓN / INSTITUTION: - Institute of Cardiology, Vytautas Magnus University, K. Donelaicio g. 58, 44248, Kaunas, Lithuania, j.vencloviene@gmf.vdu.lt.

RESUMEN / SUMMARY: - A number of studies have established the effects of solar-geomagnetic activity on the human cardio-vascular system. It is plausible that the heliophysical conditions existing during and after hospital admission may affect survival in patients with acute coronary syndromes (ACS). We analyzed data from 1,413 ACS patients who were admitted to the Hospital of Kaunas University of Medicine, Lithuania, and who survived for more than 4 days. We evaluated the associations between active-stormy geomagnetic activity (GMA), solar proton events (SPE), and solar flares (SF) that occurred 0-3 days before and after admission, and 2-year survival, based on Cox's proportional-hazards model, controlling for clinical data. After adjustment for clinical variables, active-stormy GMA on the 2nd day after admission was associated with an increased (by 1.58 times) hazard ratio (HR) of cardiovascular death (HR = 1.58, 95 % CI 1.07-2.32). For women, geomagnetic storm (GS) 2 days after SPE occurred 1 day after admission increased the HR by 3.91 times (HR = 3.91, 95 % CI 1.31-11.7); active-stormy GMA during the 2nd-3rd day after admission increased the HR by over 2.5 times (HR = 2.66, 95 % CI 1.40-5.03). In patients aged over 70 years, GS occurring 1 day before or 2 days after admission, increased the HR by 2.5 times, compared to quiet days; GS in conjunction with SF on the previous day, nearly tripled the HR (HR = 3.08, 95 % CI 1.32-7.20). These findings suggest that the heliophysical conditions before or after the admission affect the hazard ratio of lethal outcome; adjusting for clinical variables, these effects were stronger for women and older patients.

TÍTULO / TITLE: - Urinary neopterin concentration and toxicity of radiotherapy in patients with head and neck carcinoma during external beam radiation.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Sep;33(9):4097-101.

AUTORES / AUTHORS: - Holeckova P; Krcmova L; Letal J; Svobodnik A; Kalabova H; Kasparova M; Plisek J; Pala M; Vitek P; Solichova D; Zezulova M; Studentova H; Dolezel M; Melichar B

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Palacky University Medical School, I.P. Pavlova 6, 775 20 Olomouc, Czech Republic. dolezelm@email.cz.

RESUMEN / SUMMARY: - Aim: Increased serum or urinary concentrations of neopterin are predictive of poor prognosis in patients with tumors across a spectrum of primary locations. Less information is available about the significance of changes of urinary neopterin concentrations during therapy. The aim of the present study was to examine the association between urinary neopterin and toxicity of radiotherapy. **PATIENTS AND METHODS:** We analyzed changes of urinary neopterin and toxicity of therapy in 12 patients with head and neck carcinoma during external-beam radiation. Urinary neopterin was determined daily by high-performance liquid chromatography. **RESULTS:** In addition to a trend for increased neopterin concentrations during radiation therapy, a significant association between changes of neopterin and toxicity and vice versa was observed with a rise of neopterin predicting a later manifestation of toxicity as well as manifestation of toxicity predicting a later rise of neopterin. **CONCLUSION:** Urinary neopterin is predictive of toxicity in patients with head and neck carcinoma. An association between toxicity and subsequent rise of urinary neopterin concentrations was also observed.

TÍTULO / TITLE: - A great option for elderly patients with locally invasive bladder cancer, BOAI-CDDP-radiation (OMC regimen).

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

REVISTA / JOURNAL: - Int J Oncol. 2013 Oct;43(4):1087-94. doi: 10.3892/ijo.2013.2058. Epub 2013 Aug 8.

●● [Enlace al texto completo \(gratis o de pago\) 3892/ijo.2013.2058](#)

AUTORES / AUTHORS: - Azuma H; Inamoto T; Takahara K; Nomi H; Hirano H; Uehara H; Komura K; Minami K; Kouno J; Kotake Y; Abe H; Takagi S; Ibuki N; Yamamoto K; Narumi Y; Kiyama S

INSTITUCIÓN / INSTITUTION: - Department of Urology, Osaka Medical College, Takatsuki, Osaka 569-8686, Japan.

RESUMEN / SUMMARY: - We have developed a novel bladder preservation therapy, balloon-occluded arterial infusion (BOAI) of cisplatin/gemcitabine, concomitantly with hemodialysis, along with concurrent irradiation [the so-called 'OMC (Osaka Medical College) regimen']. The OMC regimen delivers an extremely high concentration of anticancer agent to the site of a tumor without systemic adverse effects, since more than 95% of free Pt was efficiently eliminated by hemodialysis, which enables short hospital stay. In this study, we investigated the efficiency of OMC regimen in patients aged over 70 years with muscle-invasive bladder cancer without metastasis. A total of

134 such patients were assigned to receive either the OMC regimen (n=89) or cystectomy (n=45). OMC regimen patients who failed to achieve CR underwent cystectomy, or secondary BOAI with gemcitabine (1,600 mg). The OMC regimen, which delivers an extremely high concentration of anticancer agent to the tumor site without systemic adverse effects, yielded CR in >91% (81/89) of patients. More than 96% (78/81) of the CR patients survived without recurrence with intact bladder after a mean follow-up of 164 (range 16-818) weeks. The 5- and 10-year bladder intact survival rates were 87.2 and 69.8%, and overall survival rates were 88.4 and 70.7% (vs. 59.9 and 33.3% for cystectomy, p=0.0002), respectively, although the median age in the OMC regimen group was significantly greater than in the cystectomy group (median, range = 77, 70-98 vs. 74, 70-89; p=0.0003). No patients suffered grade II or more severe toxicities; the oldest patient, aged 91 years, successfully completed this therapy. In conclusion, the OMC regimen is a useful bladder preservation strategy for elderly patients with locally invasive bladder cancer, not only in those for whom cystectomy is indicated, but also in patients whose condition is not amenable to curative treatment and for whom palliation would otherwise seem the only option.

TÍTULO / TITLE: - Temporal regulation of the Mus81-Mms4 endonuclease ensures cell survival under conditions of DNA damage.

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

REVISTA / JOURNAL: - Nucleic Acids Res. 2013 Jul 30.

●● [Enlace al texto completo \(gratis o de pago\) 1093/nar/gkt645](#)

AUTORES / AUTHORS: - Saugar I; Vazquez MV; Gallo-Fernandez M; Ortiz-Bazan MA; Segurado M; Calzada A; Tercero JA

INSTITUCIÓN / INSTITUTION: - Centro de Biología Molecular Severo Ochoa (CSIC/UAM), Cantoblanco. 28049-Madrid, España and Centro Nacional de Biotecnología (CSIC), Cantoblanco. 28049-Madrid, España.

RESUMEN / SUMMARY: - The structure-specific Mus81-Eme1/Mms4 endonuclease contributes importantly to DNA repair and genome integrity maintenance. Here, using budding yeast, we have studied its function and regulation during the cellular response to DNA damage and show that this endonuclease is necessary for successful chromosome replication and cell survival in the presence of DNA lesions that interfere with replication fork progression. On the contrary, Mus81-Mms4 is not required for coping with replicative stress originated by acute treatment with hydroxyurea (HU), which causes fork stalling. Despite its requirement for dealing with DNA lesions that hinder DNA replication, Mus81-Mms4 activation is not induced by DNA damage at replication forks. Full Mus81-Mms4 activity is only acquired when cells finish S-phase and the endonuclease executes its function after the bulk of genome replication is completed. This post-replicative mode of action of Mus81-Mms4 limits its nucleolytic activity during S-phase, thus avoiding the potential cleavage of DNA substrates that

could cause genomic instability during DNA replication. At the same time, it constitutes an efficient fail-safe mechanism for processing DNA intermediates that cannot be resolved by other proteins and persist after bulk DNA synthesis, which guarantees the completion of DNA repair and faithful chromosome replication when the DNA is damaged.

TÍTULO / TITLE: - Oncological Outcomes after Robot-Assisted Radical Prostatectomy: Long Term Follow-up in 4,803 patients.

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

REVISTA / JOURNAL: - BJU Int. 2013 Aug 12. doi: 10.1111/bju.12404.

●● [Enlace al texto completo \(gratis o de pago\) 1111/bju.12404](#)

AUTORES / AUTHORS: - Sukumar S; Rogers CG; Trinh QD; Sammon J; Sood A; Stricker H; Peabody JO; Menon M

INSTITUCIÓN / INSTITUTION: - Vattikuti Urology Institute, Henry Ford Health System, Detroit, MI.

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate oncologic outcomes in patients undergoing robot-assisted radical prostatectomy (RARP) at a high-volume tertiary center with focus on biochemical recurrence (BCR). Previous studies on oncologic outcomes for patients undergoing RARP for prostate cancer (PCa) are limited to small series. MATERIALS AND METHODS: A total of 5,152 consecutive patients underwent RARP from 2001-2010; 4,803 patients comprised the study cohort after exclusions. BCR was defined as a serum prostate-specific antigen (PSA) ≥ 0.2 ng/ml with a confirmatory value. BCR-free survival (BCRFS), metastasis-free survival (MFS) and cancer-specific survival (CSS) were estimated using the Kaplan-Meier method and Cox hazards regression models were generated. RESULTS: Mean preoperative PSA was 6.1 ng/ml, pathologic Gleason grade and stage were ≥ 7 in 68% and \geq pT3 in 34% of patients. BCR was noted in 470 patients (9.8%), 31 patients developed metastatic disease (0.7%) and 13 patients died of PCa (0.3%) during a mean follow-up of 34.6 months (range 1-116.7 months). Actuarial 8-year BCRFS, MFS and CSS were 81%, 98.5% and 99.1%, respectively. In patients with node positive disease, actuarial 5-year BCRFS, MFS, and CSS were 26%, 82%, and 97%. For organ-confined disease, predictors of BCR included pathology Gleason grade (primary Gleason 5 vs. 3, HR: 5.52, $p=0.018$; Gleason 4 vs. 3, HR: 1.97, $p=0.001$), preoperative PSA (10-20 vs. ≤ 10 , HR: 2.38, $p=0.001$) surgical margin status (positive vs. negative, HR: 3.84, $p<0.001$) CONCLUSIONS: RARP appears to confer effective long-term biochemical control. To our knowledge, this is the largest report of oncologic outcomes in a RARP series to date.

TÍTULO / TITLE: - Coronary computed tomography angiography at 140 kV versus 120 kV: assessment of image quality and radiation exposure in overweight and moderately obese patients.

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

REVISTA / JOURNAL: - Acta Radiol. 2013 Sep 12.

●● Enlace al texto completo (gratis o de pago) [1177/0284185113502745](https://doi.org/10.1177/0284185113502745)

AUTORES / AUTHORS: - Lee AM; Engel LC; Hui GC; Liew G; Ferencik M; Sidhu MS; Hoffmann U; Ghoshhajra BB

INSTITUCIÓN / INSTITUTION: - Cardiac MR PET CT Program, Massachusetts General Hospital and Harvard Medical School, Department of Radiology and Division of Cardiology, Boston, MA, USA.

RESUMEN / SUMMARY: - BACKGROUND: Although a tube potential of 140 kV is available on most computed tomography (CT) scanners, its incremental diagnostic value versus 120 kV has been controversial. PURPOSE: To retrospectively evaluate the image quality and radiation exposure of cardiac computed tomography angiography (CCTA) performed at 140 kV in comparison to CCTA at 120 kV in overweight and moderately obese patients. MATERIAL AND METHODS: Eighty-eight patients who were referred for CCTA between January 2010 and May 2012 were included. Forty-four patients who were overweight or moderately obese (body mass index [BMI], 25-35 kg/m²) underwent CCTA with dual-source CT (DSCT) scanner at 140 kV. Forty-four match controls who underwent CCTA with DSCT at 120 kV were identified per BMI, average heart rate, scan indication, and scan acquisition mode. All scans were performed per routine protocols with direct physician supervision. Quantitative image metrics (CT attenuation, image noise, contrast-to-noise ratio [CNR], and signal-to-noise ratio [SNR] of left main [LM] and proximal right coronary artery [RCA]) were assessed. Effective radiation dose was compared between the two groups. RESULTS: Overall, all scans were diagnostic without any non-evaluable coronary segment per clinical report. 140 kV had a lower attenuation and image noise versus 120 kV (P < 0.01). Both SNR and CNR of proximal coronary arteries were similar between 140 kV and 120 kV (SNR, LM P = 0.93, RCA P = 0.62; CNR, LM P = 0.57, RCA P = 0.77). 140 kV was associated with a 35.3% increase in effective radiation dose as compared with 120 kV (5.1 [3.6-8.2] vs. 3.3 [2.0-5.1] mSv, respectively; P < 0.01). CONCLUSION: 140 kV CCTA resulted in similar image quality but a higher effective radiation dose in comparison to 120 kV CCTA. Therefore, in overweight and moderately obese patients, a tube potential of 120 kV may be sufficient for CCTA with diagnostic image quality.

TÍTULO / TITLE: - Radiofrequency Ablation versus Radical Nephrectomy: Clinical Outcomes for Stage T1b Renal Cell Carcinoma.

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

REVISTA / JOURNAL: - Radiology. 2013 Aug 7.

- Enlace al texto completo (gratis o de pago) 1148/radiol.13130221

AUTORES / AUTHORS: - Takaki H; Soga N; Kanda H; Nakatsuka A; Uraki J; Fujimori M; Yamanaka T; Hasegawa T; Arima K; Sugimura Y; Sakuma H; Yamakado K

INSTITUCIÓN / INSTITUTION: - Departments of Radiology and Nephro-Urologic Surgery and Andrology, Mie University School of Medicine, 2-174 Edobashi, Tsu, Mie 514-8507, Japan.

RESUMEN / SUMMARY: - Purpose: To compare clinical outcomes of radiofrequency (RF) ablation retrospectively with those after radical nephrectomy in patients with stage T1b renal cell carcinoma (RCC). Materials and Methods: This retrospective study was approved by the institutional review board, and the requirement to obtain written informed consent was waived. From June 2002 to March 2012, 60 patients (mean age, 65.2 years; age range, 39-86 years) with a single RCC measuring 4.1-7.0 cm (stage T1b) underwent RF ablation (n = 21) or radical nephrectomy (n = 39). Selective renal artery embolization was performed before RF ablation in eight patients. The overall, RCC-related, and disease-free survival rates, the percentage decrease in the glomerular filtration rate (GFR), and safety were compared by using the log-rank (survival), paired and Student t (GFR), and Fisher exact (safety) tests. Results: The overall survival rate was significantly lower in the RF ablation group than in the radical nephrectomy group (48% vs 97% at 10 years, respectively; 95% confidence interval [CI]: 12.4%, 76.7% vs 78.2%, 99.5%; P < .009). The RCC-related survival rate (94% [95% CI: 62.6%, 99.1%] with RF ablation vs 100% with radical nephrectomy at 10 years) and the disease-free survival rate (88% [95% CI: 59.2%, 96.9%] with RF ablation vs 84% [95% CI: 60.6%, 94.3%] with radical nephrectomy at 10 years, P = .99) were comparable between the two groups. No treatment-related deaths occurred. Although major complication rates were similar between the two patient groups (8.0% [two of 25 patients] vs 5.1% [two of 39 patients], P = .61), the percentage decrease in the GFR was significantly lower in the RF ablation group than in the radical nephrectomy group at the last follow-up (12.5% +/- 23.4 vs 32.3% +/- 20.8, respectively; P < .003). Conclusion: RF ablation is a safe procedure for patients at substantial surgical risk for radical nephrectomy, providing comparable RCC-related and disease-free survival and preserving renal function. © RSNA, 2013.

TÍTULO / TITLE: - Dynamic contrast-enhanced MRI in patients with muscle-invasive transitional cell carcinoma of the bladder can distinguish between residual tumour and post-chemotherapy effect.

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

REVISTA / JOURNAL: - Eur J Radiol. 2013 Aug 15. pii: S0720-048X(13)00407-5. doi: 10.1016/j.ejrad.2013.08.008.

- Enlace al texto completo (gratis o de pago) 1016/j.ejrad.2013.08.008

AUTORES / AUTHORS: - Donaldson SB; Bonington SC; Kershaw LE; Cowan R; Lyons J; Elliott T; Carrington BM

INSTITUCIÓN / INSTITUTION: - School of Cancer and Enabling Sciences, University of Manchester, Oxford Road, Manchester M13 9PL, UK; Christie Medical Physics and Engineering, The Christie NHS Foundation Trust, Wilmslow Road, Manchester M20 4BX, UK. Electronic address: Stephanie.donaldson1@nhs.net.

RESUMEN / SUMMARY: - **INTRODUCTION:** Treatment of muscle-invasive bladder cancer with chemotherapy results in haemorrhagic inflammation, mimicking residual tumour on conventional MR images and making interpretation difficult. The aim of this study was to use dynamic contrast-enhanced magnetic resonance imaging (DCE-MRI) to estimate descriptive and tracer kinetic parameters post-neoadjuvant chemotherapy and to investigate whether parameters differed in areas of residual tumour and chemotherapy-induced haemorrhagic inflammation (treatment effect, Tr-Eff). **METHODS AND MATERIALS:** Twenty-one patients underwent DCE-MRI scans with 2.5s temporal resolution before and following neoadjuvant chemotherapy. Regions-of-interest (ROIs) were defined in areas suspicious of residual tumour on T2-weighted MRI scans. Data were analysed semi-quantitatively and with a two-compartment exchange model to obtain parameters including relative signal intensity (rSI80s) and plasma perfusion (Fp) respectively. The bladder was subsequently examined histologically after cystectomy for evidence of residual tumour and/or Tr-Eff. Differences in parameters measured in areas of residual tumour and Tr-Eff were examined using Student's t-test. **RESULTS:** Twenty-four abnormal sites were defined after neoadjuvant chemotherapy. On pathology, 10 and 14 areas were identified as residual tumour and Tr-Eff respectively. Median rSI80s and Fp were significantly higher in areas of residual tumour than Tr-Eff (rSI80s=2.9 vs 1.7, $p<0.001$; Fp=20.7 vs 9.1ml/100ml/min, $p=0.03$). The sensitivity and specificity for differentiating residual tumour from Tr-Eff were 70% and 100% (rSI80s), 60% and 86% (Fp), and 75% and 100% when combined. **CONCLUSION:** DCE-MRI parameters obtained post-treatment are capable of distinguishing between residual tumour and treatment effect in patients treated for bladder cancer with neoadjuvant chemotherapy.

TÍTULO / TITLE: - Glutathione transferase-A2 S112T polymorphism predicts survival, transplant-related mortality, busulfan and bilirubin blood levels after allogeneic stem cell transplantation.

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

REVISTA / JOURNAL: - Haematologica. 2013 Sep 20.

●● [Enlace al texto completo \(gratuito o de pago\) 3324/haematol.2013.089888](#)

AUTORES / AUTHORS: - Bonifazi F; Storci G; Bandini G; Marasco E; Dan E; Zani E; Albani F; Bertoni S; Bontadini A; De Carolis S; Sapienza MR; Rizzi S; Motta MR; Ferioli M; Garagnani P; Cavo M; Mantovani V; Bonafe M

INSTITUCIÓN / INSTITUTION: - University of Bologna, Italy;

RESUMEN / SUMMARY: - Busulfan liver metabolism depends on glutathione, a crucial mediator of cellular and systemic stress. Here we investigated 40 polymorphisms at 27 loci involved in hepatic glutathione homeostasis, with the aim to test their impact on the clinical outcome of 185 busulfan-conditioned allogeneic transplants. GSTA2 S112T serine allele homozygosity is an independent prognostic factor for poorer survival (RR=2.388), for increased any time- and 100-day Transplant Related Mortality (RR=4.912 and RR=5.185, respectively). The genotype also predicts a wider busulfan area under the concentration-time curve (1214.36+570.06 vs 838.10+282.40 $\mu\text{Mol}\cdot\text{min}$) and higher post-transplant bilirubin serum levels (3.280+0.422 vs 1.874+0.197 mg/dL). In vitro, busulfan elicits pro-inflammatory activation (increased NF-KappaB activity and interleukin-8 expression) in human hepatoma cells. At the same time, the drug down-regulates a variety of genes involved in bilirubin liver clearance: constitutive androstane receptor, multidrug resistance-associated protein, solute carrier organic anion transporters, and even GSTA2. Worthy of note, is the fact that GSTA2 also acts as an intra-hepatic bilirubin binding protein. These data underline the prognostic value of GSTA2 genetic variability in busulfan-conditioned allotransplants and suggest a patho-physiological model in which busulfan-induced inflammation leads to the impairment of post-transplant bilirubin metabolism.

TÍTULO / TITLE: - Tracer injection sites and combinations for sentinel lymph node detection in patients with endometrial cancer.

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

REVISTA / JOURNAL: - Gynecol Oncol. 2013 Aug 27. pii: S0090-8258(13)01103-7. doi: 10.1016/j.ygyno.2013.08.018.

●● Enlace al texto completo (gratis o de pago) [1016/j.ygyno.2013.08.018](#)

AUTORES / AUTHORS: - Niikura H; Kaiho-Sakuma M; Tokunaga H; Toyoshima M; Utsunomiya H; Takano T; Watanabe M; Ito K; Yaegashi N

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RESUMEN / SUMMARY: - **OBJECTIVE:** The aim of the present study was to clarify the most effective combination of injected tracer types and injection sites in order to detect sentinel lymph nodes (SLNs) in early endometrial cancer. **PATIENTS AND METHODS:** The study included 100 consecutive patients with endometrial cancer treated at Tohoku University Hospital between June 2001 and December 2012. The procedure for SLN identification entailed either radioisotope (RI) injection into the endometrium during hysteroscopy (55 cases) or direct RI injection into the uterine cervix (45 cases). A combination of blue dye injected into the uterine cervix or uterine body intraoperatively in addition to preoperative RI injection occurred in 69 of 100 cases.

All detected SLNs were recorded according to the individual tracer and the resultant staging from this method was compared to the final pathology of lymph node metastases including para-aortic nodes. RESULTS: SLN detection rate was highest (96%) by cervical RI injection; however, no SLNs were detected in para-aortic area. Para-aortic SLNs were detected only by hysteroscopic RI injection (56%). All cases with pelvic lymph node metastases were detected by pelvic SLN biopsy. Isolated positive para-aortic lymph nodes were detected in 3 patients. Bilateral SLN detection rate was high (96%; 26 of 27 cases) by cervical RI injection combined with dye. CONCLUSION: RI injection into the uterine cervix is highly sensitive in detection of SLN metastasis in early stage endometrial cancer. It is a useful and safe modality when combined with blue dye injection into the uterine body.

TÍTULO / TITLE: - Ki67 is an independent predictor of oncological outcomes in patients with localized clear-cell renal cell carcinoma.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jun 5. doi: 10.1111/bju.12263.

●● Enlace al texto completo (gratis o de pago) 1111/bju.12263

AUTORES / AUTHORS: - Gayed BA; Youssef RF; Bagrodia A; Darwish OM; Kapur P; Sagalowsky A; Lotan Y; Margulis V

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

RESUMEN / SUMMARY: - OBJECTIVE: To validate the impact of Ki67 expression on oncological outcomes of patients treated for clinically localized clear-cell renal cell carcinoma (ccRCC). PATIENTS AND METHODS: Immunohistochemistry for Ki67 was performed on tissue microarray constructs of patients treated with radical or partial nephrectomy for clinically localized (M0) ccRCC and Ki67 expression >10% was considered abnormal. Clinical and pathological data elements were entered into an institutional review board-approved database. The Kaplan-Meier method and Cox regression models were used to analyse disease-free survival (DFS) and cancer-specific survival (CSS) probabilities. RESULTS: Of 401 patients, 59.6% were males. The median (range) age was 58 (17-85) years, follow-up was 22 (0-150) months and time to death was 27 (0-150) months. A total of 20.2% of patients had advanced stage (pT3-T4) and 31% had advanced grade (3-4) disease. Abnormal expression of Ki67 was seen in 6.5% of our cohort and was associated with adverse pathological features (P < 0.05).

Patients with high expression of Ki67 were found to have 5-year DFS and CSS rates of 67 and 84%, respectively, vs 87 and 95%, respectively, in those with normal expression (P < 0.001 and P < 0.05, respectively). In multivariable analyses, adjusting for stage and grade, abnormal Ki67 expression was an independent predictor of DFS (hazard ratio [HR] 3.77, P = 0.011, 95% confidence interval [CI] 1.35-10.52), but not of CSS (HR 3.51 P = 0.137, 95% CI 0.671-18.35). CONCLUSIONS: Our findings support the role of Ki67 as

a powerful independent predictor of inferior oncological outcomes in patients with ccRCC. Further prospective studies are needed to determine the clinical applicability of these findings.

TÍTULO / TITLE: - Adaptive radiotherapy with an average anatomy model: Evaluation and quantification of residual deformations in head and neck cancer patients.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Sep 7. pii: S0167-8140(13)00386-1. doi: 10.1016/j.radonc.2013.08.007.

●● Enlace al texto completo (gratis o de pago) 1016/j.radonc.2013.08.007

AUTORES / AUTHORS: - van Kranen S; Mencarelli A; van Beek S; Rasch C; van Herk M; Sonke JJ

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, The Netherlands Cancer Institute, Amsterdam, The Netherlands.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: To develop and validate an adaptive intervention strategy for radiotherapy of head-and-neck cancer that accounts for systematic deformations by modifying the planning-CT (pCT) to the average misalignments in daily cone beam CT (CBCT) measured with deformable registration (DR). METHODS AND MATERIALS: Daily CBCT scans (808 scans) for 25 patients were retrospectively registered to the pCT with B-spline DR. The average deformation vector field (<DVF>) was used to deform the pCT for adaptive intervention. Two strategies were simulated: single intervention after 10 fractions and weekly intervention with an <DVF> from the previous week. The model was geometrically validated with the residual misalignment of anatomical landmarks both on bony-anatomy (BA; automatically generated) and soft-tissue (ST; manually identified). RESULTS: Systematic deformations were 2.5/3.4mm vector length (BA/ST). Single intervention reduced deformations to 1.5/2.7mm (BA/ST). Weekly intervention resulted in 1.0/2.2mm (BA/ST) and accounted better for progressive changes. 15 patients had average systematic deformations >2mm (BA): reductions were 1.1/1.9mm (single/weekly BA). ST improvements were underestimated due to observer and registration variability. CONCLUSIONS: Adaptive intervention with a pCT modified to the average anatomy during treatment successfully reduces systematic deformations. The improved accuracy could possibly be exploited in margin reduction and/or dose escalation.

TÍTULO / TITLE: - Guaranteed epsilon-optimal treatment plans with the minimum number of beams for stereotactic body radiation therapy.

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

REVISTA / JOURNAL: - Phys Med Biol. 2013 Sep 7;58(17):5931-44. doi: 10.1088/0031-9155/58/17/5931. Epub 2013 Aug 6.

●● Enlace al texto completo (gratis o de pago) [1088/0031-9155/58/17/5931](https://doi.org/10.1088/0031-9155/58/17/5931)

AUTORES / AUTHORS: - Yarmand H; Winey B; Craft D

RESUMEN / SUMMARY: - Stereotactic body radiation therapy (SBRT) is characterized by delivering a high amount of dose in a short period of time. In SBRT the dose is delivered using open fields (e.g., beam's-eye-view) known as 'apertures'. Mathematical methods can be used for optimizing treatment planning for delivery of sufficient dose to the cancerous cells while keeping the dose to surrounding organs at risk (OARs) minimal. Two important elements of a treatment plan are quality and delivery time. Quality of a plan is measured based on the target coverage and dose to OARs. Delivery time heavily depends on the number of beams used in the plan as the setup times for different beam directions constitute a large portion of the delivery time. Therefore the ideal plan, in which all potential beams can be used, will be associated with a long impractical delivery time. We use the dose to OARs in the ideal plan to find the plan with the minimum number of beams which is guaranteed to be epsilon-optimal (i.e., a predetermined maximum deviation from the ideal plan is guaranteed). Since the treatment plan optimization is inherently a multi-criteria-optimization problem, the planner can navigate the ideal dose distribution Pareto surface and select a plan of desired target coverage versus OARs sparing, and then use the proposed technique to reduce the number of beams while guaranteeing epsilon-optimality. We use mixed integer programming (MIP) for optimization. To reduce the computation time for the resultant MIP, we use two heuristics: a beam elimination scheme and a family of heuristic cuts, known as 'neighbor cuts', based on the concept of 'adjacent beams'. We show the effectiveness of the proposed technique on two clinical cases, a liver and a lung case. Based on our technique we propose an algorithm for fast generation of epsilon-optimal plans.

TÍTULO / TITLE: - Prognostic value of preoperative peripheral neutrophil-to-lymphocyte ratio in patients with HBV-associated hepatocellular carcinoma after radical hepatectomy.

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

REVISTA / JOURNAL: - Med Oncol. 2013 Dec;30(4):721. doi: 10.1007/s12032-013-0721-6. Epub 2013 Sep 13.

●● Enlace al texto completo (gratis o de pago) [1007/s12032-013-0721-6](https://doi.org/10.1007/s12032-013-0721-6)

AUTORES / AUTHORS: - Fu SJ; Shen SL; Li SQ; Hua YP; Hu WJ; Liang LJ; Peng BG

INSTITUCIÓN / INSTITUTION: - Department of Hepatobiliary Surgery, The First Affiliated Hospital, Sun Yat-sen University, Guangzhou, 510080, Guangdong, People's Republic of China.

RESUMEN / SUMMARY: - Neutrophil-to-lymphocyte ratio (NLR), an inflammation index, is considered a prognostic predictor of hepatocellular carcinoma (HCC). This study aimed to evaluate the prognostic value of preoperative peripheral NLR in patients with hepatitis B virus (HBV)-associated HCC after radical hepatectomy. Clinical data were collected from patients with HBV-associated HCC who underwent radical hepatectomy. NLR was calculated from lymphocyte and neutrophil counts on preoperative routine blood tests. Demographics, laboratory analyses, and histopathological data were analyzed. A total of 282 patients were selected and divided by the cutoff NLR value of 2. Multivariate analysis showed that NLR > 2 was an independent prognostic predictor of poor disease-free survival [hazard ratio (HR) = 1.362; 95 % confidence interval (CI) 1.025-1.811; P = 0.033] and overall survival (HR = 1.434; 95 % CI 1.044-1.970; P = 0.023). NLR had a good predictive value for prognosis in patients with HBV-associated HCC who had normal serum AFP level. These results suggested that NLR is an independent indicator of both disease-free survival and overall survival in patients with HBV-associated HCC after radical hepatectomy, including AFP-normal patients.

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

REVISTA / JOURNAL: - Blood. 2013 Sep 16.

●● Enlace al texto completo (gratis o de pago) 1182/blood-2013-04-493973

AUTORES / AUTHORS: - Holmfeldt P; Pardieck J; Saulsberry AC; Nandakumar SK; Finkelstein D; Gray JT; Persons DA; McKinney-Freeman S

INSTITUCIÓN / INSTITUTION: - Department of Hematology, St. Jude Children's Research Hospital, Memphis, TN, United States;

RESUMEN / SUMMARY: - Hematopoietic stem cells are both necessary and sufficient to sustain the complete blood system of vertebrates. Here we show that Nfix, a member of the nuclear factor I (Nfi) family of transcription factors, is highly expressed by hematopoietic stem and progenitor cells (HSPC) of murine adult bone marrow. Although shRNA mediated knockdown of Nfix expression in Lineage-Sca-1+c-Kit+ HSPC had no effect on in vitro cell growth or viability, Nfix-depleted HSPC displayed a significant loss of colony forming potential, as well as short- and long-term in vivo hematopoietic repopulating activity. Analysis of recipient mice 4-20 days post-transplant revealed that Nfix-depleted HSPC establish in the bone marrow but fail to persist due to increased apoptotic cell death. Gene expression profiling of Nfix-depleted HSPC reveals that loss of Nfix expression in HSPC is concomitant with a decrease in the expression of multiple genes known to be important for HSPC survival, such as Erg, Mecom and Mpl. These data reveal that Nfix is a novel regulator of HSPC survival post-transplantation and establish a role for Nfi genes in the regulation of this cellular compartment.

TÍTULO / TITLE: - Hypothalamic-pituitary-thyroid dysfunction induced by intensity-modulated radiotherapy (IMRT) for adult patients with nasopharyngeal carcinoma.

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

REVISTA / JOURNAL: - Med Oncol. 2013 Dec;30(4):710. doi: 10.1007/s12032-013-0710-9. Epub 2013 Sep 3.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s12032-013-0710-9](#)

AUTORES / AUTHORS: - Huang S; Wang X; Hu C; Ying H

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Fudan University Shanghai Cancer Center, No. 270, Dong-An Rd., Shanghai, 200032, China.

RESUMEN / SUMMARY: - The aim of this study is to investigate the status and dose-volume relationship of hypothalamic-pituitary-thyroid dysfunction induced by intensity-modulated radiotherapy (IMRT) for adult patients with nasopharyngeal carcinoma (NPC). The hormone levels of 98 patients treated with IMRT were retrospectively reviewed. Hormone values including prolactin (PRL), follicle-stimulating hormone (FSH), luteinizing hormone, adrenocorticotrophic hormone, thyroid-stimulating hormone (TSH) and free thyroxine (FT4) were tested. The pituitary and thyroid glands were re-contoured to obtain dose-volume histograms. The relationship between the dose distributions and hormone values was analyzed, as well as combined chemotherapy, age, gender, stages and interval time. The median follow-up period was 17 months. Median values of mean radiation dose to the pituitary and thyroid were 51.2 and 49.72 Gy. Evidences of hormone disorder were found in 54.1 % patients. About 33.7 % patients experienced dysfunction of TSH, 20.4 % of sexual axis and 11.2 % of PRL. Twenty-nine patients presented central hypothyroidism, while 4 patients developed primary hypothyroidism. Dosimetric analysis showed that thyroid axis was significantly associated with Vt30-50 and Dmean of thyroid, V40 (p = 0.000) was the most significant parameters. In addition, TSH and FT4 were correlated with volume of pituitary receiving above 55 Gy (Vp55; p = 0.014, 0.035). Vp55 was most significantly influencing factor of PRL axis (p = 0.044) and gonad axis (p = 0.047). TSH dysfunction was more common with interval time longer than 10 months and age older than 45 years in both univariate and multivariate analysis. FSH and PRL were affected by both gender (p = 0.009, 0.001) and age (p = 0.004, 0.012). Hormone changes were not affected by either clinical stages or combined chemotherapy. At the era of IMRT, a high rate of endocrine deficiency was still seen. Hypothalamic-pituitary-thyroid dysfunction is more common in NPC patients. Regular monitoring is needed.

TÍTULO / TITLE: - Race Does Not Impact Pancreatic Cancer Treatment and Survival in an Equal Access Federal Health Care System.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Sep 4.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3130-3](https://doi.org/10.1245/s10434-013-3130-3)

AUTORES / AUTHORS: - Lee S; Reha JL; Tzeng CW; Massarweh NN; Chang GJ; Hetz SP; Fleming JB; Lee JE; Katz MH

INSTITUCIÓN / INSTITUTION: - Department of Surgical Oncology, The University of Texas MD Anderson Cancer Center, Houston, TX, USA, yubjang@yahoo.com.

RESUMEN / SUMMARY: - BACKGROUND: Black patients with pancreatic adenocarcinoma (PDAC) have been reported to undergo surgical resection less frequently and to have a shorter overall survival duration than white patients. We sought to determine whether disparities in clinical management and overall survival exist between black and white patients with PDAC treated in an equal access health care system. METHODS: Using the Department of Defense (DoD) tumor registry database from 1993 to 2007, patient, tumor, and treatment factors were analyzed to compare rates of therapy and survival between black and white patients. RESULTS: Of 1,008 patients with PDAC, 157 were black (15 %). Thirty-six percent of black and 37 % of white patients presented with locoregional disease ($p = 0.85$). Among those with locoregional cancers, the odds of black patients having received surgical resection (odds ratio [OR] 1.06, 95 % confidence interval [CI] 0.60-1.89), chemotherapy (OR 0.92, 95 % CI 0.49-1.73) and radiotherapy (OR 1.14, 95 % CI 0.61-2.10) were not different from those of whites. Among those with distant disease, the odds of having received palliative chemotherapy were also similar (OR 0.91, 95 % CI 0.55-1.51). Black and white patients with PDAC had a similar median overall survival. In a multivariate analysis, as compared to whites, black race was not associated with shorter overall survival. CONCLUSIONS: We observed no disparities in either management or survival between white and black patients with PDAC treated in the DoD's equal access health care system. These data suggest that improving the access of minorities with PDAC to health care may reduce disparities in their oncologic outcomes.

TÍTULO / TITLE: - Impact of donor and recipient age difference on long-term allograft survival after living donor renal transplantation: analysis of 478 cases.

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

REVISTA / JOURNAL: - Clin Transplant. 2013 Aug 31. doi: 10.1111/ctr.12219.

●● Enlace al texto completo (gratis o de pago) [1111/ctr.12219](https://doi.org/10.1111/ctr.12219)

AUTORES / AUTHORS: - Kostakis ID; Moris DN; Barlas A; Bokos I; Darema M; Theodoropoulou E; Karaolani G; Kostakis A; Boletis I; Zavos G

INSTITUCIÓN / INSTITUTION: - Transplantation Unit, "Laiko" General Hospital, Athens, Greece.

RESUMEN / SUMMARY: - INTRODUCTION: Either deceased or living-related renal transplantation constitutes the best therapeutic option for patients with end-stage renal disease. In this retrospective study, an attempt to identify parameters that affect allograft survival in living donor renal transplantation was made. METHODS: Between

January 2000 and July 2012, 478 adult patients received a renal transplant from a living-related donor in our center and their records were retrospectively reviewed in November 2012. Data concerning donor age, recipient age, donor/recipient age difference, donor/recipient gender, and ABO compatibility/incompatibility were recorded and associated with renal allograft survival rate. RESULTS: Renal allograft survival rate was 96%, 89.5%, and 77.7% in the first, fifth, and 10th yr after transplantation, respectively. Only the difference between donor and recipient age was statistically significant in relation to graft survival. In cases with age difference >13 yr, graft survival rate was lower from the third yr onward. CONCLUSIONS: Only the age difference between donor and recipient exerts an adverse impact on graft outcome after living donor renal transplantation, whereas donor age, recipient age, donor/recipient gender, and ABO incompatibility do not significantly influence renal allograft survival.

TÍTULO / TITLE: - Combined epidermal growth factor receptor (EGFR)-tyrosine kinase inhibitor and chemotherapy in non-small-cell lung cancer: Chemo-refractoriness of cells harboring sensitizing-EGFR mutations in the presence of gefitinib.

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

REVISTA / JOURNAL: - Lung Cancer. 2013 Sep 8. pii: S0169-5002(13)00393-0. doi: 10.1016/j.lungcan.2013.08.028.

●● Enlace al texto completo (gratis o de pago) [1016/j.lungcan.2013.08.028](#)

AUTORES / AUTHORS: - Tsai CM; Chen JT; Chiu CH; Lai CL; Hsiao SY; Chang KT

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RESUMEN / SUMMARY: - BACKGROUND: Combined epidermal growth factor receptor-tyrosine kinase inhibitor (EGFR-TKI) with chemotherapy is believed to be more effective in treating non-small-cell lung cancer (NSCLC) with sensitizing-EGFR mutation (SEM). This hypothesis failed to be realized clinically and needs to be examined in vitro. MATERIALS AND METHODS: Using the tetrazolium colorimetric assay and classical isobole method, we investigated the combination effects of 6 gefitinib-chemotherapeutic doublets (gefitinib/cisplatin, gemcitabine, pemetrexed, paclitaxel, docetaxel, or vinorelbine) in a panel of 15 NSCLC cell lines. RESULTS: Upon treatment with the 6 gefitinib-chemotherapeutic doublets, the 12 cell lines that did not harbor SEM displayed a broad spectrum of group results, from obvious synergism to robust antagonism. The values of group mean combination index (mCIs) ranged from 0.769 to 1.201. In contrast, the 3 cell lines with SEM showed a tendency toward consistent antagonism to the tested doublets, impressively, with a narrow range of higher group mCIs (0.993-1.141). In the presence of gefitinib, the SEM or gefitinib-sensitive group

was more chemo-refractory than the non-SEM (index of chemo-refractoriness (RI): 69.33 versus 42.67; P=0.036) or gefitinib-resistant group (68.25 versus 40.64, P=0.0108), respectively. The results of using the gefitinib/drug combinations with the gefitinib-sensitive non-SEM cell line H322 and the gefitinib-resistant EGFR mutant H820 shared patterns similar to those with the SEM and non-SEM cell lines, respectively. CONCLUSION: Gefitinib-treated EGFR-TKI-sensitive NSCLC cells showed a wide spectrum of chemo-refractoriness, suggesting that concomitantly combined EGFR-TKI-chemotherapy might not be a good treatment strategy for NSCLC harboring SEM.

TÍTULO / TITLE: - Comprehensive Analysis of Sexual Function Outcome in Prostate Cancer Patients after Robot-Assisted Radical Prostatectomy.

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

REVISTA / JOURNAL: - J Endourol. 2013 Aug 30.

●● [Enlace al texto completo \(gratis o de pago\) 1089/end.2013.0304](#)

AUTORES / AUTHORS: - Woo SH; Kang DI; Ha YS; Salmasi AH; Kim JH; Lee DH; Kim WJ; Kim IY

INSTITUCIÓN / INSTITUTION: - The Cancer Institute of New Jersey, Urologic Oncology, 195 Little Albany, New Brunswick, New Jersey, United States, 08903, 732-2076922, 732-235-6596, Eulji University, Urology, Dunsan-2-dong, Seogu, Daejeon, Daejeon, Korea, Republic of, 302-120, 82-10-9830-5774 ; woosing@gmail.com.

RESUMEN / SUMMARY: - Purpose: The recovery of potency following radical prostatectomy is complex and has a very wide range. In this study we analyzed in detail the precise pattern of recovery of potency following robot-assisted radical prostatectomy (RARP). Materials and Methods: Prospectively collected database of patients with a minimum follow-up of 1 year after RARP were evaluated retrospectively. Of 503 patients identified, 483 patients completed the SHIM pre-operatively and post-operatively every 3 months for the first 12 months. Overall potency, usage of PDE-5 inhibitors, and return to baseline erectile function were evaluated. Potency was defined as having erection that is sufficient for sexual intercourse more than 50% of attempts while quality potency was defined as being potent without the use of PDE-5 inhibitors. Results: Pre-operatively, the overall potency and quality potency rate were 67.1 and 48.1%, respectively. Post-operatively, the overall potency rate was 61.4% while the quality potency rate was 37.2%. In multivariate regression analysis, independent predictors of potency recovery were young age (<60), preoperative potency status, and bilateral preservation of neurovascular bundles (NVBs). In men with SHIM > 21, the overall potency and quality potency rate were 79.7% and 41.2%, respectively. More importantly, only 21.4% of the men with normal erection preoperatively (SHIM > 21) returned to baseline erectile function (SHIM > 21) 12 months after surgery. Conclusions: This study indicates that

young age (<60), preoperative potency, and bilateral preservation of NVBs were positive predictors of potency recovery following RARP. However, overwhelming majority of men experience a deterioration in the overall quality of erection after RARP.

TÍTULO / TITLE: - Better Outcome of XELOX Chemotherapy in Patients with Advanced Intestinal-Type Adenocarcinoma of the Ampulla of Vater.

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

REVISTA / JOURNAL: - Tohoku J Exp Med. 2013;231(1):21-8.

AUTORES / AUTHORS: - Kim HS; Shin SJ; Kim JH; Kim H; Choi HJ

INSTITUCIÓN / INSTITUTION: - Division of Medical Oncology, Department of Internal Medicine.

RESUMEN / SUMMARY: - Adenocarcinoma arising from the ampulla of Vater is a rare disease and has limited data regarding outcome of chemotherapy. The ampulla of Vater is a heterogeneous junctional structure located at the union of the common bile duct, the pancreatic duct, and the small intestine. Thus, ampullary adenocarcinoma is classified as either intestinal type or pancreatobiliary type. We investigated the efficacy of the XELOX (capecitabine plus oxaliplatin) chemotherapy in patients with recurrent or metastatic ampullary adenocarcinoma, and analyzed the histopathologic features and outcomes. From November 2009 to December 2011, 21 patients were treated with XELOX regimen. XELOX was administered in outpatient clinic every 3 weeks according to the following protocol: oral administration of capecitabine 750 mg/m² twice a day on days 1-14 and intravenous injection of oxaliplatin 130 mg/m² on day 1. With follow-up of median 16.6 months, median time to progression (TTP) was 7.6 months (95% confidence interval [CI], 6.7-8.5), and median overall survival was 19.7 months (95% CI, 14.8-23.6). Two patients (9%) achieved complete response and 6 patients (29%) showed partial response. In subgroup analysis with tissue specimens obtained from 17 patients, median TTP was longer among patients with the intestinal-type adenocarcinoma (n = 7), compared to those with the pancreatobiliary type (n = 10) (13.1 vs. 6.4 months, P = 0.038). The most common grade 3-4 adverse event was neutropenia (27%), and most events were mild. XELOX chemotherapy shows favorable efficacy with manageable toxicity for advanced intestinal-type ampullary adenocarcinoma.

TÍTULO / TITLE: - Does a Calculated “NAFLD Fibrosis Score” Reliably Negate the Need for Liver Biopsy in Patients Undergoing Bariatric Surgery?

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

REVISTA / JOURNAL: - Obes Surg. 2013 Aug 11.

- [Enlace al texto completo \(gratis o de pago\) 1007/s11695-013-1044-6](#)

AUTORES / AUTHORS: - Simo KA; McKillop IH; McMillan MT; Ahrens WA; Walters AL; Thompson KJ; Kuwada TS; Martinie JB; Iannitti DA; Gersin KS; Sindram D

INSTITUCIÓN / INSTITUTION: - HPB Surgery, Department of Surgery, Carolinas Medical Center, 1025 Morehead Medical Drive, Suite 600, Charlotte, NC, 28204, USA.

RESUMEN / SUMMARY: - BACKGROUND: Nonalcoholic fatty liver disease (NAFLD) represents the most common cause of chronic liver disease in the USA. Biopsy has been the standard for determining fibrosis but is invasive, costly, and associated with risk. Previous studies report a calculated “NAFLD fibrosis scores” (cNFS) as a means to overcome the need for biopsy. We compared cNFS versus biopsy-pathological scoring for patients undergoing bariatric surgery. METHODS: We retrospectively reviewed patients with available preoperative labs and patient information undergoing Roux-en-Y gastric bypass (RYGBP) surgery at a single institution over a 5.5-year period. Biopsy samples were blind scored by a single hepatopathologist and compared with scores calculated using a previously reported cNFS. RESULTS: Of the 225 patients that met the inclusion criteria, the mean body mass index was 44.6 +/- 5.4 kg/m² and 85 % were female. Using the cNFS, 39.6 % of patients were categorized into low fibrosis, 52 % indeterminate, and 8.4 % high fibrosis groups. Analysis of fibrosis by pathology scoring demonstrated 2 of 89 (2.2 %) and 7 of 110 (3.4 %) had significant fibrosis in the low and intermediate groups, respectively. Conversely, in the high fibrosis group calculated by cNFS, only 6 of 19 (31.6 %) exhibited significant fibrosis by pathology scoring. CONCLUSIONS: No definitive model for accurately predicting presence of NAFLD and fibrosis currently exists. Furthermore, under no circumstances should a clinical “NAFLD fibrosis score” replace liver biopsy at this time for RYGBP patients.

TÍTULO / TITLE: - Predicting Patient Expectations about Survival Following Cardiac Events.

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

REVISTA / JOURNAL: - Am J Health Behav. 2013 Nov;37(6):800-6. doi: 10.5993/AJHB.37.6.9.

●● Enlace al texto completo (gratis o de pago) [5993/AJHB.37.6.9](#)

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INSTITUCIÓN / INSTITUTION: - Department of Psychiatry & Psychology, Mayo Clinic, Rochester, MN, USA. howell.lisa@mayo.edu.

RESUMEN / SUMMARY: - OBJECTIVES: To assess modifiable cognitive and behavioral factors following cardiac events and their association to patients' 3-month survival expectations. METHODS: Patients (N = 233, 71% male; mean age 68years) hospitalized following cardiac events completed study packets assessing mood, behavior change, health behavior domains, and medical recommendation adherence at hospital discharge and 3 months later. RESULTS: In univariate analyses, baseline depression, health distress, behavior change, and adherence were associated with positive

expectations at follow-up. Multivariate regression analysis found (Adj. R² =0.43) baseline expectations and adherence were significant predictors of expectations for recovery and survival at follow-up (p < .01). CONCLUSION: Patients' perception of adherence following a cardiac event is a potent predictor of later expectations.

TÍTULO / TITLE: - Stereotactic body radiotherapy for small hepatocellular carcinoma: A retrospective outcome analysis in 185 patients.

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

REVISTA / JOURNAL: - Acta Oncol. 2013 Aug 21.

●● Enlace al texto completo (gratis o de pago) [3109/0284186X.2013.820342](https://doi.org/10.1007/s00284-013-8203-4)

AUTORES / AUTHORS: - Sanuki N; Takeda A; Oku Y; Mizuno T; Aoki Y; Eriguchi T; Iwabuchi S; Kunieda E

INSTITUCIÓN / INSTITUTION: - Radiation Oncology Center, Ofuna Chuo Hospital , Kamakura, Kanagawa , Japan.

RESUMEN / SUMMARY: - Background. Since 2005, we have treated hepatocellular carcinoma (HCC) with stereotactic body radiotherapy (SBRT) uniformly at two dose levels, according to baseline liver function and normal liver dose. We retrospectively examined the outcomes for these patients. Material and methods. Between 2005 and 2012, 221 HCC patients were treated with SBRT. Eligibility criteria for SBRT included a single (either solitary or recurrent) HCC lesion; unfeasible, difficult or refusal to undergo other surgery or percutaneous ablative therapies; Child-Pugh Classification (CPC) A or B; tumors ≤ 5 cm; dose to the bowels < 25 Gy/5 fractions; curative intent. Patients followed up ≥ 6 months were eligible. The prescribed dose depended on liver function and liver dose: 40 Gy for CPC-A and 35 Gy for CPC-B, in 5 fractions, requiring a 5-Gy dose reduction if the proportion of the liver receiving ≥ 20 Gy exceeded 20%. Treatment outcomes and safety were analyzed. Results. A total of 185 patients (n = 48 in the 35-Gy group; n = 137 in the 40-Gy group) were eligible, with a median follow-up duration of 24 months (range 3-80). The three-year local control and overall survival rates were 91% and 70%, respectively. There were no significant differences in outcomes between dose levels: the three-year local control and overall survival rates in the 35-Gy and 40-Gy groups were 91% and 89% (log-rank p = 0.99) and 66% and 72% (p = 0.54), respectively. Acute toxicities ≥ grade 3 were observed in 24 (13.0%) patients, and 19 (10.3%) patients had worsening of CPC score by two points. All but three (1.6%) patients promptly recovered to grade 1-2. Grade 5 liver failure occurred in two patients in the 35-Gy group. Conclusion. SBRT for HCC was safe and provided equivalent outcomes when administered either in 35 or 40 Gy/5 fractions.

TÍTULO / TITLE: - Survival, momentum, and things that make me “me”: patients' perceptions of goal setting after stroke.

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

REVISTA / JOURNAL: - Disabil Rehabil. 2013 Aug 20.

●● Enlace al texto completo (gratis o de pago) [3109/09638288.2013.825653](#)

AUTORES / AUTHORS: - Brown M; Levack W; McPherson KM; Dean SG; Reed K; Weatherall M; Taylor WJ

INSTITUCIÓN / INSTITUTION: - Rehabilitation Teaching and Research Unit, Department of Medicine, University of Otago, Wellington, New Zealand.

RESUMEN / SUMMARY: - Abstract Purpose: Goal setting and patient-centredness are considered fundamental concepts in rehabilitation. However, the best way to involve patients in setting goals remains unclear. The purpose of this study was to explore patient experiences of goal setting in post-acute stroke rehabilitation to further understanding of its application to practice. Method: Thematic analysis was used to analyse interview transcripts from 10 stroke survivors, recruited from 4 rehabilitation units as part of a pilot study investigating the effects of a structured means of eliciting patient-centred goals in post-acute stroke rehabilitation. Results: Three key themes emerged: (1) "A Day by Day Momentum", comprising subordinate themes of "Unpredictability" and "Natural Progression" in which daily progress forwards was seen as an integral part of rehabilitation; (2) "Battle versus Alliance" in which issues of struggle versus support influenced participants' advancement; and (3) "The Special Things", consisting of subordinate themes of "What Makes Me 'Me'" and "Symbolic Achievements" concerning issues defining individuals and their rehabilitation experiences. Conclusions: Patients' discourse around goal setting can differ from the discourse conventionally used by clinicians when describing "best practice" in rehabilitation goal setting. Understanding patients' non-conventional views of goals may assist in supporting and motivating them, thus providing drive for their rehabilitation. Implications for Rehabilitation Stroke patients think about goals very differently from health professionals. Individual patients have diverse ideas about goals within the context of the uncertainty of stroke, their life as a whole and recovery after formal rehabilitation is completed. To meet these diverse needs, health professionals need to communicate fully with patients to gain an understanding of their experiences of stroke and wider views on goals.

TÍTULO / TITLE: - The B-cell receptor orchestrates environment-mediated lymphoma survival and drug resistance in B-cell malignancies.

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

REVISTA / JOURNAL: - Oncogene. 2013 Sep 16. doi: 10.1038/onc.2013.379.

●● Enlace al texto completo (gratis o de pago) [1038/onc.2013.379](#)

AUTORES / AUTHORS: - Shain KH; Tao J

INSTITUCIÓN / INSTITUTION: - Departments of Malignant Hematology and Chemical Biology and Molecular Medicine Program, H Lee Moffitt Cancer Center and Research Institute at the University of South Florida, Tampa, FL, USA.

RESUMEN / SUMMARY: - Specific niches within the lymphoma tumor microenvironment (TME) provide sanctuary for subpopulations of tumor cells through stromal cell-tumor cell interactions. These interactions notably dictate growth, response to therapy and resistance of residual malignant B cells to therapeutic agents. This minimal residual disease (MRD) remains a major challenge in the treatment of B-cell malignancies and contributes to subsequent disease relapse. B-cell receptor (BCR) signaling has emerged as an essential mediator of B-cell homing, survival and environment-mediated drug resistance (EMDR). Central to EMDR are chemokine- and integrin-mediated interactions between lymphoma and the TME. Further, stromal cell-B cell adhesion confers a sustained BCR signaling leading to chemokine and integrin activation. Recently, the inhibitors of BCR signaling have garnered a substantial clinical interest because of their effectiveness in B-cell disorders. The efficacy of these agents is, at least in part, attributed to attenuation of BCR-dependent lymphoma-TME interactions. In this review, we discuss the pivotal role of BCR signaling in the integration of intrinsic and extrinsic determinants of TME-mediated lymphoma survival and drug resistance. Oncogene advance online publication, 16 September 2013; doi:10.1038/onc.2013.379.

TÍTULO / TITLE: - Angiotensin-(1-7) prevents radiation-induced inflammation in rat primary astrocytes through regulation of MAP kinase signaling.

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

REVISTA / JOURNAL: - Free Radic Biol Med. 2013 Sep 3;65C:1060-1068. doi: 10.1016/j.freeradbiomed.2013.08.183.

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

[1016/j.freeradbiomed.2013.08.183](#)

AUTORES / AUTHORS: - Moore ED; Kooshki M; Metheny-Barlow LJ; Gallagher PE; Robbins ME

INSTITUCIÓN / INSTITUTION: - Department of Cancer Biology, Wake Forest School of Medicine, Winston-Salem, NC 27157, USA; Department of Radiation Oncology, Wake Forest School of Medicine, Winston-Salem, NC 27157, USA; Brain Tumor Center of Excellence, Wake Forest School of Medicine, Winston-Salem, NC 27157, USA.

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RESUMEN / SUMMARY: - About 500,000 new cancer patients will develop brain metastases in 2013. The primary treatment modality for these patients is partial or whole brain irradiation which leads to a progressive, irreversible cognitive impairment. Although the exact mechanisms behind this radiation-induced brain injury are unknown, neuroinflammation in glial populations is hypothesized to play a role.

Blockers of the renin-angiotensin system (RAS) prevent radiation-induced cognitive impairment and modulate radiation-induced neuroinflammation. Recent studies suggest that RAS blockers may reduce inflammation by increasing endogenous concentrations of the anti-inflammatory heptapeptide angiotensin-(1-7) [Ang-(1-7)]. Ang-(1-7) binds to the AT(1-7) receptor and inhibits MAP kinase activity to prevent inflammation. This study describes the inflammatory response to radiation in astrocytes characterized by radiation-induced increases in (i) IL-1beta and IL-6 gene expression; (ii) COX-2 and GFAP immunoreactivity; (iii) activation of AP-1 and NF-kappaB transcription factors; and (iv) PKCalpha, MEK, and ERK (MAP kinase) activation. Treatment with U-0126, a MEK inhibitor, demonstrates that this radiation-induced inflammation in astrocytes is mediated through the MAP kinase pathway. Ang-(1-7) inhibits radiation-induced inflammation, increases in PKCalpha, and MAP kinase pathway activation (phosphorylation of MEK and ERK). Additionally Ang-(1-7) treatment leads to an increase in dual specificity phosphatase 1 (DUSP1). Furthermore, treatment with sodium vanadate (Na3VO4), a phosphatase inhibitor, blocks Ang-(1-7) inhibition of radiation-induced inflammation and MAP kinase activation, suggesting that Ang-(1-7) alters phosphatase activity to inhibit radiation-induced inflammation. These data suggest that RAS blockers inhibit radiation-induced inflammation and prevent radiation-induced cognitive impairment not only by reducing Ang II but also by increasing Ang-(1-7) levels.

TÍTULO / TITLE: - Foretelling the Future: Predicting Graft Outcome by Evaluating Kidney Baseline Transplant Biopsies.

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

REVISTA / JOURNAL: - J Am Soc Nephrol. 2013 Aug 29.

●● Enlace al texto completo (gratis o de pago) [1681/ASN.2013070761](#)

AUTORES / AUTHORS: - Nিকেleit V

INSTITUCIÓN / INSTITUTION: - Division of Nephropathology, Department of Pathology and Laboratory Medicine, The University of North Carolina, Chapel Hill, North Carolina.

TÍTULO / TITLE: - Phase II Study of Induction Fixed-Dose Rate Gemcitabine and Bevacizumab Followed by 30 Gy Radiotherapy as Preoperative Treatment for Potentially Resectable Pancreatic Adenocarcinoma.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Aug 1.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3161-9](#)

AUTORES / AUTHORS: - Van Buren G 2nd; Ramanathan RK; Krasinskas AM; Smith RP; Abood GJ; Bahary N; Lembersky BC; Shuai Y; Potter DM; Bartlett DL; Zureikat AH; Zeh HJ

INSTITUCIÓN / INSTITUTION: - Division of Surgical Oncology, UPMC Pancreatic Cancer Center, Pittsburgh, PA, USA.

RESUMEN / SUMMARY: - BACKGROUND: Eighty percent of patients with resected pancreatic ductal carcinoma (PDC) experience treatment failure within 2 years. We hypothesized that preoperative fixed-dose rate (FDR) gemcitabine (GEM) combined with the angiogenesis inhibitor bevacizumab (BEV) and accelerated 30 Gy radiotherapy (RT) would improve outcomes among patients with potentially resectable PDC. METHODS: This phase II trial tested induction FDR GEM (1,500 mg/m²) plus BEV (10 mg/kg IV) every 2 weeks for three cycles followed by accelerated RT (30 Gy in 10 fractions) plus BEV directed at gross tumor volume plus a 1-2 cm vascular margin. Subjects underwent laparoscopy and resection after day 85. Therapy was considered effective if the complete pathologic response rate exceeded 10 % and the margin-negative resection rate exceeded 80 %. RESULTS: Fifty-nine subjects were enrolled; 29 had potential portal vein involvement. Two grade 4 (3.4 %) and 19 grade 3 toxicities (32.8 %) occurred. Four subjects manifested radiographic progression, and 10 had undetected carcinomatosis. Forty-three pancreatic resections (73 %) were performed, including 19 portal vein resections (44 %). Margin-negative outcomes were observed in 38 (88 %, 95 % confidence interval [CI] 75-96), with one complete pathologic response (2.3 %; 95 % CI 0.1-12). There were seven (6 grade 3; 1 grade 4) wound complications (13 %). Median overall survival for the entire cohort was 16.8 months (95 % CI 14.9-21.3) and 19.7 months (95 % CI 16.5-28.2) after resection. CONCLUSIONS: Induction therapy with FDR GEM and BEV, followed by accelerated BEV/RT to 30 Gy, was well tolerated. Although both effectiveness criteria were achieved, survival outcomes were equivalent to published regimens.

TÍTULO / TITLE: - Parotid Glands Dose-Effect Relationships Based on Their Actually Delivered Doses: Implications for Adaptive Replanning in Radiation Therapy of Head-and-Neck Cancer.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Sep 10. pii: S0360-3016(13)02912-X. doi: 10.1016/j.ijrobp.2013.07.040.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijrobp.2013.07.040](https://doi.org/10.1016/j.ijrobp.2013.07.040)

AUTORES / AUTHORS: - Hunter KU; Fernandes LL; Vineberg KA; McShan D; Antonuk AE; Cornwall C; Feng M; Schipper MJ; Balter JM; Eisbruch A

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

RESUMEN / SUMMARY: - PURPOSE: Doses actually delivered to the parotid glands during radiation therapy often exceed planned doses. We hypothesized that the delivered doses correlate better with parotid salivary output than the planned doses, used in all previous studies, and that determining these correlations will help make decisions

regarding adaptive radiation therapy (ART) aimed at reducing the delivered doses. METHODS AND MATERIALS: In this prospective study, oropharyngeal cancer patients treated definitively with chemoradiation underwent daily cone-beam computed tomography (CBCT) with clinical setup alignment based on the C2 posterior edge. Parotid glands in the CBCTs were aligned by deformable registration to calculate cumulative delivered doses. Stimulated salivary flow rates were measured separately from each parotid gland pretherapy and periodically posttherapy. RESULTS: Thirty-six parotid glands of 18 patients were analyzed. Average mean planned doses was 32 Gy, and differences from planned to delivered mean gland doses were -4.9 to +8.4 Gy, median difference +2.2 Gy in glands in which delivered doses increased relative to planned. Both planned and delivered mean doses were significantly correlated with posttreatment salivary outputs at almost all posttherapy time points, without statistically significant differences in the correlations. Large dispersions (on average, SD 3.6 Gy) characterized the dose-effect relationships for both. The differences between the cumulative delivered doses and planned doses were evident at first fraction ($r=.92$, $P<.0001$) because of complex setup deviations (eg, rotations and neck articulations), uncorrected by the translational clinical alignments. CONCLUSIONS: After daily translational setup corrections, differences between planned and delivered doses in most glands were small relative to the SDs of the dose-saliva data, suggesting that ART is not likely to gain measurable salivary output improvement in most cases. These differences were observed at first treatment, indicating potential benefit for more complex setup corrections or adaptive interventions in the minority of patients with large deviations detected early by CBCT.

TÍTULO / TITLE: - Effects of repeated 5-HT₆ receptor stimulation on BDNF gene expression and cell survival.

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

REVISTA / JOURNAL: - Neurosci Lett. 2013 Aug 24. pii: S0304-3940(13)00762-3. doi: 10.1016/j.neulet.2013.08.029.

●● Enlace al texto completo (gratis o de pago) [1016/j.neulet.2013.08.029](#)

AUTORES / AUTHORS: - de Foubert G; Khundakar AA; Zetterstrom TS

INSTITUCIÓN / INSTITUTION: - Leicester School of Pharmacy, Faculty of Health and Life Sciences, De Montfort University, The Gateway, Leicester LE1 9BH, UK.

RESUMEN / SUMMARY: - In support of the neurotrophic hypothesis of depression chronic antidepressant drug treatment increases brain-derived neurotrophic factor (bdnf) gene expression and neurogenesis. Regarding 5-HT active drugs, the 5-HT receptor behind these effects remains unidentified. Here we report the effect of repeated 5-HT₆-receptor stimulation on bdnf expression and cell survival. The previously reported acute stimulatory action of the selective 5-HT₆ agonist LY-586713 on hippocampal bdnf expression was still present following sub-chronic (4 days), but not chronic (14

days), treatment. The effect on 5-HT6-mediated cell survival was also dependent on a similar length of treatment. Hence, our study found no support for a primary effect of 5-HT6 receptors in the mediation of chronic antidepressant drug-induced up-regulation of bdnf expression or neurogenesis.

TÍTULO / TITLE: - Requirement of B-Raf, C-Raf, and A-Raf for the growth and survival of mouse embryonic stem cells.

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

REVISTA / JOURNAL: - Exp Cell Res. 2013 Sep 16. pii: S0014-4827(13)00388-1. doi: 10.1016/j.yexcr.2013.09.006.

●● Enlace al texto completo (gratis o de pago) [1016/j.yexcr.2013.09.006](#)

AUTORES / AUTHORS: - Guo W; Hao B; Wang Q; Lu Y; Yue J

INSTITUCIÓN / INSTITUTION: - Department of Physiology, University of Hong Kong, Hong Kong, China.

RESUMEN / SUMMARY: - Extracellular signal-regulated kinases (ERKs) have been implicated to be dispensable for self-renewal of mouse embryonic stem (ES) cells, and simultaneous inhibition of both ERK signaling and glycogen synthase kinase 3 (GSK3) not only allows mouse ES cells to self-renew independent of extracellular stimuli but also enables more efficient derivation of naive ES cells from mouse and rat strains. Interestingly, some ERKs stay active in mouse ES cells which are maintained in regular medium containing leukemia inhibitory factor (LIF) and bone morphogenetic protein (BMP). Yet, the upstream signaling for ERK activation and their roles in mouse ES cells, other than promoting or priming differentiation, have not been determined. Here we found that mouse ES cells express three forms of Raf kinases, A-Raf, B-Raf, and C-Raf. Knocking-down each single Raf member failed to affect the sustained ERK activity, neither did A-Raf and B-Raf double knockdown or B-Raf and C-Raf double knockdown change it in ES cells. Interestingly, B-Raf and C-Raf double knockdown, not A-Raf and B-Raf knockdown, inhibited the maximal ERK activation induced by LIF, concomitant with the slower growth of ES cells. On the other hand, A-Raf, B-Raf, and C-Raf triple knockdown markedly inhibited both the maximal and sustained ERK activity in ES cells. Moreover, Raf triple knockdown, similar to the treatment of U-0126, an MEK inhibitor, significantly inhibited the survival and proliferation of ES cells, thereby compromising the colony propagation of mouse ES cells. In summary, our data demonstrate that all three Raf members are required for ERK activation in mouse ES cells and are involved in growth and survival of mouse ES cells.

TÍTULO / TITLE: - Acute exposure to high dose gamma-radiation results in transient activation of bone lining cells.

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

REVISTA / JOURNAL: - Bone. 2013 Nov;57(1):164-73. doi: 10.1016/j.bone.2013.08.002. Epub 2013 Aug 14.

●● Enlace al texto completo (gratis o de pago) [1016/j.bone.2013.08.002](https://doi.org/10.1016/j.bone.2013.08.002)

AUTORES / AUTHORS: - Turner RT; Iwaniec UT; Wong CP; Lindenmaier LB; Wagner LA; Branscum AJ; Menn SA; Taylor J; Zhang Y; Wu H; Sibonga JD

INSTITUCIÓN / INSTITUTION: - Skeletal Biology Laboratory, School of Biological and Population Health Sciences, Oregon State University, Corvallis, OR, USA; Center for Healthy Aging Research, Oregon State University, Corvallis, OR, USA. Electronic address: Russell.Turner@oregonstate.edu.

RESUMEN / SUMMARY: - The present studies investigated the cellular mechanisms for the detrimental effects of high dose whole body gamma-irradiation on bone. In addition, radioadaptation and bone marrow transplantation were assessed as interventions to mitigate the skeletal complications of irradiation. Increased trabecular thickness and separation and reduced cancellous bone volume fraction, connectivity density, and trabecular number were detected in proximal tibia and lumbar vertebra 14days following gamma-irradiation with 6Gy. To establish the cellular mechanism for the architectural changes, vertebrae were analyzed by histomorphometry 1, 3, and 14days following irradiation. Marrow cell density decreased within 1day (67% reduction, $p < 0.0001$), reached a minimum value after 3days (86% reduction, $p < 0.0001$), and partially rebounded by 14days (30% reduction, $p = 0.0025$) following irradiation. In contrast, osteoblast-lined bone perimeter was increased by 290% (1day, $p = 0.04$), 1230% (3days, $p < 0.0001$), and 530% (14days, $p = 0.003$), respectively. There was a strong association between radiation-induced marrow cell death and activation of bone lining cells to express the osteoblast phenotype (Pearson correlation -0.85, $p < 0.0001$). An increase ($p = 0.004$) in osteoclast-lined bone perimeter was also detected with irradiation. A priming dose of gamma-radiation (0.5mGy), previously shown to reduce mortality, had minimal effect on the cellular responses to radiation and did not prevent detrimental changes in bone architecture. Bone marrow transplantation normalized marrow cell density, bone turnover, and most indices of bone architecture following irradiation. In summary, radiation-induced death of marrow cells is associated with 1) a transient increase in bone formation due, at least in part, to activation of bone lining cells, and 2) an increase in bone resorption due to increased osteoclast perimeter. Bone marrow transplantation is effective in mitigating the detrimental effects of acute exposure to high dose whole body gamma-radiation on bone turnover.

TÍTULO / TITLE: - occult lymph node metastases in patients with muscle invasive bladder cancer: incidence after neoadjuvant chemotherapy and cystectomy versus cystectomy alone.

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

REVISTA / JOURNAL: - BJU Int. 2013 Sep 5. doi: 10.1111/bju.12447.

●● Enlace al texto completo (gratis o de pago) 1111/bju.12447

AUTORES / AUTHORS: - Mertens LS; Meijer RP; Meinhardt W; van der Poel HG; Bex A; Kerst JM; van der Heijden MS; Bergman AM; Horenblas S; van Rhijn BW

INSTITUCIÓN / INSTITUTION: - Department of Urology, The Netherlands Cancer Institute, Antoni van Leeuwenhoek Hospital, Amsterdam, The Netherlands.

RESUMEN / SUMMARY: - OBJECTIVE: To investigate the influence of neoadjuvant chemotherapy (NAC) on the incidence of lymph node (LN) metastases in clinically node-negative (cN0) patients with muscle invasive bladder cancer (MIBC). PATIENTS AND METHODS: Between 1990-2012, 828 consecutive patients underwent radical cystectomy (RC) with extended pelvic lymph node dissection (ePLND), of them 441 were staged cT2-4N0M0. Eighty-three patients received NAC followed by RC and 358 underwent RC only. The ePLND template and the indication for NAC remained the same during the study period. The incidence of occult lymph node metastases in both groups was compared. Unadjusted and adjusted odds ratios (OR) were calculated to investigate the influence of NAC, cT-stage, gender and the preoperative staging modality used (CT or PET/CT) on the occurrence of LN metastases. Overall (OS) and disease specific survival (DSS) were analysed using the Kaplan-Meier method. RESULTS: Patients in the NAC-group had more often locally advanced MIBC than patients in the non-NAC group (cT3-4: 88.0% versus 30.2%). Of the NAC patients, 19.3% had LN metastases versus 28.5% of the non-NAC patients (p=0.099). In the cT3-4 patients, the occurrence of LN metastases was significantly lower in the NAC group compared with the non-NAC group (21.9% versus 40.7%, respectively, p=0.002). In multivariable analysis, adjusting for cT-stage, gender and staging method, NAC was independently associated with a decreased likelihood of LN metastases (OR: 0.41, 95% CI 0.21-0.79; p=0.008). Among the cT3-4 patients, median OS was significantly longer in the NAC group versus the non-NAC group (68.0 versus 23.0 months, p=0.047) CONCLUSION: These data suggest that, next to a downstaging effect on the primary bladder tumour, NAC is also associated with reduced incidence of occult LN metastases at the time of RC.

TÍTULO / TITLE: - Radiation therapy for duct carcinoma in situ: who needs radiation therapy, who doesn't?

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

REVISTA / JOURNAL: - Hematol Oncol Clin North Am. 2013 Aug;27(4):673-86, vii. doi: 10.1016/j.hoc.2013.05.001. Epub 2013 Jun 28.

●● Enlace al texto completo (gratis o de pago) 1016/j.hoc.2013.05.001

AUTORES / AUTHORS: - McCormick B

INSTITUCIÓN / INSTITUTION: - Radiation Oncology, Memorial Sloan-Kettering Cancer Center, 1275 York Avenue, New York, NY 10065, USA. mccormib@mskcc.org

RESUMEN / SUMMARY: - Duct carcinoma in situ (DCIS) is a common but non-life-threatening breast cancer. Four large prospective randomized trials comparing radiation therapy (RT) with none after breast-conservation surgery have all concluded that the use of RT reduces the risk of a local recurrence (LR) in the ipsilateral breast by at least 50%. More information is needed to assess the role of antiestrogen therapy when RT is not given. When markers are validated to predict which patients will have an invasive LR versus another DCIS or no LR, it is hoped that the discussion with the patient will clarify the situation further.

TÍTULO / TITLE: - Clinical significances and prognostic value of cancer stem-like cells markers and vasculogenic mimicry in renal cell carcinoma.

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

REVISTA / JOURNAL: - J Surg Oncol. 2013 Aug 29. doi: 10.1002/jso.23402.

●● [Enlace al texto completo \(gratis o de pago\) 1002/jso.23402](#)

AUTORES / AUTHORS: - Zhang Y; Sun B; Zhao X; Liu Z; Wang X; Yao X; Dong X; Chi J

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Tianjin Cancer Hospital, Tianjin Medical University, Tianjin, China.

RESUMEN / SUMMARY: - **BACKGROUND:** The aim of this study was to investigate the clinical significances and prognostic value of CD133 and CD44 (markers of cancer stem-like cells, CSCs), and vasculogenic mimicry (VM) in renal cell carcinoma (RCC). **METHODS:** Immunohistochemistry was performed to detect CD133 and CD44 expression and VM in 110 RCC patients proven to exhibit de novo metastases after radical nephrectomy. **RESULTS:** In RCC, positive rates of 27.3%, 20.9%, and 21.8% were obtained for CD44, CD133, and VM, respectively. CD44 was significantly associated with tumor size, grade, stage, and histological type. CD44 expression may serve as a predictor of the number of metastases sites in RCC. CD133 expression correlated with tumor grade, stage, histological type, and tumor location. VM was positively associated with tumor grade and stage. Microvessel density (MVD) positively corresponded to tumor size, grade, and stage. CD133 expression was not associated with MVD, but significantly correlated with VM. CD44 expression correlated marginally with VM, but was found to have a significantly association with MVD. A close relationship between CSCs, MVD, and VM was established. The overall survival times of patients with CD133-high positive, CD44-high positive, VM-positive, and MVD <43 were lower than that of the patients with low positive, negative, and MVD ≥43. Tumor grade and presence of VM were independent prognostic factors of RCC. **CONCLUSIONS:** Findings show that higher CSCs and VM was correlated with more aggressive clinicopathologic. VM was an independent unfavorable prognostic factor. The authors consistently observed that CSCs may be related to angiogenesis and vasculogenic mimicry. J. Surg. Oncol. © 2013 Wiley Periodicals, Inc.

TÍTULO / TITLE: - A flavonoid chrysin suppresses hypoxic survival and metastatic growth of mouse breast cancer cells.

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

REVISTA / JOURNAL: - Oncol Rep. 2013 Nov;30(5):2357-64. doi: 10.3892/or.2013.2667. Epub 2013 Aug 20.

●● Enlace al texto completo (gratis o de pago) [3892/or.2013.2667](#)

AUTORES / AUTHORS: - Lirdprapamongkol K; Sakurai H; Abdelhamed S; Yokoyama S; Maruyama T; Athikomkulchai S; Viriyaroj A; Awale S; Yagita H; Ruchirawat S; Svasti J; Saiki I

INSTITUCIÓN / INSTITUTION: - Laboratory of Biochemistry, Chulabhorn Research Institute, Bangkok 10210, Thailand.

RESUMEN / SUMMARY: - Tumor hypoxia commonly occurs in solid tumors, and correlates with metastasis. Current cancer therapies are inefficient in curing metastatic disease. Herein, we examined effect of Thai propolis extract and its major constituent, chrysin, on hypoxic survival of 4T1 mouse breast cancer cells in vitro, and investigated its underlying mechanism. In vivo effect of chrysin on metastatic progression of cancer cells was studied, both as a single agent and in combination with another antimetastatic agent, agonistic monoclonal antibody targeting the DR5 TRAIL receptor (DR5 mAb). Thai propolis extract and chrysin decreased survival of 4T1 cells after exposure to hypoxia (1% O₂), for 2 days. Immunoblot analysis revealed that chrysin inhibited hypoxia-induced STAT3 phosphorylation without affecting HIF-1 α protein level. Chrysin also abrogated hypoxia-induced VEGF gene expression as determined by qRT-PCR. The in vivo effect of chrysin was determined in a spontaneous metastasis mouse model of breast cancer, either alone or in combination with DR5 mAb. Daily oral administration of chrysin in Balb/c mice implanted with 4T1 cells significantly suppressed growth of lung metastatic colonies. Moreover, antimetastatic activity of DR5 mAb was enhanced when given in combination with chrysin. We demonstrate that chrysin has potential in controlling metastatic progression.

TÍTULO / TITLE: - ATR kinase activation in G1 phase facilitates the repair of ionizing radiation-induced DNA damage.

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

REVISTA / JOURNAL: - Nucleic Acids Res. 2013 Sep 14.

●● Enlace al texto completo (gratis o de pago) [1093/nar/gkt833](#)

AUTORES / AUTHORS: - Gamper AM; Rofougaran R; Watkins SC; Greenberger JS; Beumer JH; Bakkenist CJ

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA, Department of Cell Biology and Physiology, Center for Biologic Imaging, University of Pittsburgh School of Medicine, Pittsburgh,

PA, USA, Department of Pharmaceutical Sciences, University of Pittsburgh School of Pharmacy, Pittsburgh, PA, USA and Department of Pharmacology and Chemical Biology, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA.

RESUMEN / SUMMARY: - The kinase ATR is activated by RPA-coated single-stranded DNA generated at aberrant replicative structures and resected double strand breaks. While many hundred candidate ATR substrates have been identified, the essential role of ATR in the replicative stress response has impeded the study of ATR kinase-dependent signalling. Using recently developed selective drugs, we show that ATR inhibition has a significantly more potent effect than ATM inhibition on ionizing radiation (IR)-mediated cell killing. Transient ATR inhibition for a short interval after IR has long-term consequences that include an accumulation of RPA foci and a total abrogation of Chk1 S345 phosphorylation. We show that ATR kinase activity in G1 phase cells is important for survival after IR and that ATR colocalizes with RPA in the absence of detectable RPA S4/8 phosphorylation. Our data reveal that, unexpectedly, ATR kinase inhibitors may be more potent cellular radiosensitizers than ATM kinase inhibitors, and that this is associated with a novel role for ATR in G1 phase cells.

TÍTULO / TITLE: - Multi-institutional validation of a preoperative scoring system which predicts survival for patients with glioblastoma.

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

REVISTA / JOURNAL: - J Clin Neurosci. 2013 Aug 5. pii: S0967-5868(13)00131-8. doi: 10.1016/j.jocn.2013.02.007.

●● Enlace al texto completo (gratis o de pago) 1016/j.jocn.2013.02.007

AUTORES / AUTHORS: - Chaichana KL; Pendleton C; Chambless L; Camara-Quintana J; Nathan JK; Hassam-Malani L; Li G; Harsh GR 4th; Thompson RC; Lim M; Quinones-Hinojosa A

INSTITUCIÓN / INSTITUTION: - Johns Hopkins University, Neuro-Oncology Outcomes Laboratory, 600 North Wolfe Street, Meyer 8-184, Baltimore, MD 21202, USA. Electronic address: Kaisorn@jhmi.edu.

RESUMEN / SUMMARY: - Glioblastoma is the most common and aggressive type of primary brain tumor in adults. Average survival is approximately 1 year, but individual survival is heterogeneous. Using a single institutional experience, we have previously identified preoperative factors associated with survival and devised a prognostic scoring system based on these factors. The aims of the present study are to validate these preoperative factors and verify the efficacy of this scoring system using a multi-institutional cohort. Of the 334 patients in this study from three different institutions, the preoperative factors found to be negatively associated with survival in a Cox analysis were age >60 years ($p < 0.0001$), Karnofsky Performance Scale score 80 ($p = 0.03$), motor deficit ($p = 0.02$), language deficit ($p = 0.04$), and periventricular tumor location ($p = 0.04$). Patients possessing 0-1, 2, 3, and 4-5 of these variables were

assigned a preoperative grade of 1, 2, 3, and 4, respectively. Patients with a preoperative grade of 1, 2, 3, and 4 had a median survival of 17.9, 12.3, 10, and 7.5 months, respectively. Survival of each of these grades was statistically significant ($p < 0.05$) in log-rank analysis. This grading system, based only on preoperative variables, may provide patients and physicians with prognostic information that may guide medical and surgical therapy before any intervention is pursued.

TÍTULO / TITLE: - Thiocyanate potentiates antimicrobial photodynamic therapy: In situ generation of the sulfur trioxide radical anion by singlet oxygen.

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

REVISTA / JOURNAL: - Free Radic Biol Med. 2013 Aug 19;65C:800-810. doi: 10.1016/j.freeradbiomed.2013.08.162.

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

[1016/j.freeradbiomed.2013.08.162](#)

AUTORES / AUTHORS: - St Denis TG; Vecchio D; Zadlo A; Rineh A; Sadasivam M; Avci P; Huang L; Kozinska A; Chandran R; Sarna T; Hamblin MR

INSTITUCIÓN / INSTITUTION: - Department of Chemistry, Columbia University, New York, NY, USA; The Wellman Center for Photomedicine, Massachusetts General Hospital, Boston, MA, USA.

RESUMEN / SUMMARY: - Antimicrobial photodynamic therapy (PDT) is used for the eradication of pathogenic microbial cells and involves the light excitation of dyes in the presence of O_2 , yielding reactive oxygen species including the hydroxyl radical (OH) and singlet oxygen (1O_2). In order to chemically enhance PDT by the formation of longer-lived radical species, we asked whether thiocyanate (SCN^-) could potentiate the methylene blue (MB) and light-mediated killing of the gram-positive *Staphylococcus aureus* and the gram-negative *Escherichia coli*. SCN^- enhanced PDT (10 μM MB, 5 J/cm² 660 nm hv) killing in a concentration-dependent manner of *S. aureus* by 2.5 log₁₀ to a maximum of 4.2 log₁₀ at 10 mM ($P < 0.001$) and increased killing of *E. coli* by 3.6 log₁₀ to a maximum of 5.0 log₁₀ at 10 mM ($P < 0.01$). We determined that SCN^- rapidly depleted O_2 from an irradiated MB system, reacting exclusively with 1O_2 , without quenching the MB excited triplet state. SCN^- reacted with 1O_2 , producing a sulfur trioxide radical anion (a sulfur-centered radical demonstrated by EPR spin trapping). We found that MB-PDT of SCN^- in solution produced both sulfite and cyanide anions, and that addition of each of these salts separately enhanced MB-PDT killing of bacteria. We were unable to detect EPR signals of OH, which, together with kinetic data, strongly suggests that MB, known to produce OH and 1O_2 , may, under the conditions used, preferentially form 1O_2 .

TÍTULO / TITLE: - PI3K signaling mediates diverse regulation of ATF4 expression for the survival of HK-2 cells exposed to cadmium.

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

REVISTA / JOURNAL: - Arch Toxicol. 2013 Sep 22.

●● Enlace al texto completo (gratis o de pago) [1007/s00204-013-1129-y](#)

AUTORES / AUTHORS: - Fujiki K; Inamura H; Matsuoka M

INSTITUCIÓN / INSTITUTION: - Department of Hygiene and Public Health I, Tokyo Women's Medical University, Tokyo, 162-8666, Japan.

RESUMEN / SUMMARY: - Cadmium exposure causes endoplasmic reticulum (ER) stress and accumulation of activating transcription factor 4 (ATF4), an ER stress marker. To elucidate the role of phosphatidylinositol-3-kinase (PI3K) signaling in this process, we examined the effects of PI3K signaling on cadmium chloride (CdCl₂) exposure-induced ATF4 expression in HK-2 human renal proximal tubular cells. ATF4 knockdown by siRNA enhanced CdCl₂-induced cellular damage, indicating a cytoprotective function of ATF4. Treatment with LY294002, a PI3K inhibitor, suppressed CdCl₂-induced ATF4 expression and Akt phosphorylation at Thr308 with little effect on phosphorylation of eukaryotic translation initiation factor 2 subunit alpha at Ser51. Activation of PI3K signaling with epidermal growth factor treatment enhanced CdCl₂-induced Akt phosphorylation and ATF4 expression. Suppression of CdCl₂-induced ATF4 expression by LY294002 treatment was markedly blocked by cycloheximide, a translation inhibitor, but not by MG-132, a proteasome inhibitor, or actinomycin D, a transcription inhibitor. CdCl₂ exposure also induced phosphorylation of mammalian target of rapamycin (mTOR) at Ser2448, glycogen synthase kinase-3alpha (GSK-3alpha) at Ser21, GSK-3beta at Ser9, and 90 kDa ribosomal S6 kinase 2 (RSK2) at Ser227 in HK-2 cells. Treatment with rapamycin, an mTOR inhibitor, MK2206, an Akt inhibitor, and BI-D1870, a RSK inhibitor, partially suppressed CdCl₂-induced ATF4 expression. Conversely, SB216763, a GSK-3 inhibitor, markedly inhibited the potency of LY294002 to suppress CdCl₂-induced ATF4 expression. These results suggest that PI3K signaling diversely regulates the expression of ATF4 in a translation-dependent manner via downstream molecules, including mTOR, GSK-3alpha/beta, and RSK2, and plays a role in protecting HK-2 cells from cadmium-induced damage.

TÍTULO / TITLE: - Recurrent high-grade glioma treated with bevacizumab: prognostic value of MGMT methylation, EGFR status and pretreatment MRI in determining response and survival.

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

REVISTA / JOURNAL: - J Neurooncol. 2013 Aug 22.

●● Enlace al texto completo (gratis o de pago) [1007/s11060-013-1225-0](#)

AUTORES / AUTHORS: - Chen C; Huang R; Maclean A; Muzikansky A; Mukundan S; Wen PY; Norden AD

INSTITUCIÓN / INSTITUTION: - Harvard Medical School, 250 Longwood Avenue, Boston, MA, 02115, USA.

RESUMEN / SUMMARY: - Although bevacizumab represented an important advance in treatment of recurrent high-grade gliomas (HGG), responses occur in fewer than half of patients. There are no validated biomarkers for anti-angiogenic therapy that are available for routine clinical use. We assessed the prognostic values of imaging and molecular markers in this patient population. MRI scans from 191 patients with recurrent HGG obtained prior to initiating bevacizumab were reviewed for areas of enhancement, necrosis, T2/FLAIR abnormality, and ADC values. Serial MRI scans following the initiation of bevacizumab were evaluated for response and progression. Non-radiographic markers including EGFR and MGMT status were also assessed with respect to response and patient survival. 65 of 191 patients (34 %) showed complete or partial response at the time of their best response MRI and demonstrated longer progression free survival (PFS) and overall survival (OS) compared to the group without response (PFS: 6.9 vs 3.5 months, OS: 10.9 vs 6.1 months). Minimum ADC values within enhancing and non-enhancing regions were lower in responders compared to those of non-responders (1,099 vs 984 x 10⁻⁶ mm²/s, p = 0.006). Smaller enhancing area was associated with longer OS (HR = 1.99, p = 0.017). The ratio of T2/FLAIR to enhancing area was prognostic of OS for only the Grade III HGG subgroup (HR = 0.14, p = 0.004). Area of enhancing tumor at baseline can stratify survival in patients with recurrent HGG treated with bevacizumab. The extent of edema relative to enhancing area may have a prognostic role specific to Grade III HGG.

TÍTULO / TITLE: - Impact of cancer-related fatigue on chemotherapy-induced nausea and vomiting in Asian cancer patients.

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

REVISTA / JOURNAL: - Pharmacoepidemiol Drug Saf. 2013 Sep 10. doi: 10.1002/pds.3516.

●● Enlace al texto completo (gratis o de pago) [1002/pds.3516](#)

AUTORES / AUTHORS: - Poon KS; Un MK; Low XH; Cheung YT; Yap KY; Chan A

INSTITUCIÓN / INSTITUTION: - Department of Pharmacy, Faculty of Science, National University of Singapore, Singapore; Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong.

RESUMEN / SUMMARY: - INTRODUCTION: Cancer-related fatigue (CRF) has been suggested to be associated with the occurrence of chemotherapy-induced nausea and vomiting (CINV). This study aims to evaluate the potential of CRF in predicting the occurrence of CINV. METHOD: This is a prospective, observational study. Recruited patients received moderately to highly emetogenic single-day chemotherapy regimens. On the day of chemotherapy, patients were instructed to provide a score (Likert scale of 0-10) to describe how CRF interfered with his or her ability to engage in daily activities and a score for how severe it was. Patients were then given a

standardized 5-day diary to document their CINV events. RESULTS: A total of 473 eligible patients (median age: 55 years, interquartile range (IQR): 48-61 years) were recruited, with most of the patients diagnosed with gastrointestinal (45%) and breast (37%) cancers. The median score of fatigue interference was 3 (IQR: 0-5). After confounders were adjusted for, patients with low fatigue interference scores (≤ 3) were more likely to achieve complete protection (no nausea, no vomiting, and no breakthrough antiemetics) of CINV (adjusted odds ratio = 1.57, 95%CI [1.05, 2.35], $p = 0.027$). CONCLUSION: This is the largest study to date to evaluate the association between CRF and CINV. Patients experiencing CRF possessed a higher risk of poor control for CINV. Copyright © 2013 John Wiley & Sons, Ltd.

TÍTULO / TITLE: - Monte Carlo calculated doses to treatment volumes and organs at risk for permanent implant lung brachytherapy.

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

REVISTA / JOURNAL: - Phys Med Biol. 2013 Oct 21;58(20):7061-7080. Epub 2013 Sep 20.

●● [Enlace al texto completo \(gratis o de pago\) 1088/0031-9155/58/20/7061](#)

AUTORES / AUTHORS: - Sutherland JG; Furutani KM; Thomson RM

INSTITUCIÓN / INSTITUTION: - Carleton Laboratory for Radiotherapy Physics, Department of Physics, Carleton University, Ottawa, Ontario, Canada.

RESUMEN / SUMMARY: - Iodine-125 (¹²⁵I) and Caesium-131 (¹³¹Cs) brachytherapy have been used with sublobar resection to treat stage I non-small cell lung cancer and other radionuclides, ¹⁶⁹Yb and ¹⁰³Pd, are considered for these treatments. This work investigates the dosimetry of permanent implant lung brachytherapy for a range of source energies and various implant sites in the lung. Monte Carlo calculated doses are calculated in a patient CT-derived computational phantom using the EGSnrc user-code BrachyDose. Calculations are performed for ¹⁰³Pd, ¹²⁵I, ¹³¹Cs seeds and 50 and 100 keV point sources for 17 implant positions. Doses to treatment volumes, ipsilateral lung, aorta, and heart are determined and compared to those determined using the TG-43 approach. Considerable variation with source energy and differences between model-based and TG-43 doses are found for both treatment volumes and organs. Doses to the heart and aorta generally increase with increasing source energy. TG-43 underestimates the dose to the heart and aorta for all implants except those nearest to these organs where the dose is overestimated. Results suggest that model-based dose calculations are crucial for selecting prescription doses, comparing clinical endpoints, and studying radiobiological effects for permanent implant lung brachytherapy.

TÍTULO / TITLE: - Are diet quality scores after breast cancer diagnosis associated with improved breast cancer survival?

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

REVISTA / JOURNAL: - Nutr Cancer. 2013;65(6):820-6. doi: 10.1080/01635581.2013.804939.

●● Enlace al texto completo (gratis o de pago) [1080/01635581.2013.804939](#)

AUTORES / AUTHORS: - Izano MA; Fung TT; Chiuve SS; Hu FB; Holmes MD

INSTITUCIÓN / INSTITUTION: - The Channing Division of Network Medicine, Department of Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, Massachusetts 02115, USA.

RESUMEN / SUMMARY: - Previous studies have found that diets rich in fruits and vegetables are associated with reduced breast cancer mortality. However, these eating patterns do not necessarily reflect overall diet quality. The association of breast cancer mortality with a priori defined dietary scores, which are based on recommended dietary guidelines and reflect diet quality, has not been evaluated. We hypothesized that diet quality indices based on recommended guidelines are associated with decreased risk of breast cancer and nonbreast cancer mortality in breast cancer survivors. We examined the association between the Dietary Approaches to Stop Hypertension (DASH) score, and the Alternative Healthy Eating Index (AHEI)-2010, and the risk of breast cancer mortality and total mortality among women from the Nurses' Health Study diagnosed with breast cancer. Adherence to DASH-style and AHEI-2010 diets were associated with reduced risk of nonbreast cancer mortality (comparing the fifth quintile with the first quintile, relative risk (RR) = 0.72, 95% confidence interval (CI): 0.53-0.99, P trend = 0.03 for DASH, and RR = 0.57, 95% CI: 0.42-0.77, P trend <0.0001 for AHEI-2010). Diet scores were not significantly associated with breast cancer mortality. Our findings suggest that adherence to a higher quality diet after breast cancer diagnosis does not considerably change the risk of breast cancer death and recurrence. However, healthy dietary choices after breast cancer were associated with reduced risk of nonbreast cancer mortality in women with breast cancer.

TÍTULO / TITLE: - Joint analysis of bivariate competing risks survival times and genetic markers data.

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

REVISTA / JOURNAL: - J Hum Genet. 2013 Aug 1. doi: 10.1038/jhg.2013.80.

●● Enlace al texto completo (gratis o de pago) [1038/jhg.2013.80](#)

AUTORES / AUTHORS: - Begun A

INSTITUCIÓN / INSTITUTION: - Institute of Biometrics and Epidemiology, German Diabetes Center at the Heinrich-Heine-University, Dusseldorf, Germany.

RESUMEN / SUMMARY: - Bivariate survival models with discretely distributed frailty based on the major gene concept and applied to the data on related individuals such as twins and sibs can be used to estimate the underlying hazard, the relative risk and the frequency of the longevity allele. To determine the position of the longevity gene,

additional genetic markers data are needed. If the action of the longevity allele does not depend on its position in the genome, these two problems can be solved separately using a two-step procedure. We proposed an extension of this method allowing us to search the position of two longevity genes at a chromosome using the bivariate survival data with correlated competing risks combined with genetic markers data. We have studied the properties of the model with two longevity genes located on the same and on different chromosomes using simulated data sets. *Journal of Human Genetics* advance online publication, 1 August 2013; doi:10.1038/jhg.2013.80.

TÍTULO / TITLE: - An efficient numerical tool for dose deposition prediction applied to synchrotron medical imaging and radiation therapy.

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

REVISTA / JOURNAL: - *J Synchrotron Radiat.* 2013 Sep;20(Pt 5):785-92. doi: 10.1107/S0909049513017184. Epub 2013 Jul 5.

●● Enlace al texto completo (gratis o de pago) [1107/S0909049513017184](#)

AUTORES / AUTHORS: - Mittone A; Baldacci F; Bravin A; Brun E; Delaire F; Ferrero C; Gasilov S; Freud N; Letang JM; Sarrut D; Smekens F; Coan P

INSTITUCIÓN / INSTITUTION: - Department of Physics, Ludwig Maximilians University, Am Coulombwall 1, Munich, Germany.

RESUMEN / SUMMARY: - Medical imaging and radiation therapy are widely used synchrotron-based techniques which have one thing in common: a significant dose delivery to typically biological samples. Among the ways to provide the experimenters with image guidance techniques indicating optimization strategies, Monte Carlo simulation has become the gold standard for accurately predicting radiation dose levels under specific irradiation conditions. A highly important hampering factor of this method is, however, its slow statistical convergence. A track length estimator (TLE) module has been coded and implemented for the first time in the open-source Monte Carlo code GATE/Geant4. Results obtained with the module and the procedures used to validate them are presented. A database of energy-absorption coefficients was also generated, which is used by the TLE calculations and is now also included in GATE/Geant4. The validation was carried out by comparing the TLE-simulated doses with experimental data in a synchrotron radiation computed tomography experiment. The TLE technique shows good agreement versus both experimental measurements and the results of a classical Monte Carlo simulation. Compared with the latter, it is possible to reach a pre-defined statistical uncertainty in about two to three orders of magnitude less time for complex geometries without loss of accuracy.

TÍTULO / TITLE: - Connexin-43 regulates p38-mediated cell migration and invasion induced selectively in tumour cells by low doses of gamma-radiation in an ERK-1/2-independent manner.

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

REVISTA / JOURNAL: - Carcinogenesis. 2013 Sep 17.

●● Enlace al texto completo (gratis o de pago) [1093/carcin/bgt303](#)

AUTORES / AUTHORS: - Ghosh S; Kumar A; Tripathi RP; Chandna S

INSTITUCIÓN / INSTITUTION: - Natural Radiation Response Mechanisms Group, Division of Radiation Biosciences.

RESUMEN / SUMMARY: - Radiotherapy exposes certain regions of solid tumours to low sub-lethal doses of radiation that may cause secondary malignancies. Therefore, evaluating low-dose induced alterations in tumourigenic potential and understanding their mechanisms could help in improving radiotherapy outcome. Limited studies have indicated connexin upregulation by low doses, while connexins are independently shown to alter cell migration in unirradiated cells. We investigated low-dose gamma-radiation induced alterations in connexin-43 expression and cell proliferation/migration/invasion in various tumour cell lines, along with the putative molecular pathways such as p38 and ERK-1/2 MAPKinases. Interestingly, a narrow range of low doses (10cGy-20cGy) enhanced Cx43 expression and also selectively induced glioma cell migration without altering cell proliferation, accompanied by sustained activation of p38 and upregulation of p21waf1/cip1, while the lowest (5cGy) dose induced cell proliferation coupled with enhanced p-ERK1/2, PCNA and p-H3 levels without inducing cell migration. Most importantly, low-dose induced cell migration and p38 activation was strongly inhibited by knocking down Cx43 expression, thereby demonstrating latter's upstream role, while the knockdown had no effect on ERK-1/2 or cell proliferation. Silencing Cx43 caused near-complete inhibition of radiation-induced cell migration/invasion in all tumour cell lines (U87, BMG-1, A549 and HeLa), whereas no cell migration/invasiveness was induced in the gamma-irradiated primary VH10 or transformed AA8 fibroblasts. Our study demonstrates for the first time that low-dose radiation induces p38-MAPK mediated cell migration selectively in tumour cells. Further, this effect is regulated by Cx43, which could thus be an important mediator in radiation-induced secondary malignancies and/or metastasis.

TÍTULO / TITLE: - Causes of mortality after dose-escalated radiation therapy and androgen deprivation for high-risk prostate cancer.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Sep 1;87(1):94-9. doi: 10.1016/j.ijrobp.2013.05.044.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijrobp.2013.05.044](#)

AUTORES / AUTHORS: - Tendulkar RD; Hunter GK; Reddy CA; Stephans KL; Ciezki JP; Abdel-Wahab M; Stephenson AJ; Klein EA; Mahadevan A; Kupelian PA

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Taussig Cancer Institute, Cleveland Clinic, Cleveland, Ohio, USA. tendulr@ccf.org

RESUMEN / SUMMARY: - PURPOSE: Men with high-risk prostate cancer have other competing causes of mortality; however, current risk stratification schema do not account for comorbidities. We aim to identify the causes of death and factors predictive for mortality in this population. METHODS AND MATERIALS: A total of 660 patients with high-risk prostate cancer were treated with definitive high-dose external beam radiation therapy (≥ 74 Gy) and androgen deprivation (AD) between 1996 and 2009 at a single institution. Cox proportional hazards regression analysis was conducted to determine factors predictive of survival. RESULTS: The median radiation dose was 78 Gy, median duration of AD was 6 months, and median follow-up was 74 months. The 10-year overall survival (OS) was 60.6%. Prostate cancer was the leading single cause of death, with 10-year mortality of 14.1% (95% CI 10.7-17.6), compared with other cancers (8.4%, 95% CI 5.7-11.1), cardiovascular disease (7.3%, 95% CI 4.7-9.9), and all other causes (10.4%, 95% CI 7.2-13.6). On multivariate analysis, older age (HR 1.55, $P=.002$) and Charlson comorbidity index score (CS) ≥ 1 (HR 2.20, $P<.0001$) were significant factors predictive of OS, whereas Gleason score, T stage, prostate-specific antigen, duration of AD, radiation dose, smoking history, and body mass index were not. Men younger than 70 years of age with CS = 0 were more likely to die of prostate cancer than any other cause, whereas older men or those with CS ≥ 1 more commonly suffered non-prostate cancer death. The cumulative incidences of prostate cancer-specific mortality were similar regardless of age or comorbidities ($P=.60$). CONCLUSIONS: Men with high-risk prostate cancer are more likely to die of causes other than prostate cancer, except for the subgroup of men younger than 70 years of age without comorbidities. Only older age and presence of comorbidities significantly predicted for OS, whereas prostate cancer- and treatment-related factors did not.

TÍTULO / TITLE: - Impact of Perioperative Blood Transfusion on the Outcome of Patients undergoing Radical Cystectomy for Urothelial Carcinoma of the Bladder.

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

REVISTA / JOURNAL: - BJU Int. 2013 Sep 5. doi: 10.1111/bju.12439.

●● Enlace al texto completo (gratis o de pago) 1111/bju.12439

AUTORES / AUTHORS: - Kluth LA; Xylinas E; Rieken M; Ghouayel ME; Sun M; Karakiewicz PI; Lotan Y; Chun FK; Boorjian SA; Lee RK; Briganti A; Roupret M; Fisch M; Scherr DS; Shariat SF

INSTITUCIÓN / INSTITUTION: - Department of Urology, Weill Cornell Medical College, New York Presbyterian Hospital, New York, NY, USA; Department of Urology, University Medical-Center Hamburg-Eppendorf, Hamburg, Germany.

RESUMEN / SUMMARY: - OBJECTIVES: To determine the association between perioperative blood transfusions (PBT) and oncologic outcomes in a large multi-institutional cohort of patients undergoing radical cystectomy (RC) for urothelial carcinoma of the bladder (UCB). PATIENTS AND METHODS: Retrospective analysis of 2,895 patients treated with RC for UCB. Univariable and multivariable Cox regression models analyzed the effect of PBT administration on disease recurrence, cancer-specific mortality, and any-cause mortality. RESULTS: Overall, the median age was 67 years (interquartile range (IQR): 60, 73); the median follow-up was 36.1 months (IQR: 15, 84). Patients who received a PBT were more likely to have advanced disease ($p < 0.001$), high-grade tumors ($p = 0.047$), and nodal metastasis ($p = 0.004$). PBT was associated with an increased risk of disease recurrence ($p = 0.003$), cancer-specific mortality ($p = 0.017$), and any-cause mortality ($p = 0.010$) in univariable, but not multivariable analyses ($p > 0.05$). In multivariable analyses, pathologic tumor stage, pathologic nodal staging, soft tissue surgical margin, lymphovascular invasion, and administration of adjuvant chemotherapy were independent predictors of disease recurrence, cancer-specific mortality and any-cause mortality (all p values < 0.002). CONCLUSIONS: Patients with UCB who underwent RC and received PBT are at greater risk for disease recurrence, cancer-specific mortality, and any-cause mortality in univariable, but not multivariable analysis. While the etiology of increased PBT with more advanced disease is likely multifactorial including surgical and cancer related factors, the disease characteristics rather than need for PBT are the cause of worse outcomes in this analysis.

TÍTULO / TITLE: - Systemic Cytotoxic Chemotherapy of Patients With Advanced Hepatocellular Carcinoma in the Era of Sorafenib Nonavailability.

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

REVISTA / JOURNAL: - J Clin Gastroenterol. 2013 Sep 16.

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

[1097/MCG.0b013e3182a54ec8](#)

AUTORES / AUTHORS: - Yoon EL; Yeon JE; Lee HJ; Suh SJ; Lee SJ; Kang SH; Kang K; Yoo YJ; Kim JH; Yim HJ; Byun KS

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, Division of Gastroenterology and Hepatology, Korea University College of Medicine, Seoul, Korea.

RESUMEN / SUMMARY: - GOALS:: The goal of the study was to compare the efficacy and safety of sorafenib with those of systemic cytotoxic chemotherapy. BACKGROUND:: Sorafenib treatment has shown to improve the survival in patients with advanced hepatocellular carcinoma (HCC) when compared with placebo. However, whether sorafenib controls advanced-stage HCC better than systemic cytotoxic chemotherapy has not been elucidated. STUDY:: We retrospectively reviewed the medical records of 220 patients with measurable advanced HCC who had not received systemic treatment

previously between January 2007 and April 2012. Among these patients, 78 had been treated with sorafenib. Another 14 patients who were treated with a 4-weekly regimen of adriamycin, cisplatin, and capecitabine were included as the historical control group for comparison. The median overall survival, the progression-free survival, response rates, and safety profiles were evaluated. RESULTS:: Baseline characteristics were similar between the treatment groups. The median overall survival was 7.2 months [95% confidence interval (CI), 5.6-8.8] in the sorafenib group and 11.2 months (95% CI, 8.1-14.2) in the cytotoxic chemotherapy group (P=0.10). The median progression-free survival was 3.2 months (95% CI, 2.2-4.3) in the sorafenib group and 5.9 months (95% CI, 3.6-8.2) in the cytotoxic chemotherapy group (P=0.07). The deterioration of liver function and neutropenia were the most frequent serious adverse events in the sorafenib and the systemic chemotherapy group. CONCLUSIONS:: Although a direct head-to-head comparison could not be done, there were some patients who showed a good response to systemic cytotoxic chemotherapy. Further assessment is necessary to study the role of chemotherapy in patients who are intolerant or intractable to sorafenib.

TÍTULO / TITLE: - Outcomes after recto-anastomosis fistula repair in patients who underwent radical prostatectomy for prostate cancer.

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

REVISTA / JOURNAL: - BJU Int. 2013 May 23. doi: 10.1111/bju.12254.

●● [Enlace al texto completo \(gratis o de pago\) 1111/bju.12254](#)

AUTORES / AUTHORS: - Pfalzgraf D; Isbarn H; Reiss P; Meyer-Moldenhau WH; Fisch M; Dahlem R

INSTITUCIÓN / INSTITUTION: - University Medical Centre Hamburg-Eppendorf, Department of Urology, Hamburg, Germany.

RESUMEN / SUMMARY: - OBJECTIVES: To assess fistula recurrence rate and quality of life after repair as well as the impact on continence and erection in patients with recto-anastomotic fistula after radical prostatectomy. Even in the more recent publications the number of cases for recto-urinary fistulas after radical prostatectomy is relatively small. Success rates at fistula closure are good; however data regarding functional outcome and quality of life is more restricted. PATIENTS AND METHODS: Retrospective study of patients treated for recto-urethral fistulas after radical prostatectomy between 1993 and 2008. All 17 patients were assessed for fistula recurrence in 2007 and received a standardized non-validated questionnaire to assess quality of life in 2011; furthermore, a patient's chart review was performed. Surgical technique: fistula closure was abdominal in ten patients, perineal in 5 and combined abdominal and perineal in two, some with tissue interposition. RESULTS: In 2007, follow-up was available for 14 patients, 1 was deceased, 2 lost to follow-up. Mean follow-up was 73.3 months, mean patient age 63 years. In 2 patients, rectal injury during the initial

surgery was reported; another 3 had undergone adjuvant radiation therapy (18%). In 2011, another 2 patients were deceased; mean follow-up was 99.5 months (range, 44-184). A strong improvement in QoL as compared to before surgery was found in 58% of patients, a slight improvement in 8%, no change in quality of life in 25%. 67% are very satisfied with the surgery, 33% are satisfied. CONCLUSIONS: Perineal or abdominal fistula repair yields excellent success rates and high patient satisfaction. However, urinary incontinence can be found in a number of patients postoperatively, requiring further treatment.

TÍTULO / TITLE: - Outcome in patients with exclusive carcinoma in situ (CIS) after radical cystectomy.

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

REVISTA / JOURNAL: - BJU Int. 2013 May 23. doi: 10.1111/bju.12250.

●● [Enlace al texto completo \(gratis o de pago\) 1111/bju.12250](#)

AUTORES / AUTHORS: - Zehnder P; Moltzahn F; Daneshmand S; Leahy M; Cai J; Miranda G; Bartsch G Jr; Mitra AP; Skinner DG; Skinner EC; Gill IS

INSTITUCIÓN / INSTITUTION: - Catherine & Joseph Aresty Department of Urology, USC Institute of Urology, Los Angeles, CA, USA; Department of Urology, University of Bern, Bern, Switzerland.

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate oncological outcomes of patients with carcinoma in situ (CIS) exclusively at radical cystectomy (RC) and no previous history of \geq T1 disease. PATIENTS AND METHODS: Patients undergoing RC with curative intent for CIS between 1971 and 2008 at the University of Southern California were included if they met all the following criteria: (i) pathological CIS-only disease at RC, (ii) preoperative clinical stage cCIS and/or cCIS + cTa, and (iii) no previous history of lamina propria invasion (\geq pT1). Kaplan-Meier plots were used to estimate the probabilities of recurrence-free survival (RFS) and overall survival (OS). RESULTS: Of the 1964 consented patients 52 met the inclusion criteria with a median (range) follow-up of 8.5 (0.008-34) years. A median (range) of 36 (10-95) lymph nodes were identified per patient but no metastases found. Estimated 5- and 10-year RFS rates were 94% and 90%, respectively and estimated 5- and 10-year OS rates were 85% and 66%, respectively. Different mechanisms of recurrence were found in four (8%) patients after a median (range) interval of 2.4 (0.6-7.1) years. While two patients had metachronous recurrence within the urinary tract, the first of the other two had early systemic recurrence and the second late local recurrence. CONCLUSIONS: We noticed excellent outcomes after RC for CIS-only disease. However, patients may have synchronous and/or develop metachronous tumours, as well as local and/or distant/systemic recurrence that can be cured but may also lead to fatal outcomes.

TÍTULO / TITLE: - Deep inspiration breath hold radiotherapy for locally advanced lung cancer: Comparison of different treatment techniques on target coverage, lung dose and treatment delivery time.

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

REVISTA / JOURNAL: - Acta Oncol. 2013 Oct;52(7):1582-6. doi: 10.3109/0284186X.2013.813644.

●● Enlace al texto completo (gratis o de pago) [3109/0284186X.2013.813644](#)

AUTORES / AUTHORS: - Josipovic M; Persson GF; Hakansson K; Damkjaer SM; Bangsgaard JP; Westman G; Riisgaard S; Specht L; Aznar MC

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Rigshospitalet , Copenhagen , Denmark.

TÍTULO / TITLE: - Extracellular lipid metabolism influences the survival of ovarian cancer cells.

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

REVISTA / JOURNAL: - Biochem Biophys Res Commun. 2013 Sep 20;439(2):280-4. doi: 10.1016/j.bbrc.2013.08.041. Epub 2013 Aug 21.

●● Enlace al texto completo (gratis o de pago) [1016/j.bbrc.2013.08.041](#)

AUTORES / AUTHORS: - Kuwata S; Ohkubo K; Kumamoto S; Yamaguchi N; Izuka N; Murota K; Tsujiuchi T; Iwamori M; Fukushima N

INSTITUCIÓN / INSTITUTION: - Division of Molecular Neurobiology, Department of Life Science, School of Science and Engineering, Kinki University, Higashiosaka, Japan.

RESUMEN / SUMMARY: - Lysophosphatidic acid (LPA) is an extracellular lipid mediator consisting of a fatty acid and a phosphate group linked to the glycerol backbone. Here, we show that 1-oleoyl- and 1-palmitoyl-LPA, but not 1-stearoyl- or alkyl-LPA, enhance HNOA ovarian cancer cell survival. Other lysophospholipids with oleic or lauric acid, but not stearic acid, also induce the survival effects. HNOA cells have the lipase activities that cleave LPA to generate fatty acid. Oleic acid stimulates HNOA cell survival via increased glucose utilization. Our findings suggest that extracellular lysolipid metabolism might play an important role in HNOA cell growth.

TÍTULO / TITLE: - Determinants of 14-3-3sigma dimerization and function in drug and radiation resistance.

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

REVISTA / JOURNAL: - J Biol Chem. 2013 Sep 16.

●● Enlace al texto completo (gratis o de pago) [1074/jbc.M113.467753](#)

AUTORES / AUTHORS: - Li Z; Peng H; Qin L; Qi J; Zuo X; Liu JY; Zhang JT

INSTITUCIÓN / INSTITUTION: - Indiana University School of Medicine, United States;

RESUMEN / SUMMARY: - Many proteins exist and function as homo-dimers.

Understanding the detailed mechanism driving the homo-dimerization is important and will impact future studies targeting the undruggable oncogenic protein dimers. In this study, we used 14-3-3sigma as a model homo-dimeric protein and performed a systematic investigation of the potential roles of amino acid residues in the interface for homo-dimerization. Unlike other members of the conserved 14-3-3 protein family, 14-3-3sigma prefers to form homo-dimer with two subareas in the dimeric interface that has 180° symmetry. We found that both subareas of the dimeric interface are required to maintain full dimerization activity. While the interfacial hydrophobic core residues Leu12 and Tyr84 play important roles in 14-3-3sigma dimerization, the non-core residue Phe25 appears to be more important in controlling 14-3-3sigma dimerization activity. Interestingly, a similar non-core residue Val81 is less important than Phe25 in contribution to 14-3-3sigma dimerization. Furthermore, dissociating dimeric 14-3-3sigma into monomers by mutating the dimerization residues Leu12, Phe25, or Tyr84 individually diminished the function of 14-3-3sigma in resisting drug-induced apoptosis and in arresting cells at G2/M phase in response to DNA-damaging treatment. Thus, dimerization appears to be required for the function of 14-3-3sigma.

PTPTPTP - JOURNAL ARTICLE ----- [587]

TÍTULO / TITLE: - Fitness, Fatness, and Survival in Adults With Pre-Diabetes.

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

REVISTA / JOURNAL: - Diabetes Care. 2013 Sep 23.

●● [Enlace al texto completo \(gratis o de pago\) 2337/dc13-1347](#)

AUTORES / AUTHORS: - McAuley PA; Artero EG; Sui X; Lavie CJ; Almeida MJ; Blair SN

INSTITUCIÓN / INSTITUTION: - Department of Human Performance and Sport Sciences, Winston-Salem State University, Winston-Salem, North Carolina;

RESUMEN / SUMMARY: - OBJECTIVE The purpose of this study was to examine independent and joint associations of cardiorespiratory fitness (CRF) and different adiposity measures with mortality risk in individuals with pre-diabetes (or impaired fasting glucose). RESEARCH DESIGN AND METHODS We examined associations of CRF and fatness with cardiovascular disease (CVD) and all-cause mortality in a cohort of 17,044 participants (89% men) with pre-diabetes (defined as $100 \leq$ plasma fasting glucose < 126 mg/dL), who did not have a history of diabetes, CVD or cancer. RESULTS We identified 832 deaths (246 from CVD) during 13.9 \pm 7.0 years (mean \pm SD) follow-up. Normal-weight individuals who were unfit (lowest one-third) had a higher risk of all-cause (hazard ratio 1.70 [95% CI 1.32-2.18]) and CVD (1.88 [1.13-3.10]) mortality compared with the normal-weight and fit (upper two-thirds) reference group in a model adjusted for age, sex, examination year, and multiple risk factors. The mortality risk for fit individuals who were overweight or obese did not differ significantly from the reference group. Similar patterns were observed for sex-specific thirds of waist circumference and % body fat. CONCLUSION SCRF markedly

modifies the relationship between adiposity and mortality in persons with pre-diabetes. Unfit individuals have a higher and fit individuals have a lower mortality risk irrespective of adiposity level in this high risk group.

TÍTULO / TITLE: - The impact of renin-angiotensin system, angiotensin capital I, Ukrainian converting enzyme (insertion/deletion), and angiotensin capital I, Ukrainian capital I, Ukrainian type 1 receptor (A1166C) polymorphisms on breast cancer survival in Iran.

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

REVISTA / JOURNAL: - Gene. 2013 Sep 19. pii: S0378-1119(13)01210-9. doi: 10.1016/j.gene.2013.09.020.

●● Enlace al texto completo (gratis o de pago) [1016/j.gene.2013.09.020](#)

AUTORES / AUTHORS: - Namazi S; Daneshian A; Mohammadianpanah M; Jaafari P; Ardeshir-Rouhani S; Nasirabadi S

INSTITUCIÓN / INSTITUTION: - Department of Clinical Pharmacy, Faculty of Pharmacy, Shiraz University of Medical Sciences, Shiraz, Iran.

RESUMEN / SUMMARY: - INTRODUCTION: Several proteins of renin-angiotensin system (RAS) have been implicated in the process of growth promotion or inhibition of breast tissue and cancer cells. This study aimed to investigate the association between angiotensin I converting enzyme (ACE) insertion/deletion (I/D) and angiotensin receptor-1 (AGTR1) A1166C polymorphisms and survival of 110 women with breast cancer. MATERIALS AND METHODS: The I/D and A1166C polymorphisms were evaluated by using Polymerase Chain Reaction (PCR) and Restriction Fragment Length Polymorphism (RFLP) in 110 breast cancer patients who had been treated between 2007 and 2009. Genomic DNA was extracted from a Formalin-Fixed Paraffin-Embedded (FFPE) tissue of breast cancer sample blocks. All the potential clinical and pathological prognostic variables were analyzed to establish the impact of I/D and A1166C polymorphisms on disease-free and overall survival rates. Disease-free and overall survival rates were the primary endpoints of the study. RESULTS: The ACE (I/D) polymorphism was associated with 3-year disease-free survival. Disease-free survival in DD carriers was significantly increased compared to ID plus II carriers (HR=4.75; 95% CI, 1.39-16.24; p=0.013). No significant association was found between AGTR1 (A1166C) and 3-year disease-free survival (p=0.233). Also, the ACE (I/D) and AGTR1 (A1166C) polymorphisms were not associated with breast cancer overall survival. CONCLUSION: The ACE (I/D) polymorphism was associated with 3-year disease-free survival of the women with breast cancer. Besides, disease-free survival in DD carriers was significantly increased compared to ID plus II carriers.

TÍTULO / TITLE: - Existence of microscopic residual viable lesions in patients with colorectal liver metastases after chemotherapy.

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

REVISTA / JOURNAL: - Hepatogastroenterology. 2013 Aug;60(126):1328-32. doi: 10.5754/hge121233.

●● Enlace al texto completo (gratis o de pago) [5754/hge121233](#)

AUTORES / AUTHORS: - Weng J; Soyama A; Takatsuki M; Muraoka I; Hara T; Yamaguchi I; Tanaka T; Kinoshita A; Adachi T; Fujita F; Kuroki T; Eguchi S

RESUMEN / SUMMARY: - Background/Aims: Hepatic metastases from the colorectal carcinoma frequently recur after resection and microscopic residual cancer lesions (RCL) could be important in the development of recurrence. The aim of our study was to investigate an existence of microscopic RCL after modern chemotherapy and its correlation with the preoperative CT imaging. Methodology: Thirteen patients who underwent liver resection for colorectal liver metastases (CRM) after preoperative chemotherapy were studied. Resected hepatic specimens were stained with an antibody against carcinoembryonic antigen to detect microscopic RCL, which were defined as discrete microscopic cancerous lesions surrounding the dominant metastases. Also, we evaluated the correlation between the outline of CRM based on CT finding and the detection of microscopic RCLs around CRM. Results: RCL were found immunohistochemically in 10 patients (77.8%). There are one patient whose RCL was most distant from the main tumor more than 10 mm. The presence of microscopic RCL was associated with the irregular outline of CRM (2/13, 15.4%) compared with regular CRM (11/13, 84.6%). Conclusions: To plan hepatectomy for CRM after chemotherapy, the possible existence of microscopic RCL should be taken into account. In addition, irregular shape tumor on CT should have wider surgical margin than 10 mm.

TÍTULO / TITLE: - Prolonged survival following aggressive treatment for metastatic breast cancer in the spine.

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

REVISTA / JOURNAL: - Clin Exp Metastasis. 2013 Sep 3.

●● Enlace al texto completo (gratis o de pago) [1007/s10585-013-9608-3](#)

AUTORES / AUTHORS: - Zadnik PL; Hwang L; Ju DG; Groves ML; Sui J; Yurter A; Witham TF; Bydon A; Wolinsky JP; Gokaslan ZL; Sciubba DM

INSTITUCIÓN / INSTITUTION: - Department of Neurosurgery, The Johns Hopkins Medical Institutions, Baltimore, MD, USA.

RESUMEN / SUMMARY: - In 2007, members of our group reported a 21 month median survival for patients undergoing surgery for metastatic breast cancer in the spinal column. Cervical spine metastases were associated with decreased survival, Estrogen receptor positivity was associated with improved survival, and age and visceral metastases did not significantly impact survival. In the current study, we reassess these variables in the context of modern adjuvant therapies, and investigate the impact of the Spinal Instability Neoplastic Score (SINS). We report an observational cohort of 43

patients undergoing surgical resection for metastatic breast cancer of the spine treated at a single academic institution from June 2002 to August 2011. Patient medical records were reviewed in accordance with policies outlined by the University Institutional Review Board. Median overall survival following surgery for metastatic breast cancer in the spine was 26.8 months. 1 year overall survival was 66 %. 5 year-overall survival was 4 %. Age ($p = 0.12$), preoperative functional status ($p = 0.17$), location of metastasis ($p = 0.34$), the presence of visceral metastases ($p = 0.68$), and spinal instability ($p = 0.81$) were not significant variables on survival analysis. Postoperative adjuvant therapy with a single modality (radiation or chemotherapy) was associated with a significantly lower median survival compared to dual therapy with chemotherapy and radiation ($p = 0.042$). Patients that received radiation and chemotherapy after surgery were younger but demonstrated prolonged median survival versus single modality therapy. This data supports the concept that visceral metastases do not impact survival, however cervical spine lesions were not associated with decreased survival.

TÍTULO / TITLE: - The Effects of Chemotherapy with Bleomycin, Etoposide, and Cis-Platinum (BEP) on Rat Sperm Chromatin Remodeling, Fecundity and Testicular Gene Expression in the Progeny.

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

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

●● [Enlace al texto completo \(gratis o de pago\) 1095/biolreprod.113.110759](#)

AUTORES / AUTHORS: - Maselli J; Hales BF; Robaire B

RESUMEN / SUMMARY: - During spermiogenesis histones are replaced first by transition proteins and then by protamines resulting in a very condensed sperm DNA structure that is absolutely critical for normal sperm function. We have demonstrated previously that, despite a 9-wk recovery period, mature sperm from rats treated for 9 wk with bleomycin, etoposide, and cis-platinum (BEP), the drugs used to treat testicular cancer, have reduced levels of protamine 1 and a concomitant upregulation of specific histones, highlighting a problem in histone eviction. Here, we demonstrate that regulators of histone removal are increased in elongating spermatids following recovery; however, Ac-H4 and gammaH2AX histones remain elevated in elongating spermatids or caudal epididymal spermatozoa 9 wk post-BEP treatment. This indicates that chromatin remodelers and effector proteins that respond to histone removal cues may be a target of BEP treatment. A decrease in the expression of SMARCE1 in elongating spermatids may explain the persistent retention of histones in cauda epididymal sperm 9 wk after the cessation of BEP treatment. Remarkably, proteins implicated in the translational control and post-translational processing of protamine 1 are also significantly elevated 9 wk post-BEP treatment, suggesting that histone eviction may dictate the DNA availability for protamine binding. Males mated to

control females 9 wk after BEP-treatment have reduced litter sizes; moreover, the profile of gene expression in the developing testes of their pups is altered. Altering the proportion of histones to protamine in mature spermatozoa has an adverse impact on male fecundity, with modifications to epigenetic marks potentially threatening normal progeny development.

TÍTULO / TITLE: - Eligibility for neoadjuvant/adjuvant cisplatin-based chemotherapy among radical cystectomy patients.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jun 13. doi: 10.1111/bju.12274.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12274](#)

AUTORES / AUTHORS: - Thompson RH; Boorjian SA; Kim SP; Cheville JC; Thapa P; Tarrel R; Dronca R; Costello B; Frank I

INSTITUCIÓN / INSTITUTION: - Department of Urology, Mayo Clinic and Mayo Medical School, Rochester, MN, USA.

RESUMEN / SUMMARY: - **OBJECTIVE:** To determine renal function eligibility for cisplatin-based chemotherapy using our experience with radical cystectomy (RC) patients. **PATIENTS AND METHODS:** Using the Mayo Clinic Cystectomy Registry, we identified 768 patients treated with RC without neoadjuvant chemotherapy for urothelial carcinoma from 1980-2005. Glomerular filtration rate (GFR) was estimated using the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) equation and a value of ≥ 60 mL/min was considered eligible for cisplatin-based chemotherapy. Factors associated with change in GFR (from preoperative to 3-month postoperative) were assessed using linear regression. **RESULTS:** The median age was 68 years, while the median GFR was 60 mL/min both preoperatively and 3 months after RC. Overall, 405 (53%) patients had a GFR of < 60 mL/min before surgery and 387 (50%) had a GFR of < 60 mL/min at 3 months after RC. Patients with hydronephrosis (209 patients) had significantly lower preoperative GFRs than with patients without hydronephrosis (median 52 vs 62 mL/min, respectively; $P < 0.001$). Among the 363 patients with a GFR of ≥ 60 mL/min before RC, 91 (25%) had a decline in renal function to a GFR of < 60 mL/min at 3 months after RC. In multivariable analyses, older age ($P < 0.001$), higher preoperative GFR ($P < 0.001$) and continent urinary diversion ($P = 0.011$) were significantly associated with a negative change in GFR after RC. **CONCLUSIONS:** Our results suggest that nearly half of patients undergoing RC are not eligible to receive perioperative cisplatin-based chemotherapy based on renal function status. About a quarter of patients eligible for cisplatin before surgery are no longer eligible after RC. Certain patient characteristics and surgical factors are more likely to experience a negative change in GFR after RC and should be counselled accordingly.

TÍTULO / TITLE: - Poorly differentiated colorectal cancers: correlation of microsatellite instability with clinicopathologic features and survival.

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

REVISTA / JOURNAL: - Am J Clin Pathol. 2013 Sep;140(3):341-7. doi: 10.1309/AJCP8P2DYNKGRBVI.

●● Enlace al texto completo (gratis o de pago) [1309/AJCP8P2DYNKGRBVI](#)

AUTORES / AUTHORS: - Xiao H; Yoon YS; Hong SM; Roh SA; Cho DH; Yu CS; Kim JC

INSTITUCIÓN / INSTITUTION: - Dept of Surgery, University of Ulsan College of Medicine, 86, Asanbyeongwon-gil, Songpa-gu, Seoul 138-736, Korea; jckim@amc.seoul.kr.

RESUMEN / SUMMARY: - Objectives: To evaluate the association of microsatellite instability (MSI) with clinicopathologic features and oncologic outcomes in patients with poorly differentiated colorectal cancer (PD). Methods: Study patients were divided into well-differentiated colorectal cancer (WD) and PD, which were compared according to histologic differentiation and MSI status. Results: Among 1,941 patients, PD was more frequent among microsatellite-unstable tumors (23.6%) than among microsatellite-stable (MSS) tumors (4.2%, $P < .001$). Patients with PD had worse 4-year overall survival rates than patients with WD (78.6% vs 88.2%, $P = 0.010$). Compared with MSS-PD tumors, MSI-PD tumors were characterized by right-colon predilection, larger size, and infrequent lymph node metastasis ($P < .001$ to $P = .007$). Conclusions: The clinicopathologic characteristics of PD were closely associated with those of MSI. The outcomes of MSI-PD tumors were better than those of MSS-PD tumors, but this finding did not reach statistical significance.

TÍTULO / TITLE: - Low-Dose, Prophylactic, Extended-Field, Intensity-Modulated Radiotherapy Plus Concurrent Weekly Cisplatin for Patients With Stage IB2-IIIB Cervical Cancer, Positive Pelvic Lymph Nodes, and Negative Para-aortic Lymph Nodes.

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

REVISTA / JOURNAL: - Int J Gynecol Cancer. 2013 Aug 21.

●● Enlace al texto completo (gratis o de pago) [1097/IGC.0b013e31829f4dc5](#)

AUTORES / AUTHORS: - Liang JA; Chen SW; Hung YC; Yeh LS; Chang WC; Lin WC; Chang YY

INSTITUCIÓN / INSTITUTION: - *Department of Radiation Therapy and Oncology, China Medical University Hospital, and daggerCollege of Medicine, China Medical University, Taichung; double daggerCollege of Medicine, Taipei Medical University, Taipei; and section signDepartment of Obstetrics and Gynecology, China Medical University Hospital, Taichung, Taiwan.

RESUMEN / SUMMARY: - OBJECTIVE: The objective of this study was to assess prospectively the clinical outcomes of low-dose prophylactic extended-field, intensity-modulated radiotherapy (IMRT) plus concurrent weekly cisplatin for patients with stage IB2-IIIB cervical cancer, positive pelvic lymph nodes (PLNs), and negative para-aortic lymph nodes (PALNs). METHODS: Thirty-two patients with stage IB2-IIIB cervical

cancer with positive PLN and negative PALN were included prospectively. All lymph nodes were assessed with positron emission tomography. The PALN field, including lymphatics from the superior border of L1 to the L4-L5 interphase, was irradiated concurrently with pelvic IMRT with a prescribed dose of 40 Gy in 25 fractions. Chemotherapy consisted of cisplatin delivered weekly at a dose of 40 mg/m. Using historical controls treated with pelvic radiotherapy, the survival curves were compared to assess the difference between the 2 treatment periods. RESULTS: Thirty-one patients completed the allocated extended-field IMRT, and all finished the planned pelvic IMRT and brachytherapy. Acute \geq grade 3 gastrointestinal, genitourinary, and hematologic toxicities were seen in 2, 1, and 18 patients, respectively. During a median follow-up of 33 months, 5 patients developed out-field distant recurrences. One patient had a late grade 3 gastrointestinal complication, and 1 patient had genitourinary toxicity. The 3-year actuarial overall survival, disease-free survival, and distant metastasis-free survival for the study cohort and historic controls were 87% versus 62% ($P = 0.02$), 82% versus 54% ($P = 0.02$), and 79% versus 57% ($P = 0.01$), respectively. CONCLUSIONS: Extended-field IMRT of 40 Gy to the PALN plus concurrent cisplatin can effectively eradicate subclinical disease at the PALN and improve the outcome for patients with PLN-positive stage IB2-IIIb cervical cancer.

TÍTULO / TITLE: - Algorithms for early identification of poor mobilization and for on-demand use of plerixafor in patients mobilized by chemotherapy and granulocyte-colony stimulating factor.

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

REVISTA / JOURNAL: - Leuk Lymphoma. 2013 Sep 3.

●● Enlace al texto completo (gratis o de pago) [3109/10428194.2013.832243](https://doi.org/10.1186/10428194.2013.832243)

AUTORES / AUTHORS: - Milone G; Tripepi G

INSTITUCIÓN / INSTITUTION: - Bone Marrow Transplant Unit , Azienda Ospedaliera Policlinico-Vittorio Emanuele, Catania , Italy.

TÍTULO / TITLE: - Multidetector CT radiation dose optimisation in adults: short- and long-term effects of a clinical audit.

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

REVISTA / JOURNAL: - Eur Radiol. 2013 Aug 29.

●● Enlace al texto completo (gratis o de pago) [1007/s00330-013-2994-8](https://doi.org/10.1007/s00330-013-2994-8)

AUTORES / AUTHORS: - Tack D; Jahnen A; Kohler S; Harpes N; De Maertelaer V; Back C; Gevenois PA

INSTITUCIÓN / INSTITUTION: - Department of Radiology, EpiCURA Hospital, Clinique Louis Caty, Rue Louis Caty 136, B 7331, Baudour, Belgium, denis.tack@skynet.be.

RESUMEN / SUMMARY: - OBJECTIVE: To report short- and long-term effects of an audit process intended to optimise the radiation dose from multidetector row computed tomography (MDCT). METHODS: A survey of radiation dose from all eight MDCT departments in the state of Luxembourg performed in 2007 served as baseline, and involved the most frequently imaged regions (head, sinus, cervical spine, thorax, abdomen, and lumbar spine). CT dose index volume (CTDIvol), dose-length product per acquisition (DLP/acq), and DLP per examination (DLP/exa) were recorded, and their mean, median, 25th and 75th percentiles compared. In 2008, an audit conducted in each department helped to optimise doses. In 2009 and 2010, two further surveys evaluated the audit's impact on the dose delivered. RESULTS: Between 2007 and 2009, DLP/exa significantly decreased by 32-69 % for all regions (P < 0.001) except the lumbar spine (5 %, P = 0.455). Between 2009 and 2010, DLP/exa significantly decreased by 13-18 % for sinus, cervical and lumbar spine (P ranging from 0.016 to less than 0.001). Between 2007 and 2010, DLP/exa significantly decreased for all regions (18-75 %, P < 0.001). Collective dose decreased by 30 % and the 75th percentile (diagnostic reference level, DRL) by 20-78 %. CONCLUSIONS: The audit process resulted in long-lasting dose reduction, with DRLs reduced by 20-78 %, mean DLP/examination by 18-75 %, and collective dose by 30 %. KEY POINTS: * External support through clinical audit may optimise default parameters of routine CT. * Reduction of 75th percentiles used as reference diagnostic levels is 18-75 %. * The effect of this audit is sustainable over time. * Dose savings through optimisation can be added to those achievable through CT.

TÍTULO / TITLE: - Treatment and prevention of chemotherapy-induced alopecia with PTH-CBD, a collagen-targeted parathyroid hormone analog, in a non-depilated mouse model.

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

REVISTA / JOURNAL: - Anticancer Drugs. 2013 Sep 9.

●● Enlace al texto completo (gratis o de pago) [1097/CAD.0b013e3283650bff](#)

AUTORES / AUTHORS: - Katikaneni R; Ponnappakkam T; Matsushita O; Sakon J; Gensure R

INSTITUCIÓN / INSTITUTION: - aPediatric Endocrinology, Children's Hospital at Montefiore and Albert Einstein College of Medicine, Bronx, New York bDepartment of Chemistry and Biochemistry, University of Arkansas, Fayetteville, Arkansas, USA cDepartment of Bacteriology, Okayama University Graduate School of Medicine, Okayama, Japan.

RESUMEN / SUMMARY: - Alopecia is a psychologically devastating complication of chemotherapy for which there is currently no effective therapy. PTH-CBD is a collagen-targeted parathyroid hormone analog that has shown promise as a therapy for alopecia disorders. This study compared the efficacy of prophylactic versus therapeutic administration of PTH-CBD in chemotherapy-induced alopecia using a mouse model that mimics the cyclic chemotherapy dosing used clinically. C57BL/6J mice were

treated with a single subcutaneous injection of PTH-CBD (320 mcg/kg) or vehicle control before or after hair loss developing from three courses of cyclophosphamide chemotherapy (50-150 mg/kg/week). Mice receiving chemotherapy alone developed hair loss and depigmentation over 6-12 months. Mice pretreated with PTH-CBD did not develop these changes and maintained a normal-appearing coat. Mice treated with PTH-CBD after development of hair loss showed a partial recovery. Observations of hair loss were confirmed quantitatively by gray scale analysis. Histological examination showed that in mice receiving chemotherapy alone, there were small, dystrophic hair follicles mostly in the catagen phase. Mice receiving PTH-CBD before chemotherapy showed a mix of normal-appearing telogen and anagen hair follicles with no evidence of dystrophy. Mice receiving PTH-CBD therapy after chemotherapy showed intermediate histological features. PTH-CBD was effective in both the prevention and the treatment of chemotherapy-induced alopecia in mice, but pretreatment appears to result in a better cosmetic outcome. PTH-CBD shows promise as an agent in the prevention of this complication of chemotherapy and improving the quality of life for cancer patients.

TÍTULO / TITLE: - The predictive value of semaphorins 3 expression in biopsies for biochemical recurrence of patients with low- and intermediate-risk prostate cancer.

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

REVISTA / JOURNAL: - Neoplasma. 2013;60(6):683-9. doi: 10.4149/neo_2013_087.

●● [Enlace al texto completo \(gratis o de pago\) 4149/neo_2013_087](#)

AUTORES / AUTHORS: - Li K; Chen MK; Li LY; Lu MH; Shao ChK; Su ZL; He D; Pang J; Gao X

RESUMEN / SUMMARY: - The class-3 semaphorins (Sema3A-F, Sema3s) are initially identified to play an important role in axonal guidance and cell migration. Our previous studies showed that Sema3s are also involved in the lymph node metastasis of prostate cancer, and are likely to modulate the behavior of prostate cancer with pro-tumoral or an anti-tumoral effect, depending on their subtypes. However, no study has critically investigated the value of Sema3s expression in preoperative biopsy samples for the prediction of biochemical recurrence (BCR) after radical prostatectomy. In this study, we evaluated Sema3s expression by immunohistochemistry on 198 prostate biopsies with low- and intermediate-risk localized prostate cancer. The median follow-up was 42 months (range, 6-60) for all patients. Our results showed that Sema3A (OR: 0.19, P<0.001), Sema3B (OR: 0.38, P=0.003), Sema3E (OR: 0.39, P=0.007), and Sema3C (OR: 2.31, P=0.014) staining were independent predictors of BCR on multivariable analysis. Sema3A, 3B, 3C and 3E expression demonstrated potential values in predicting BCR upon survival analysis (P=0.001, P=0.003, P=0.029, P=0.037, respectively, Log-rank test). Our findings suggested that Sema3A, 3B, 3C, and 3E immunostaining in prostate biopsies, as supplements to clinicopathological parameters, could be used for predicting BCR in low- and intermediate-risk prostate

cancer patients after radical prostatectomy. Specially, concurrent Sema3C-positive and Sema3A-negative, 3B-negative, 3E-negative staining is associated with an adverse prognosis. Further prospective studies in larger patient populations are needed to validate the current observations. Keywords: biochemical recurrence, biopsy, class-3 semaphorins, immunohistochemistry, prostate cancer, radical prostatectomy.

TÍTULO / TITLE: - Radiation therapy in primary mediastinal B-cell lymphoma with positron emission tomography positivity after rituximab chemotherapy.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Oct 1;87(2):311-6. doi: 10.1016/j.ijrobp.2013.05.053. Epub 2013 Aug 2.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijrobp.2013.05.053](#)

AUTORES / AUTHORS: - Filippi AR; Piva C; Giunta F; Bello M; Chiappella A; Caracciolo D; Zotta M; Douroukas A; Ragona R; Vitolo U; Bisi G; Ricardi U

INSTITUCIÓN / INSTITUTION: - Department of Oncology, University of Torino, Torino, Italy. Electronic address: andreariccardo.filippi@unito.it.

RESUMEN / SUMMARY: - **PURPOSE:** To investigate the role of radiation therapy (RT) in patients affected with primary mediastinal B-cell lymphoma (PMBCL) with residual (18)fluorodeoxyglucose positron emission tomography ((18)FDG-PET)-positive disease after rituximab chemotherapy (R-CT). **METHODS AND MATERIALS:** Thirty-seven patients treated with R-CT and RT, all with (18)FDG-PET scan at diagnosis and before RT, were included. All (18)FDG-PET scans were reviewed, and responses were classified according to the Deauville 5-point scoring system. Outcomes measures were overall survival (OS) and progression-free survival (PFS), estimated for the whole cohort and for subgroups according to (18)FDG-PET score after R-CT. **RESULTS:** The median follow-up time was 40.9 months. Three patients were assigned to Deauville score 1 (8.1%), 9 to score 2 (24.3%), 7 to score 3 (19%), 14 to score 4 (37.8%), and 4 to score 5 (10.8%). After RT, all patients with score 3-4 experienced a complete response (CR). Among patients with score 5, 1 was in CR (25%), 2 had persistent positivity (50%), and 1 showed progressive disease (25%). A total of 4 patients experienced progression or relapse: 1 of 33 (3%) with scores 1-4, and 3 of 4 (75%) with score 5. The 3-year OS and PFS of the whole cohort were 89.8% and 88.7%, respectively. OS was significantly different between scores 1-3 and scores 4-5 (100% vs 77% at 3 years, P<.05). Patients with a score of 5 had a significantly worse outcome than did all other patients (OS at 2 years, 33.3% vs 100%). **CONCLUSIONS:** Approximately 50% of PMBCL patients show residual disease at (18)FDG-PET scan after R-CT. RT is able to convert to CR approximately 85% of these patients, but those with a Deauville score of 5 (10%) appear at high risk of progression and death, and they might be candidates for intensified programs.

TÍTULO / TITLE: - Presurgical Corticosteroid Treatment Improves Corneal Transplant Survival in Mice.

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

REVISTA / JOURNAL: - Cornea. 2013 Sep 4.

●● Enlace al texto completo (gratis o de pago) [1097/ICO.0b013e31829ebb0d](#)

AUTORES / AUTHORS: - Kim HK; Choi JA; Uehara H; Zhang X; Ambati BK; Cho YK

INSTITUCIÓN / INSTITUTION: - *Department of Ophthalmology, St Vincent's Hospital, The Catholic University of Korea, Suwon, Korea; and daggerMoran Eye Center, University of Utah, Salt Lake City, UT.

RESUMEN / SUMMARY: - **PURPOSE::** To examine the effects of presurgical corticosteroid treatment for normal-risk penetrating keratoplasty (NRPK), high-risk penetrating keratoplasty (HRPK), and high-risk penetrating keratoplasty plus lensectomy. **METHODS::** We used 3 corneal transplantation models (NRPK, HRPK, and high-risk penetrating keratoplasty plus lensectomy). For each model, we tried to compare the effect of corticosteroid treatment according to different timetables as follows: The first trial began with a corticosteroid injection given 2 weeks before the PK and continued until 4 weeks after the PK (group 1). The second trial started with a corticosteroid injection given on the day of the PK and continued for 4 weeks after the PK (group 2). The third trial started with a corticosteroid injection administered on the day of the PK and continued for 8 weeks after the PK (group 3). After harvesting and immunostaining of corneas, graft survival, neovascularization (NV), and lymphangiogenesis (LY) were compared among the groups. A P value <0.05 was considered as being statistically significant. **RESULTS::** With respect to graft survival, group 1 had improved graft survival compared with that of group 3 in the HRPK model (P = 0.025). In all the 3 PK models, groups 2 and 3 demonstrated a similar graft survival (P > 0.05). With respect to NV and LY, in NRPK, group 1 showed less NV than did group 2 (P < 0.001) and group 3 (P = 0.016). In HRPK, group 1 also demonstrated less NV and LY than did group 3 (P = 0.045 and 0.044, respectively). **CONCLUSIONS::** The initiation time point of the corticosteroid treatment is important for graft survival. Corticosteroid pretreatment is an effective means to increase graft survival for HRPK and to decrease NV and LY for both NRPK and HRPK.

TÍTULO / TITLE: - Stage I-II non-small-cell lung cancer treated using either stereotactic ablative radiotherapy (SABR) or lobectomy by video-assisted thoracoscopic surgery (VATS): outcomes of a propensity score-matched analysis.

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

REVISTA / JOURNAL: - Ann Oncol. 2013 Sep;24(9):2466. doi: 10.1093/annonc/mdt347.

●● Enlace al texto completo (gratis o de pago) [1093/annonc/mdt347](#)

TÍTULO / TITLE: - FixL-like sensor FlbS of *Brucella abortus* binds haem and is necessary for survival within eukaryotic cells.

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

REVISTA / JOURNAL: - FEBS Lett. 2013 Sep 17;587(18):3102-7. doi: 10.1016/j.febslet.2013.07.047. Epub 2013 Aug 14.

●● Enlace al texto completo (gratis o de pago) [1016/j.febslet.2013.07.047](#)

AUTORES / AUTHORS: - Roset MS; Almirón MA

INSTITUCIÓN / INSTITUTION: - Instituto de Investigaciones Biotecnológicas-Instituto Tecnológico de Chascomus (IIB-INTECH), Universidad Nacional de San Martín (UNSAM) - Consejo Nacional de Investigaciones Científicas y Técnicas (CONICET), Argentina.

RESUMEN / SUMMARY: - Replication of *Brucella* inside eukaryotic cells is essential for pathogenesis, and successful infection requires rapid adaptation to the intracellular milieu. Close relatives of *Brucella* use the two-component system FixLJ to survive inside the host. We aimed to identify a homologous sensor in *Brucella abortus*. A predicted protein with transmembrane and conserved histidine kinase domains was identified as the Fix-like *Brucella* sensor, FlbS. Although it lacks the PAS domain, recombinant FlbS binds haem in vitro. An internal in-frame deletion in flbS severely decreased *B. abortus* survival inside professional and non-professional phagocytes. This phenotype was reverted by genetic complementation. These results indicate the critical role of this haemoprotein in the intracellular lifestyle of *Brucella*.

TÍTULO / TITLE: - Liver stiffness measurement by acoustic radiation force impulse is useful in predicting the presence of esophageal varices or high-risk esophageal varices among patients with HCV-related cirrhosis.

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

REVISTA / JOURNAL: - J Gastroenterol. 2013 Sep 5.

●● Enlace al texto completo (gratis o de pago) [1007/s00535-013-0877-z](#)

AUTORES / AUTHORS: - Morishita N; Hiramatsu N; Oze T; Harada N; Yamada R; Miyazaki M; Yakushijin T; Miyagi T; Yoshida Y; Tatsumi T; Kanto T; Takehara T

INSTITUCIÓN / INSTITUTION: - Department of Gastroenterology and Hepatology, Osaka University Graduate School of Medicine, 2-2 Yamadaoka, Suita, Osaka, 565-0871, Japan, n.morishita@gh.med.osaka-u.ac.jp.

RESUMEN / SUMMARY: - BACKGROUND: Screening and periodic surveillance for esophageal varices (EVs) by esophagogastroduodenoscopy (EGD) are recommended for cirrhotic patients. We investigated non-invasive liver stiffness measurement using acoustic radiation force impulse (ARFI) for the diagnosis of EV presence and high-risk EVs among patients with HCV-related cirrhosis. METHODS: Among 181 consecutive patients with HCV-related cirrhosis, we studied 135 patients who had received EGD and ARFI. Serum fibrosis markers [platelet count, FIB-4, and aspartate

aminotransferase-to-platelet ratio index (APRI)] were measured in a training set of 92 patients and compared with ARFI in the diagnostic performance for EV presence and high-risk EVs. Furthermore, the obtained optimal cutoff values of ARFI were prospectively examined in a validation set of 43 patients. RESULTS: In the training set, the ARFI value increased with the EV grade ($p < 0.001$). The ARFI value for high-risk EVs was significantly higher than that for low-risk EVs ($p < 0.001$). AUROC values for diagnosis of EV presence and high-risk EVs by ARFI were 0.890 and 0.868, which had the highest diagnostic performance among factors including serum fibrosis markers. The optimal cutoff value of ARFI for EV presence was 2.05 m/s with good sensitivity (83 %), specificity (76 %), PPV (78 %), and NPV (81 %), and that for high-risk EVs was 2.39 m/s with good sensitivity (81 %), specificity (82 %), PPV (69 %), and NPV (89 %). These cutoff values obtained in the training cohort also showed excellent performance in the validation set. CONCLUSIONS: Liver stiffness measurement by ARFI is useful in predicting EV presence or high-risk EVs among patients with HCV-related cirrhosis.

TÍTULO / TITLE: - Leishmania panamensis infection and antimonial drugs modulate expression of macrophage drug transporters and metabolizing enzymes: impact on intracellular parasite survival.

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

REVISTA / JOURNAL: - J Antimicrob Chemother. 2013 Sep 12.

●● [Enlace al texto completo \(gratis o de pago\) 1093/jac/dkt334](#)

AUTORES / AUTHORS: - Gomez MA; Navas A; Marquez R; Rojas LJ; Vargas DA; Blanco VM; Koren R; Zilberstein D; Saravia NG

INSTITUCIÓN / INSTITUTION: - Centro Internacional de Entrenamiento e Investigaciones Medicas (CIDEIM), Carrera 125 No. 19-225 Cali, Colombia.

RESUMEN / SUMMARY: - OBJECTIVES: Treatment failure is multifactorial. Despite the importance of host cell drug transporters and metabolizing enzymes in the accumulation, distribution and metabolism of drugs targeting intracellular pathogens, their impact on the efficacy of antileishmanials is unknown. We examined the contribution of pharmacologically relevant determinants in human macrophages in the antimony-mediated killing of intracellular Leishmania panamensis and its relationship with the outcome of treatment with meglumine antimoniate. METHODS: Patients with cutaneous leishmaniasis who failed ($n = 8$) or responded ($n = 8$) to treatment were recruited. Gene expression profiling of pharmacological determinants in primary macrophages was evaluated by quantitative RT-PCR and correlated to the drug-mediated intracellular parasite killing. Functional validation was conducted through short hairpin RNA gene knockdown. RESULTS: Survival of L. panamensis after exposure to antimonials was significantly higher in macrophages from patients who failed treatment. Sixteen macrophage drug-response genes were modulated by infection and exposure to meglumine antimoniate. Correlation analyses of gene expression and

intracellular parasite survival revealed the involvement of host cell metallothionein-2A and ABCB6 in the survival of Leishmania during exposure to antimonials. ABCB6 was functionally validated as a transporter of antimonial compounds localized in both the cell and phagolysosomal membranes of macrophages, revealing a novel mechanism of host cell-mediated regulation of intracellular drug exposure and parasite survival within phagocytes. CONCLUSIONS: These results provide insight into host cell mechanisms regulating the intracellular exposure of Leishmania to antimonials and variations among individuals that impact parasite survival. Understanding of host cell determinants of intracellular pharmacokinetics/pharmacodynamics opens new avenues to improved drug efficacy for intracellular pathogens.

TÍTULO / TITLE: - Treatment burden in stage I seminoma: a comparison of surveillance and adjuvant radiation therapy.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jun 27. doi: 10.1111/bju.12330.

●● [Enlace al texto completo \(gratis o de pago\) 1111/bju.12330](#)

AUTORES / AUTHORS: - Leung E; Warde P; Jewett M; Panzarella T; O'Malley M; Sweet J; Moore M; Sturgeon J; Gospodarowicz M; Chung P

INSTITUCIÓN / INSTITUTION: - Radiation Medicine Program, Princess Margaret Hospital, Toronto, ON, Canada; University of Toronto, Toronto, ON, Canada.

RESUMEN / SUMMARY: - OBJECTIVE: To examine the management and outcomes of patients with stage I seminoma and to relate these to overall treatment burden. PATIENTS AND METHODS: A total of 764 patients with stage I seminoma underwent surveillance or adjuvant radiation therapy (RT) at a single institution. First relapse on surveillance was managed with RT alone, or with combination chemotherapy (ChT) for more extensive recurrence. Second relapse was managed with ChT. Relapse after adjuvant RT was treated with ChT. The treatment burden was measured, according to the specific treatment undertaken after orchiectomy, by defining treatment episodes as follows: surgery - one episode; one course of RT - one episode; one course of ChT - one episode. RESULTS: In all, 484 patients underwent surveillance and 280 received adjuvant RT. The 5- and 10-year overall survival rates were 98.6 and 97.7% for surveillance, and 97.2 and 91.4% for adjuvant RT. A total of 72 (15%) patients in the surveillance group relapsed; treatment for relapse was RT (n = 56), ChT (n = 15) and surgery (n = 1). Second relapse occurred in six patients; these patients were treated with ChT. Of the patients in the adjuvant RT group, 14 (5%) relapsed: salvage treatment was 10 - ChT (n = 10) surgery (n = 1) and further RT (n = 3). The overall treatment burden represented by number of treatment episodes per patient was 0.16 in the surveillance group and 1.05 in the adjuvant RT group. CONCLUSIONS: Surveillance reduces the overall treatment burden in patients with stage I seminoma and is the preferred management option. The selective use of RT at first relapse for

patients on surveillance leads to a similar requirement for subsequent ChT to that for patients on adjuvant RT.

TÍTULO / TITLE: - Prognostic significance of tumor thrombus consistency in patients with renal cell carcinoma.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jun 20. doi: 10.1111/bju.12322.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12322](#)

AUTORES / AUTHORS: - Weiss VL; Braun M; Perner S; Harz A; Vorreuther R; Kristiansen G; Muller SC; Ellinger J

INSTITUCIÓN / INSTITUTION: - Klinik und Poliklinik für Urologie und Kinderurologie, Universitätsklinikum, Bonn, Bonn, Germany.

RESUMEN / SUMMARY: - OBJECTIVES: To identify the prognostic impact of venous tumor thrombus in locally-advanced renal cell carcinomas (RCC) To further differentiate the clinical course of patients with VTT despite similar clinicopathological characteristics PATIENTS AND METHODS: Determination of the VTT consistency (solid vs. friable) and the correlation with clinical and pathological parameters A retrospective cohort of 200 RCC patients nephrectomized between 1994 and 2011 RESULTS: 65% with a solid VTT, 35% with friable VTT which demonstrates a significant decrease in cell-cell adhesion molecules and connective tissue Correlation of a friable VTT with advanced pT-stage, higher VTT level, papillary RCC subtype, and a lower age Significantly shorter median overall survival of patients with a friable, than in patients with a solid VTT (29 vs. 89 months), but failure of VTT consistency as an independent predictor of patients' survival in the multivariate Cox analysis VTT consistency as an independent significant predictor of overall survival in patients without evidence of distant and nodal metastases (n=119) CONCLUSION: VTT consistency caused by the tumor and not different surgical handling A friable VTT as an important adverse prognostic predictor of overall survival in patients with non-metastatic RCC.

TÍTULO / TITLE: - Prognosis of patients with pelvic lymph node metastasis following radical prostatectomy: value of extranodal extension and size of the largest lymph node metastasis.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jul 2. doi: 10.1111/bju.12342.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12342](#)

AUTORES / AUTHORS: - Passoni NM; Fajkovic H; Xylinas E; Kluth L; Seitz C; Robinson BD; Roupret M; Chun FK; Lotan Y; Roehrborn CG; Crivelli JJ; Karakiewicz PI; Scherr DS; Rink M; Graefen M; Schramek P; Briganti A; Montorsi F; Tewari A; Shariat SF

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

RESUMEN / SUMMARY: - **OBJECTIVE:** To assess the prognostic role of extranodal extension (ENE) and the size of the largest lymph node (LN) metastasis in predicting early biochemical relapse (eBCR) in patients with LN metastasis after radical prostatectomy (RP). **METHODS AND MATERIALS:** We evaluated BCR-free survival in men with LN metastases after RP and pelvic LN dissection performed in six high volume centers. Multivariable Cox regression tested the role of ENE and diameter of largest LN metastasis in predicting eBCR after adjusting for clinico-pathological variables. We compared the discrimination of multivariable models including ENE, the size of largest LN metastasis and the number of positive LNs. **RESULTS:** Overall, 484 patients were included. Median follow-up was 16.1 months (IQR 6-27.5). Median number of removed LNs was 10 (IQR 4-14), and median number of positive LNs was 1 (IQR: 1-2). ENE was present in 280 (58%) patients, and 211 (44%) had their largest metastasis >10mm. Patients with ENE and/or largest metastasis >10mm had significantly worse eBCR-free survival (all $p < 0.01$). On multivariable analysis, number of positive LNs (≤ 2 vs > 2) and the diameter of LN metastasis (≤ 10 vs > 10 mm), but not ENE, were significant predictors of eBCR (all $p < 0.003$). ENE and diameter of LN metastasis increased the AUC of a baseline multivariable model (0.663) by 0.016 points. **CONCLUSIONS:** The diameter of the largest LN metastasis and the number of positive LNs are independent predictors of eBCR. Considered together, ENE and the diameter of the largest LN metastasis have less discrimination than the number of positive LNs.

TÍTULO / TITLE: - Long-term Continence Outcomes in Men Undergoing Radical Prostatectomy for Clinically Localized Prostate Cancer.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Aug 9. pii: S0302-2838(13)00827-0. doi: 10.1016/j.eururo.2013.08.006.

●● Enlace al texto completo (gratis o de pago) [1016/j.eururo.2013.08.006](#)

AUTORES / AUTHORS: - Prabhu V; Sivarajan G; Taksler GB; Laze J; Lepor H

INSTITUCIÓN / INSTITUTION: - Department of Urology, New York University School of Medicine, New York, NY, USA.

RESUMEN / SUMMARY: - **BACKGROUND:** Urinary incontinence is a common short-term complication of radical prostatectomy (RP). Little is known about the long-term impact of RP on continence. **OBJECTIVE:** To elucidate the long-term progression of continence after RP. **DESIGN, SETTING, AND PARTICIPANTS:** From October 2000 through September 2012, 1788 men undergoing open RP for clinically localized prostate cancer by a single surgeon at an urban tertiary care center prospectively signed consent to be followed before RP and at 3, 6, 12, 24, 96, and 120 mo after RP. A consecutive

sampling method was used and all men were included in this study. INTERVENTION: Men underwent open RP. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: Regression models controlled for preoperative University of California, Los Angeles-Prostate Cancer Index urinary function score (UCLA-PCI-UFS), age, prostate-specific antigen level, Gleason score, stage, nerve-sparing status, race, and marital status were used to evaluate the association of time since RP with two dependent variables: UCLA-PCI-UFS and continence status. RESULTS AND LIMITATION: The mean UCLA-PCI-UFS declined between 2 yr and 8 yr (83.8 vs 81.8; $p=0.007$) and marginally between 8 yr and 10 yr (81.8 vs 79.6; $p=0.036$) after RP, whereas continence rate did not significantly change during these intervals. Men ≥ 60 yr old experienced a decline in mean UCLA-PCI-UFS between 2 yr and 8 yr ($p=0.002$) and a marginal decline in continence rate between 2 yr and 10 yr ($p=0.047$), whereas these variables did not change significantly in men <60 yr old. These outcomes are for an experienced surgeon, so caution should be exercised in generalizing these results. CONCLUSIONS: Between 2 yr and 10 yr after RP, there were slight decreases in mean UCLA-PCI-UFS and continence rates in this study. Men aged <60 yr had better long-term outcomes. These results provide realistic long-term continence expectations for men undergoing RP.

TÍTULO / TITLE: - Impact of mutations in FLT3, PTPN11, and RAS genes on the overall survival of pediatric B cell precursor acute lymphoblastic leukemia in Brazil.

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

REVISTA / JOURNAL: - Leuk Lymphoma. 2013 Sep 25.

●● Enlace al texto completo (gratis o de pago) [3109/10428194.2013.847934](#)

AUTORES / AUTHORS: - Barbosa TC; Andrade FG; Lopes BA; Andrade CF; Mansur MB; Emerenciano M; Pombo-de-Oliveira MS

RESUMEN / SUMMARY: - ABSTRACT We analyzed mutations in four genes (FLT3, KRAS/NRAS, and PTPN11) that might disrupt the Ras/MAPkinase signaling pathway, to evaluate their prognostic value in children younger than 16 years-old with B-cell-precursor acute lymphoblastic leukemia (Bcp-ALL). The overall survival (OS) was determined with the Kaplan-Meier method. MAPkinase-genes were mutated in 25.4% and 20.1% childhood and infant Bcp-ALL, respectively. Children with hyperdiploidy were more prone to harboring a MAPKinase genes mutation (OR 3.18; 95% CI 1.07-9.49). The mean OS of overall cases was 54.0 months. FLT3 and PTPN11 mutations had no impact on OS. K/NRAS mutations were strongly associated with MLL-AFF1 (OR 5.78; 95% CI 1.00-33.24), and conferred poorer OS ($P=0.034$) in the univariate analyses.

TÍTULO / TITLE: - GalR3 activation promotes adult neural stem cell survival in response to a diabetic milieu.

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

REVISTA / JOURNAL: - J Neurochem. 2013 Aug 8. doi: 10.1111/jnc.12396.

●● Enlace al texto completo (gratis o de pago) [1111/jnc.12396](#)

AUTORES / AUTHORS: - Mansouri S; Barde S; Orsater H; Eweida M; Darsalia V; Langel U; Sjöholm A; Hokfelt T; Patrone C

INSTITUCIÓN / INSTITUTION: - Karolinska Institutet, Department of Clinical Science and Education, Södersjukhuset, Stockholm, Sweden.

RESUMEN / SUMMARY: - Type 2 diabetes impairs adult neurogenesis which could play a role in the CNS complications of this serious disease. The goal of this study was to determine the potential role of galanin in protecting adult neural stem cells (NSCs) from glucolipototoxicity and to analyze whether apoptosis and the unfolded protein response were involved in the galanin-mediated effect. We also studied the regulation of galanin and its receptor subtypes under diabetes in NSCs in vitro and in the subventricular zone (SVZ) in vivo. The viability of mouse SVZ-derived NSCs and the involvement of apoptosis (Bcl-2, cleaved caspase-3) and unfolded protein response [C/EBP homologous protein (CHOP) Glucose-regulated protein 78/immunoglobulin heavy-chain binding protein (GRP78/BiP), spliced X-box binding protein 1 (XBP1), c-Jun N-terminal kinases (JNK) phosphorylation] were assessed in the presence of glucolipototoxic conditions after 24 h. The effect of diabetes on the regulation of galanin and its receptor subtypes was assessed on NSCs in vitro and in SVZ tissues isolated from normal and type 2 diabetes ob/ob mice. We show increased NSC viability following galanin receptor (GalR)3 activation. This protective effect correlated with decreased apoptosis and CHOP levels. We also report how galanin and its receptors are regulated by diabetes in vitro and in vivo. This study shows GalR3-mediated neuroprotection, supporting a potential future therapeutic development, based on GalR3 activation, for the treatment of brain disorders. Adult neurogenesis impairment in diabetes could play a role in the development of neurological complications. GalR3 activation counteracts glucolipototoxicity in adult neural stem cells (NSCs) in the subventricular zone (SVZ) by decreasing apoptosis. At least part of the protective effect mediated by GalR3 activation occurs through modulation of the unfolded protein response (UPR) signaling in the endoplasmic reticulum. The data support a potential therapeutic development for treatment of diabetic brain disorders, based on increased neurogenesis by GalR3 activation. CB, cerebellum; LV, lateral ventricle; OB, olfactory bulb.

TÍTULO / TITLE: - A single nucleotide polymorphism on the GALNT14 gene as an effective predictor of response to chemotherapy in advanced hepatocellular carcinoma.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Aug 19. doi: 10.1002/ijc.28439.

●● Enlace al texto completo (gratis o de pago) [1002/ijc.28439](#)

AUTORES / AUTHORS: - Yeh CT; Liang KH; Lin CC; Chang ML; Hsu CL; Hung CF

INSTITUCIÓN / INSTITUTION: - Liver Research Unit, Department of Hepato-Gastroenterology, Chang Gung Memorial Hospital, Taipei, Taiwan; Molecular Medicine Research Center, Chang Gung University, Taoyuan, Taiwan.

RESUMEN / SUMMARY: - Previously, a pilot genome-wide association study has identified candidate single nucleotide polymorphism predictors for the therapeutic response of 5-fluorouracil, mitoxantrone and cisplatin (FMP) combination chemotherapy in advanced hepatocellular carcinoma (HCC). Here, we conducted a prospective confirmatory study to examine the predictive value of rs9679162 (located on GALNT14 gene) for the therapeutic responses using a split-dose FMP protocol. One hundred and seven advanced HCC patients receiving split-dose FMP therapy were enrolled. All patients were in Barcelona Clinical Liver Cancer Stage C with either main portal vein thrombosis and/or distant metastasis. Of them, 105 (98.1%) were Child-Pugh classification B. GALNT14 genotype was determined before therapy. Of the patients included, 28 were rs9679162 "TT" and 79 were "non-TT" ("GG" + "GT") genotype. The median overall survival, time-to-progression, response rate and disease control rate were ("TT" versus "non-TT") 6.8 versus 3.9 months ($p < 0.001$), 3.9 versus 2.1 months ($p < 0.001$), 28.6% versus 10.1% ($p = 0.029$) and 35.7% versus 15.2% ($p = 0.030$), respectively. Multivariate analysis indicated that rs9679162 genotype was an independent predictor for overall survival ($p = 0.002$). Categorical analysis showed that 17 patients with "TT" genotype, tumor size < 10 cm and neutrophils $< 74\%$ had a median overall survival of 25.5 months and a therapeutic response rate of 47.1%. In conclusion, this prospective study confirmed that GALNT14 genotype (rs9679162) was an effective predictor for therapeutic outcome in advanced HCC patients treated by FMP chemotherapy. Combining GALNT14 genotype and clinical parameters, a subgroup of patients with excellent outcome was identified.

TÍTULO / TITLE: - Visceral obesity predicts adverse pathological features in urothelial bladder cancer patients undergoing radical cystectomy: a retrospective cohort study.

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

REVISTA / JOURNAL: - World J Urol. 2013 Aug 14.

●● Enlace al texto completo (gratis o de pago) [1007/s00345-013-1147-7](http://dx.doi.org/10.1007/s00345-013-1147-7)

AUTORES / AUTHORS: - Cantiello F; Cicione A; Autorino R; Salonia A; Briganti A; Ferro M; De Domenico R; Perdona S; Damiano R

INSTITUCIÓN / INSTITUTION: - Department of Urology and Doctorate Research Program, Magna Graecia University of Catanzaro, Viale Europa Germaneto, 88100, Catanzaro, Italy, cantiello@unicz.it.

RESUMEN / SUMMARY: - PURPOSE: To evaluate the pathological characteristics of patients with metabolic syndrome (MetS) undergoing radical cystectomy (RC) for urothelial bladder cancer (BCa). METHODS: We retrospectively analyzed 262

consecutive patients with muscle-invasive urothelial BCa or non-muscle-invasive urothelial BCa bacillus Calmette-Guerin refractory undergoing RC with standard pelvic lymphadenectomy. The patients were stratified into those with or without MetS, and a bivariate logistic regression analysis was done to assess MetS and, separately, each single MetS component as independent predictors of higher pathological stage as well as of the presence of lymph vascular invasion (LVI) and lymph node metastasis (LM). RESULTS: Metabolic syndrome was found in 36.3 % of patients. At logistic regression analysis, the presence of MetS did not predict the risk of both higher pathological stage and LVI and LM. Investigating the single components of MetS after adjusting for age, gender, and smoking, the risk of higher pathological stage increased with body mass index [BMI (OR 1.307, 95 % CI 1.098-1.555)], waist circumference (OR 1.414, 95 % CI 1.364-1.668), and blood hypertension (OR 2.326, 95 % CI 1.147-4.717). Higher BMI also predicted the presence of LVI (OR 1.432, 95 % CI 1.173-1.748) and LM (OR 1.202, 95 % CI 0.951-1.519), whereas HDL cholesterol was inversely associated with the risk of LVI and LM. CONCLUSIONS: Metabolic syndrome does not represent an independent risk factor for worse pathological findings in BCa. Conversely, individual components of MetS could increase the risk of higher stage as well as LM.

TÍTULO / TITLE: - The Predictive Value of Kidney Allograft Baseline Biopsies for Long-Term Graft Survival.

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

REVISTA / JOURNAL: - J Am Soc Nephrol. 2013 Aug 15.

●● Enlace al texto completo (gratis o de pago) [1681/ASN.2012111081](#)

AUTORES / AUTHORS: - De Vusser K; Lerut E; Kuypers D; Vanrenterghem Y; Jochmans I; Monbaliu D; Pirenne J; Naesens M

INSTITUCIÓN / INSTITUTION: - Departments of Nephrology and Renal Transplantation.

RESUMEN / SUMMARY: - The effect of baseline histology and individual histologic lesions at the time of transplantation on long-term graft survival has been evaluated using different scoring systems, but the predictive capacity of these systems has not been adequately validated. All kidney recipients transplanted in a single institution between 1991 and 2009 who underwent a baseline kidney allograft biopsy at transplantation were included in this prospective study (N=548). All baseline biopsies were rescored according to the updated Banff classification, and the relationship between the individual histologic lesions and donor demographics was assessed using hierarchical clustering and principal component analysis. Survival analysis was performed using Cox proportional hazards analysis and log-rank testing. Mean follow-up time was 6.7 years after transplantation. Interstitial fibrosis, tubular atrophy, and glomerulosclerosis associated significantly with death-censored graft survival, whereas arteriolar hyalinosis and vascular intimal thickening did not. Notably, donor age correlated significantly with interstitial fibrosis, tubular atrophy, and glomerulosclerosis and

associated independently with graft survival. On the basis of these findings, a novel scoring system for prediction of 5-year graft survival was constructed by logistic regression analysis. Although the predictive performance of previously published histologic scoring systems was insufficient to guide kidney allocation in our cohort (receiver operating characteristic area under the curve ≤ 0.62 for each system), the new system based on histologic data and donor age was satisfactory for prediction of allograft loss (receiver operating characteristic area under the curve = 0.81) and may be valuable in the assessment of kidney quality before transplantation.

TÍTULO / TITLE: - Genistein enhances the efficacy of cabazitaxel chemotherapy in metastatic castration-resistant prostate cancer cells.

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

REVISTA / JOURNAL: - Prostate. 2013 Nov;73(15):1681-9. doi: 10.1002/pros.22705. Epub 2013 Sep 2.

●● [Enlace al texto completo \(gratis o de pago\) 1002/pros.22705](#)

AUTORES / AUTHORS: - Zhang S; Wang Y; Chen Z; Kim S; Iqbal S; Chi A; Ritenour C; Wang YA; Kucuk O; Wu D

INSTITUCIÓN / INSTITUTION: - Department of Urology and Winship Cancer Institute, Emory University School of Medicine, Atlanta, Georgia.

RESUMEN / SUMMARY: - BACKGROUND: Cabazitaxel (Jevtana) has been approved for the treatment of metastatic castration-resistant prostate cancer (mCRPC). However, most patients progress and become chemoresistant, which remains a major challenge in the management of advanced PCa. In this study, we investigated whether genistein, an isoflavone abundant in soy products, could sensitize mCRPC cells to cabazitaxel treatment in experimental models. METHODS: The in vitro and in vivo effect of genistein in enhancing the response of mCRPC cells to cabazitaxel chemotherapy was evaluated in experimental models. RESULTS: Genistein increases the expression of pro-apoptotic protein Bax, activates apoptotic signals, and enhances the response to cabazitaxel treatment in mCRPC cells. In a PC3-luciferase xenograft model, the combined treatment with genistein and cabazitaxel significantly retarded the growth of mCRPC when compared to vehicle control, cabazitaxel, or genistein. Tissue staining confirmed the in vivo effect of genistein on the induction of Bax and activation of apoptosis. CONCLUSION: This study provided the first preclinical evidence supporting that genistein could be beneficial in improving cabazitaxel chemotherapy in mCRPC. Prostate 73: 1681-1689, 2013. © 2013 Wiley Periodicals, Inc.

PTPTPTP - Journal Article

TÍTULO / TITLE: - Evaluation of potential ionizing irradiation protectors and mitigators using clonogenic survival of human umbilical cord blood hematopoietic progenitor cells.

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

REVISTA / JOURNAL: - Exp Hematol. 2013 Aug 7. pii: S0301-472X(13)00655-3. doi: 10.1016/j.exphem.2013.08.001.

●● Enlace al texto completo (gratis o de pago) [1016/j.exphem.2013.08.001](#)

AUTORES / AUTHORS: - Goff JP; Shields DS; Wang H; Skoda EM; Sprachman MM; Wipf P; Garapati VK; Atkinson J; London B; Lazo JS; Kagan V; Epperly MW; Greenberger JS

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of Pittsburgh, Pittsburgh, PA, USA.

RESUMEN / SUMMARY: - We evaluated the use of colony formation (colony-forming unit-granulocyte macrophage [CFU-GM], burst-forming unit erythroid [BFU-E], and colony-forming unit-granulocyte-erythroid-megakaryocyte-monocytes [CFU-GEMM]) by human umbilical cord blood (CB) hematopoietic progenitor cells for testing novel small molecule ionizing irradiation protectors and mitigators. The following compounds were added before (protection) or after (mitigation) ionizing irradiation: GS-nitroxides (JP4-039 and XJB-5-131), the bifunctional sulfoxide MMS-350, the phosphoinositol-3-kinase inhibitor LY29400, triphenylphosphonium-imidazole fatty acid, the nitric oxide synthase inhibitor (MCF-201-89), the p53/mdm2/mdm4 inhibitor (BEB55), methoxamine, isoproterenol, propranolol, and the adenosine triphosphate-sensitive potassium channel blocker (glyburide). The drugs XJB-5-131, JP4-039, and MMS-350 were radiation protectors for CFU-GM. JP4-039 was also a radiation protector for CFU-GEMM. The drugs XJB-5-131, JP4-039, and MMS-350 were radiation mitigators for BFU-E, MMS-350 and JP4-039 were mitigators for CFU-GM, and MMS350 was a mitigator for CFU-GEMM. In contrast, other drugs were effective in murine assays; TTP-IOA, LY294002, MCF201-89, BEB55, propranolol, isoproterenol, methoxamine, and glyburide but showed no significant protection or mitigation in human CB assays. These data support the testing of new candidate clinical radiation protectors and mitigators using human CB clonogenic assays early in the drug discovery process, thus reducing the need for animal experiments.

TÍTULO / TITLE: - 'Socioeconomic position and survival after cervical cancer: influence of cancer stage, comorbidity and smoking among Danish women diagnosed between 2005 and 2010.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Sep 12. doi: 10.1038/bjc.2013.558.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.558](#)

AUTORES / AUTHORS: - Ibfelt EH; Kjaer SK; Hogdall C; Steding-Jessen M; Kjaer TK; Osler M; Johansen C; Frederiksen K; Dalton SO

INSTITUCIÓN / INSTITUTION: - Danish Cancer Society Research Center, Strandboulevarden 49, DK-2100 Copenhagen, Denmark.

RESUMEN / SUMMARY: - Background: In an attempt to decrease social disparities in cancer survival, it is important to consider the mechanisms by which socioeconomic position influences cancer prognosis. We aimed to investigate whether any associations between socioeconomic factors and survival after cervical cancer could be explained by socioeconomic differences in cancer stage, comorbidity, lifestyle factors or treatment. Methods: We identified 1961 cases of cervical cancer diagnosed between 2005 and 2010 in the Danish Gynaecological Cancer database, with information on prognostic factors, treatment and lifestyle. Age, vital status, comorbidity and socioeconomic data were obtained from nationwide administrative registers. Associations between socioeconomic indicators (education, income and cohabitation status) and mortality by all causes were analysed in Cox regression models with inclusion of possible mediators. Median follow-up time was 3.0 years (0.01-7.0). Results: All cause mortality was higher in women with shorter rather than longer education (hazard ratio (HR), 1.46; 1.20-1.77), among those with lower rather than higher income (HR, 1.32; 1.07-1.63) and among women aged <60 years without a partner rather than those who cohabited (HR, 1.60; 1.29-1.98). Socioeconomic differences in survival were partly explained by cancer stage and less by comorbidity or smoking (stage- and comorbidity- adjusted HRs being 1.07; 0.96-1.19 for education and 1.15; 0.86-1.52 for income). Conclusion: Socioeconomic disparities in survival after cervical cancer were partly explained by socioeconomic differences in cancer stage. The results point to the importance of further investigations into reducing diagnosis delay among disadvantaged groups. British Journal of Cancer advance online publication, 12 September 2013; doi:10.1038/bjc.2013.558 www.bjcancer.com.

TÍTULO / TITLE: - Higher mean arterial pressure with or without vasoactive agents is associated with increased survival and better neurological outcomes in comatose survivors of cardiac arrest.

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

REVISTA / JOURNAL: - Intensive Care Med. 2013 Nov;39(11):1981-1988. Epub 2013 Aug 31.

●● Enlace al texto completo (gratuito o de pago) 1007/s00134-013-3075-9

AUTORES / AUTHORS: - Beylin ME; Perman SM; Abella BS; Leary M; Shofer FS; Grossestreuer AV; Galeski DF

INSTITUCIÓN / INSTITUTION: - Perelman School of Medicine at the University of Pennsylvania, Philadelphia, PA, USA.

RESUMEN / SUMMARY: - PURPOSE: The 2010 AHA Guidelines for Post-Cardiac Arrest Care recommend immediate treatment of hypotension to maintain adequate tissue perfusion with a goal of mean arterial pressure (MAP) of ≥ 65 mmHg. However, no

studies exist examining the relationship between early hemodynamic goals and outcomes in post-cardiac arrest syndrome (PCAS) patients undergoing therapeutic hypothermia (TH). In this investigation, we examined the relationship between MAP, vasoactive agents, and survival or neurologic outcomes. METHODS: Consecutive PCAS patients treated with algorithmic post-arrest care between 2005 and 2011 were included in this retrospective study. MAP and number of vasoactive agents were analyzed at 1, 6, 12, and 24 h after arrest. Primary outcome was survival at discharge. Data were analyzed using logistic regression analysis and ANOVA. RESULTS: Of 168 patients, 45 % (75/168) survived, and 35 % (58/168) had cerebral performance category (CPC) scores 1-2. Survivors had higher MAPs at 1 h (96 vs. 84 mmHg, $p < 0.0001$), 6 h (96 vs. 90 mmHg, $p = 0.014$), and 24 h (86 vs. 78 mmHg, $p = 0.15$) than non-survivors. Increased requirement for vasoactive agents was associated with mortality at all time points. Among those requiring vasoactive agents, survivors had higher MAPs than non-survivors at 1 h (97 vs. 82 mmHg, $p = <0.0001$) and 6 h (94 vs 87 mmHg, $p = 0.05$). CONCLUSIONS: Higher MAPs are associated with better outcomes in PCAS patients undergoing TH. Vasoactive agent requirement is associated with poor outcomes. Further prospective studies with specific MAP goals and hemodynamic optimization algorithms need to be performed.

TÍTULO / TITLE: - Can We Predict Plan Quality for External Beam Partial Breast Irradiation: Results of a Multicenter Feasibility Study (Trans Tasman Radiation Oncology Group Study 06.02).

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Sep 21. pii: S0360-3016(13)02908-8. doi: 10.1016/j.ijrobp.2013.07.036.

●● Enlace al texto completo (gratis o de pago) 1016/j.ijrobp.2013.07.036

AUTORES / AUTHORS: - Kron T; Willis D; Link E; Lehman M; Campbell G; O'Brien P; Chua B

INSTITUCIÓN / INSTITUTION: - Peter MacCallum Cancer Centre, Departments of Radiation Oncology, Physical Sciences and Radiation Therapy, Melbourne, Victoria, Australia; Sir Peter MacCallum Department of Oncology, University of Melbourne, Melbourne, Victoria, Australia; School of Science, Engineering and Technology, Royal Melbourne Institute of Technology University, Melbourne, Victoria, Australia. Electronic address: Tomas.Kron@petermac.org.

RESUMEN / SUMMARY: - PURPOSE: Partial breast irradiation (PBI) after lumpectomy may be an option for selected patients with early breast cancer. A feasibility study of accelerated PBI delivered using external beam 3-dimensional conformal radiation therapy (RT) was undertaken at 8 Australasian centers. The present study evaluated the impact of patient, tumor, and RT technique-related factors on the quality of RT plans as determined by the dose-volume parameters of organs at risk. METHODS AND MATERIALS: Forty-eight patients were enrolled in the study. All RT plans were centrally

reviewed using predefined dosimetric criteria before commencement and after completion of protocol therapy. The RT plans of 47 patients met the dose-volume constraints, and all 47 patients received PBI to a prescribed dose of 38.5 Gy in 10 fractions. The RT plan quality was determined by volumes of the ipsilateral whole breast, lung, and heart that received 50% and 95%; 30%; and 5% of the prescribed dose, respectively. Patient, tumor, and RT technique-related factors were investigated for association with the parameters of RT plan quality. RESULTS: The ratio of the planning target volume to the ipsilateral whole-breast volume was significantly associated with the ipsilateral breast doses on multiple variable analyses. The distance of the postlumpectomy surgical cavity from the heart and lung were predictive for heart and lung doses, respectively. A distance between surgical cavity and heart of >4 cm typically resulted in <1% of the heart volume receiving 5 Gy or less. It was more difficult to meet the heart dose constraint for left-sided and medially located tumors. CONCLUSIONS: Partial breast irradiation using 3-dimensional conformal RT was feasible within the study constraints. The ratio of planning target volume to ipsilateral whole-breast volume and the distance of surgical cavity from the heart were significant predictors of the quality of treatment plan for external beam PBI.

TÍTULO / TITLE: - Targeting Protein Kinase CK2 Suppresses Pro-survival Signaling Pathways and Growth of Glioblastoma.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Sep 13.

●● Enlace al texto completo (gratis o de pago) [1158/1078-0432.CCR-13-0265](#)

AUTORES / AUTHORS: - Zheng Y; McFarland BC; Drygin D; Yu H; Bellis SL; Kim H; Bredel M; Benveniste EN

INSTITUCIÓN / INSTITUTION: - Department of Cell, Developmental and Integrative Biology, University of Alabama at Birmingham.

RESUMEN / SUMMARY: - PURPOSE: Gliomas are the most frequently occurring primary malignancies in the brain, and glioblastoma (GBM) is the most aggressive of these tumors. Protein kinase CK2 is composed of two catalytic subunits (alpha and/or alpha') and two beta regulatory subunits. CK2 suppresses apoptosis, promotes neo-angiogenesis, and enhances activation of the JAK/STAT, NF-kappaB, PI3K/AKT, Hsp90, Wnt and Hedgehog pathways. Aberrant activation of the NF-kappaB, PI3K/AKT and JAK/STAT-3 pathways is implicated in GBM progression. Since CK2 is involved in their activation, the expression and function of CK2 in GBM was evaluated. Experimental Design and RESULTS: Analysis of 537 GBMs from The Cancer Genome Atlas Project demonstrates the CSNK2A1 gene, encoding CK2alpha, has gene dosage gains in GBM (33.7%), and is significantly associated with the classical GBM subtype. Inhibition of CK2 activity by CX-4945, a selective CK2 inhibitor, or CK2 knockdown by siRNA suppresses activation of the JAK/STAT, NF-kappaB and AKT pathways and downstream

gene expression in human GBM xenografts. On a functional level, CX-4945 treatment decreases the adhesion and migration of GBM cells, in part through inhibition of integrin beta1 and alpha4 expression. In vivo, CX-4945 inhibits activation of STAT-3, NF-kappaB p65 and AKT, and promotes survival of mice with intracranial human GBM xenografts. CONCLUSIONS: CK2 inhibitors may be considered for treatment of patients with GBM.

TÍTULO / TITLE: - Efflorescence of scalp cysts during vemurafenib treatment following brain radiation therapy: a radiation recall dermatitis?

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

REVISTA / JOURNAL: - Eur J Dermatol. 2013 Aug 1;23(4):544-5. doi: 10.1684/ejd.2013.2108.

●● Enlace al texto completo (gratis o de pago) [1684/ejd.2013.2108](#)

AUTORES / AUTHORS: - Reigneau M; Granel-Brocard F; Geoffrois L; Bauman AS; Trechot P; Barbaud A; Schmutz JL

INSTITUCIÓN / INSTITUTION: - Department of Dermatology.

TÍTULO / TITLE: - Sphingosine kinase A is a pleiotropic and essential enzyme for Leishmania survival and virulence.

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

REVISTA / JOURNAL: - Mol Microbiol. 2013 Aug 28. doi: 10.1111/mmi.12378.

●● Enlace al texto completo (gratis o de pago) [1111/mmi.12378](#)

AUTORES / AUTHORS: - Zhang O; Hsu FF; Xu W; Pawlowic M; Zhang K

INSTITUCIÓN / INSTITUTION: - Department of Biological Sciences, Texas Tech University, Lubbock, TX 79409, USA.

RESUMEN / SUMMARY: - Sphingosine kinase is a key enzyme in sphingolipid metabolism, catalyzing the conversion of sphingosine or dihydrosphingosine into sphingosine-1-phosphate or dihydrosphingosine-1-phosphate, respectively. In mammals, sphingosine-1-phosphate is a powerful signaling molecule regulating cell growth, differentiation, apoptosis, and immunity. Functions of sphingosine kinase or sphingosine-1-phosphate in pathogenic protozoans are virtually unknown. While most organisms possess two closely-related sphingosine kinases, only one sphingosine kinase homolog (SKa) can be identified in Leishmania, which are vector-borne protozoan parasites responsible for leishmaniasis. Leishmania SKa is a large, cytoplasmic enzyme capable of phosphorylating both sphingosine and dihydrosphingosine. Remarkably, deletion of SKa leads to catastrophic defects in both the insect stage and mammalian stage of Leishmania parasites. Genetic and biochemical analyses demonstrate that proper expression of SKa is essential for Leishmania parasites to remove toxic metabolites, to survive stressful conditions, and

to cause disease in mice. Therefore, SKa is a pleiotropic enzyme with vital roles throughout the life cycle of Leishmania. The essentiality of SKa and its apparent divergence from mammalian counterparts suggests that this enzyme can be selectively targeted to reduce Leishmania infection.

TÍTULO / TITLE: - Pediatric chest computed tomography at a radiation dose approaching a chest radiograph.

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

REVISTA / JOURNAL: - Am J Respir Crit Care Med. 2013 Sep 1;188(5):626-7. doi: 10.1164/rccm.201303-0518LE.

●● Enlace al texto completo (gratis o de pago) [1164/rccm.201303-0518LE](#)

AUTORES / AUTHORS: - Willemink MJ; de Jong PA

INSTITUCIÓN / INSTITUTION: - 1 University Medical Center Utrecht Utrecht, The Netherlands.

TÍTULO / TITLE: - Radionuclide-guided biopsy of bone lesions in cancer patients; a reliable, well-tolerated technique.

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

REVISTA / JOURNAL: - Eur J Surg Oncol. 2013 Aug 6. pii: S0748-7983(13)00548-9. doi: 10.1016/j.ejso.2013.07.086.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejso.2013.07.086](#)

AUTORES / AUTHORS: - von Meyenfeldt EM; Siebenga J; van der Pol HA; Schreurs WM; Hulsewe KW

INSTITUCIÓN / INSTITUTION: - Atrium Medical Centre, Department of Surgery, PO Box 4446, 6401CX Heerlen, The Netherlands. Electronic address: emvonm@gmail.com.

RESUMEN / SUMMARY: - OBJECTIVES: In follow up or primary analysis of malignant disease, use of nuclear medicine imaging techniques is increasing. The lesions, detected by these modalities, do not always present with a matching radiological abnormality suitable for radiological biopsy. A method to confirm, or rule out, metastatic disease in these cases is radionuclide-guided surgical biopsy. PATIENTS AND METHODS: The technique consists of injecting a Technetium-99m labelled diphosphonate, performing a bone scan and marking the lesion; under general anaesthetic a surgical biopsy is taken through a small incision guided by a gamma-probe. We evaluated the combined experience of two teaching hospitals, by conducting retrospective chart review, over a period of 5.5 years. Sixty-nine procedures with 79 biopsies were performed. The patients previously had breast cancer in 42%, lung cancer in 32%, both gastrointestinal and urological malignancies in 13%, miscellaneous or unknown origin were reported in 9%. In 68% a rib biopsy was taken, in 15% a pelvis biopsy and in 11% a sternum or clavicle biopsy. RESULTS: In

46.8% metastatic disease was confirmed and in 2.6% a new malignancy (M Kahler) was identified. During a median clinical follow up period of 31 months (1-70), 1 initially negative biopsy site was found to contain a metastasis. Apart from local pain in 3% of cases, no complications were mentioned. CONCLUSION: In conclusion we can state that, in this retrospective series, radionuclide-guided bone biopsy is a reliable, well-tolerated technique to determine the diagnosis of these lesions with a sensitivity of 97% and specificity of 100%.

TÍTULO / TITLE: - A study of embryonic stem cell-related proteins in human astrocytomas: Identification of Nanog as a predictor of survival.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Aug 19. doi: 10.1002/ijc.28441.

●● Enlace al texto completo (gratis o de pago) [1002/ijc.28441](#)

AUTORES / AUTHORS: - Elsir T; Edqvist PH; Carlson J; Ribom D; Bergqvist M; Ekman S; Popova SN; Alafuzoff I; Ponten F; Nister M; Smits A

INSTITUCIÓN / INSTITUTION: - Department of Neuroscience, Neurology, Uppsala University, University Hospital, S-751 85 Uppsala; Karolinska Institutet, Department of Oncology-Pathology, CCK R8:05, Karolinska University Hospital, S-17176 Stockholm, Sweden.

RESUMEN / SUMMARY: - Recent studies suggest that the regulatory networks controlling the functions of stem cells during development may be abnormally active in human cancers. An embryonic stem cell (ESC) gene signature was found to correlate with a more undifferentiated phenotype of several human cancer types including gliomas, and associated with poor prognosis in breast cancer. In the present study, we used tissue microarrays of 80 low-grade (WHO grade II) and 98 high-grade human gliomas (WHO grade III and IV) to investigate the presence of the ESC-related proteins Nanog, Klf4, Oct4, Sox2 and c-Myc by immunohistochemistry. While similar patterns of co-expressed proteins between low- and high-grade gliomas were present, we found up-regulated protein levels of Nanog, Klf4, Oct4 and Sox2 in high-grade gliomas. Survival analysis by Kaplan-Meier analysis revealed a significant shorter survival in the subgroups of low-grade astrocytomas (n=42) with high levels of Nanog protein (p=0.0067) and of Klf4 protein (p=0.0368), in high-grade astrocytomas (n=85) with high levels of Nanog (p=0.0042), Klf4 (p=0.0447), and c-Myc (p=0.0078) and in glioblastomas only (n=71) with high levels of Nanog (p=0.0422) and of c-Myc (p=0.0256). In the multivariate model, Nanog was identified as an independent prognostic factor in the subgroups of low-grade astrocytomas (p=0.0039), high-grade astrocytomas (p=0.0124) and glioblastomas only (p=0.0544), together with established clinical variables in these tumors. These findings provide further evidence for the joint regulatory pathways of ESC-related proteins in gliomas and identify Nanog as one of

the key players in determining clinical outcome of human astrocytomas. © 2013 Wiley Periodicals, Inc.

TÍTULO / TITLE: - ER stress suppresses DNA double-strand break repair and sensitizes tumor cells to ionizing radiation by stimulating proteasomal degradation of Rad51.

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

REVISTA / JOURNAL: - FEBS Lett. 2013 Oct 11;587(20):3348-53. doi: 10.1016/j.febslet.2013.08.030. Epub 2013 Sep 7.

●● Enlace al texto completo (gratis o de pago) 1016/j.febslet.2013.08.030

AUTORES / AUTHORS: - Yamamori T; Meike S; Nagane M; Yasui H; Inanami O

INSTITUCIÓN / INSTITUTION: - Laboratory of Radiation Biology, Department of Environmental Veterinary Sciences, Graduate School of Veterinary Medicine, Hokkaido University, Sapporo 060-0818, Japan.

RESUMEN / SUMMARY: - In this study, we provide evidence that endoplasmic reticulum (ER) stress suppresses DNA double-strand break (DSB) repair and increases radiosensitivity of tumor cells by altering Rad51 levels. We show that the ER stress inducer tunicamycin stimulates selective degradation of Rad51 via the 26S proteasome, impairing DSB repair and enhancing radiosensitivity in human lung cancer A549 cells. We also found that glucose deprivation, which is a physiological inducer of ER stress, triggered similar events. These findings suggest that ER stress caused by the intratumoral environment influences tumor radiosensitivity, and that it has potential as a novel target to improve cancer radiotherapy.

TÍTULO / TITLE: - Quality of Life in Patients with Low-Risk Prostate Cancer. A Comparative Retrospective Study: Brachytherapy Versus Robot-Assisted Laparoscopic Prostatectomy Versus Active Surveillance.

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

REVISTA / JOURNAL: - J Endourol. 2013 Sep 27.

●● Enlace al texto completo (gratis o de pago) 1089/end.2013.0349

AUTORES / AUTHORS: - Acar C; Schoffeleers CC; Tillier C; de Blok W; van Muilekom E; van der Poel HG

INSTITUCIÓN / INSTITUTION: - 1 Nederlands Cancer Institute-Antoni van Leeuwenhoek Hospital, Amsterdam, The Netherlands.

RESUMEN / SUMMARY: - Abstract Purpose: To investigate the quality of life (QoL) after different treatment modalities for low-risk prostate cancer, including brachytherapy, robot-assisted laparoscopic prostatectomy (RALP), and active surveillance (AS) with validated questionnaires. Materials and Methods: From a prospective database, we selected a total of 144 men with low-grade localized prostate cancer including 65 (45.1%) patients with RALP, 29 (20.2%) with brachytherapy, and 50 (34.7%) whose

cancer was managed with AS. QoL was routinely evaluated with validated questionnaires: The European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Core 30 (EORTC-QLQ-C30), EORTC-QLQ-Prostate Module (PR)25, International Index of Erectile Function (IIEF)-15, International Consultation on Incontinence Questionnaire Short Form (ICIQ-SF) with a minimum follow-up of 1 year. Results: In comparison with baseline scores, the brachytherapy group showed a significant decrease of QoL domain scores of voiding complaints ($P=0.010$), use of incontinence aids ($P=0.011$), sexual functioning domain ($P=0.011$), and erectile function ($P\leq 0.001$). In the RALP group, sexual function ($P\leq 0.001$), incontinence ($P\leq 0.001$), and erectile function were significantly affected. A decrease in sexual function was observed in 71% of men after RALP and 59% after brachytherapy. In 30% of men under AS, a decrease of erectile function score during follow-up was reported. Overall, no significant decrease in general QoL was observed neither for men under AS nor for men treated by brachytherapy or RALP. Clinical factors such as age, prostate size, prostate-specific antigen level, and nerve preservation during RALP were nonpredictive of overall QoL after treatment for the individual patient ($P=0.676$). Conclusion: Patients with low-risk prostate cancer who are treated with brachytherapy or RALP report deterioration of QoL of specific domains such as voiding, continence, and sexual functioning in comparison with AS patients. A decrease of erectile function was also observed during AS. Overall QoL was similar for all three treatments options.

TÍTULO / TITLE: - Stochasticity effects in quantum radiation reaction.

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

REVISTA / JOURNAL: - Phys Rev Lett. 2013 Aug 2;111(5):054802. Epub 2013 Aug 2.

AUTORES / AUTHORS: - Neitz N; Di Piazza A

INSTITUCIÓN / INSTITUTION: - Max-Planck-Institut für Kernphysik, Saupfercheckweg 1, D-69117 Heidelberg, Germany.

RESUMEN / SUMMARY: - When an ultrarelativistic electron beam collides with a sufficiently intense laser pulse, radiation-reaction effects can strongly alter the beam dynamics. In the realm of classical electrodynamics, radiation reaction has a beneficial effect on the electron beam as it tends to reduce its energy spread. Here we show that when quantum effects become important, radiation reaction induces the opposite effect; i.e., the energy distribution of the electron beam spreads out after interacting with the laser pulse. We identify the physical origin of this opposite tendency in the intrinsic stochasticity of photon emission, which becomes substantial in the quantum regime. Our numerical simulations indicate that the predicted effects of the stochasticity can be measured already with presently available lasers and electron accelerators.

TÍTULO / TITLE: - Dependence of the radiation pressure on the background refractive index.

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

REVISTA / JOURNAL: - Phys Rev Lett. 2013 Jul 26;111(4):043602. Epub 2013 Jul 23.

AUTORES / AUTHORS: - Webb KJ

INSTITUCIÓN / INSTITUTION: - School of Electrical and Computer Engineering, Purdue University, 465 Northwestern Avenue, West Lafayette, Indiana 47907, USA.

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RESUMEN / SUMMARY: - The 1978 experiments by Jones and Leslie showing that the radiation pressure on a mirror depends on the background medium refractive index have yet to be adequately explained using a force model and have provided a leading challenge to the Abraham form of the electromagnetic momentum. Those experimental results are predicted for the first time using a force representation that incorporates the Abraham momentum by utilizing the power calibration method employed in the Jones and Leslie experiments. With an extension of the same procedure, the polarization and angle independence of the experimental data are also explained by this model. Prospects are good for this general form of the electromagnetic force density to be effective in predicting other experiments with macroscopic materials. Furthermore, the rigorous representation of material dispersion makes the representation important for metamaterials that operate in the vicinity of homogenized material resonances.

TÍTULO / TITLE: - First observation of photons carrying orbital angular momentum in undulator radiation.

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

REVISTA / JOURNAL: - Phys Rev Lett. 2013 Jul 19;111(3):034801. Epub 2013 Jul 15.

AUTORES / AUTHORS: - Bahrtdt J; Holldack K; Kuske P; Muller R; Scheer M; Schmid P

INSTITUCIÓN / INSTITUTION: - Helmholtz-Zentrum Berlin, Albert-Einstein-Strasse 15, 12489 Berlin, Germany.

RESUMEN / SUMMARY: - Photon beams of 99 eV energy carrying orbital angular momentum (OAM) have been observed in the 2nd harmonic off-axis radiation of a helical undulator at the 3rd generation synchrotron radiation light source BESSY II. For detection, the OAM carrying photon beam was superimposed with a reference beam without OAM. The interference pattern, a spiral intensity distribution, was recorded in a plane perpendicular to the propagation direction. The orientation of the observed spiral structure is related to the helicity of the undulator radiation. Excellent agreement between measurements and simulations has been found.

TÍTULO / TITLE: - Spin controlled optical radiation pressure.

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

REVISTA / JOURNAL: - Phys Rev Lett. 2013 Jul 19;111(3):033605. Epub 2013 Jul 17.

AUTORES / AUTHORS: - Tkachenko G; Brasselet E

INSTITUCIÓN / INSTITUTION: - Universite Bordeaux, Laboratoire Ondes et Matière d'Aquitaine, UMR 5798, F-33400 Talence, France.

RESUMEN / SUMMARY: - We report on the full control of the optical radiation pressure at fixed photon flux and incident angle by the photon spin. This is done by using transparent chiral liquid crystal droplets that enable a strong coupling between the linear and angular degrees of freedom of a light field. From these results, we anticipate optical sorting of particles with different chirality as well as novel optical trapping and micromanipulation strategies.

TÍTULO / TITLE: - Quantum-coherence-enhanced surface plasmon amplification by stimulated emission of radiation.

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

REVISTA / JOURNAL: - Phys Rev Lett. 2013 Jul 26;111(4):043601. Epub 2013 Jul 23.

AUTORES / AUTHORS: - Dorfman KE; Jha PK; Voronine DV; Genevet P; Capasso F; Scully MO

INSTITUCIÓN / INSTITUTION: - Texas A&M University, College Station, Texas 77843, USA.

kdorfman@uci.edu

RESUMEN / SUMMARY: - We investigate surface plasmon amplification in a silver nanoparticle coupled to an externally driven three-level gain medium and show that quantum coherence significantly enhances the generation of surface plasmons. Surface plasmon amplification by stimulated emission of radiation is achieved in the absence of population inversion on the spasing transition, which reduces the pump requirements. The coherent drive allows us to control the dynamics and holds promise for quantum control of nanoplasmonic devices.

TÍTULO / TITLE: - Universality, maximum radiation, and absorption in high-energy collisions of black holes with spin.

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

REVISTA / JOURNAL: - Phys Rev Lett. 2013 Jul 26;111(4):041101. Epub 2013 Jul 23.

AUTORES / AUTHORS: - Sperhake U; Berti E; Cardoso V; Pretorius F

INSTITUCIÓN / INSTITUTION: - Department of Applied Mathematics and Theoretical Physics, Centre for Mathematical Sciences, University of Cambridge, Wilberforce Road, Cambridge CB3 0WA, United Kingdom.

RESUMEN / SUMMARY: - We explore the impact of black hole spins on the dynamics of high-energy black hole collisions. We report results from numerical simulations with gamma factors up to 2.49 and dimensionless spin parameter $\chi = +0.85, +0.6, 0, -0.6, -$

0.85. We find that the scattering threshold becomes independent of spin at large center-of-mass energies, confirming previous conjectures that structure does not matter in ultrarelativistic collisions. It has further been argued that in this limit all of the kinetic energy of the system may be radiated by fine tuning the impact parameter to threshold. On the contrary, we find that only about 60% of the kinetic energy is radiated for $\gamma=2.49$. By monitoring apparent horizons before and after scattering events we show that the “missing energy” is absorbed by the individual black holes in the encounter, and moreover the individual black-hole spins change significantly. We support this conclusion with perturbative calculations. An extrapolation of our results to the limit $\gamma \rightarrow \infty$ suggests that about half of the center-of-mass energy of the system can be emitted in gravitational radiation, while the rest must be converted into rest-mass and spin energy.

TÍTULO / TITLE: - Autoinhibition and signalling by the switch II motif in the G-protein chaperone of a radical B12 enzyme.

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

REVISTA / JOURNAL: - J Biol Chem. 2013 Aug 30.

●● Enlace al texto completo (gratis o de pago) [1074/jbc.M113.499970](https://doi.org/10.1074/jbc.M113.499970)

AUTORES / AUTHORS: - Lofgren M; Koutmos M; Banerjee R

INSTITUCIÓN / INSTITUTION: - University of Michigan, United States;

RESUMEN / SUMMARY: - MeaB is an accessory GTPase protein involved in the assembly, protection and reactivation of 5'-deoxyadenosylcobalamin-dependent methyl malonyl-CoA mutase (MCM). Mutations in the human ortholog of MeaB result in methylmalonic aciduria, an inborn error of metabolism. G-proteins typically utilize conserved switch I and II motifs for signaling to effector proteins via conformational changes elicited by nucleotide-binding and hydrolysis. Our recent discovery that MeaB employs an unusual switch III region for bidirectional signaling with MCM raised questions about the roles of the switch I and II motifs in MeaB. In this study, we have addressed the functions of conserved switch II residues by performing alanine-scanning mutagenesis. Our results demonstrate that the GTPase activity of MeaB is auto-inhibited by switch II and that this loop is important for coupling nucleotide-sensitive conformational changes in switch III to elicit the multiple chaperone functions of MeaB. Furthermore, we report the structure of MeaB-GDP crystallized in the presence of AlFx in order to form the putative transition state analog, GDP-AlF4-. The resulting crystal structure and its comparison to related G-proteins supports the conclusion that the catalytic site of MeaB is incomplete in the absence of the GTPase-activating protein, MCM, and therefore unable to stabilize the transition state analog. Favoring an inactive conformation in the absence of the client MCM protein might represent a strategy for suppressing the intrinsic GTPase activity of MeaB in which the switch II loop plays an important role.

TÍTULO / TITLE: - Comparisons of late vaginal mucosal reactions between interstitial and conventional intracavitary brachytherapy in patients with gynecological cancer: speculation on the relation between pallor reaction and stenosis.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Sep;33(9):3963-8.

AUTORES / AUTHORS: - Yoshida K; Yamazaki H; Nakamura S; Masui K; Kotsuma T; Baek SJ; Akiyama H; Tanaka E; Yoshioka Y

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Kyoto Prefectural University of Medicine, 465 Kajicho Kawaramachi Hirokoji, Kamigyo-ku, Kyoto 602-8566 Japan.

hideya10@hotmail.com.

RESUMEN / SUMMARY: - Background/Aim: To examine late vaginal mucosal reactions in patients following interstitial brachytherapy (ISBT) compared with that of intracavitary brachytherapy (ICBT). PATIENTS AND METHODS: We introduced a modified Dische score to examine late reactions in vaginal mucosa of patients with gynecological cancer who underwent vaginal brachytherapy at 6, 12, 18, 24, 36, and 60 months after treatment. A comparison was made between patients who underwent ISBT (n=37) and those under conventional ICBT (n=63) with a median follow-up time of 41 months. The ICBT group included only patients with newly diagnosed cervical cancer, whereas the ISBT group included 17 patients with recurrent and 20 with newly-diagnosed cancer. RESULTS: Grade 1 reactions of bleeding and discharge were exhibited by <12% of patients. Erythema was detected in approximately 30% (mainly grade 1) of the patients. A total of two (3%) patients developed superficial ulceration after ICBT, whereas three (8%) grade 1 ulcers were detected in patients after ISBT. Telangiectasias were detected in approximately 70% (60% grade 1 and 10% grade 2) of patients. No statistically significant difference was found between the patients after ISBT and ICBT. After ISBT, patients have a higher stenosis rate than after ICBT (p=0.003). The pallor scores showed a strong correlation with stenosis (p<0.0001) and were higher in patients after ICBT than in patients after ISBT (p=0.006). CONCLUSION: After ISBT, patients exhibited milder but similar late mucosal reactions compared to those after ICBT, except the fact that the stenosis was more severe and the pallor reaction was milder in these patients. It can be, therefore, concluded that the pallor reaction is related to stenosis.

TÍTULO / TITLE: - Analytic and Clinical Validation of a Prostate Cancer-Enhanced Messenger RNA Detection Assay in Whole Blood as a Prognostic Biomarker for Survival.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Jul 26. pii: S0302-2838(13)00721-5. doi: 10.1016/j.eururo.2013.07.006.

●● Enlace al texto completo (gratis o de pago) 1016/j.eururo.2013.07.006

AUTORES / AUTHORS: - Danila DC; Anand A; Schultz N; Heller G; Wan M; Sung CC; Dai C; Khanin R; Fleisher M; Lilja H; Scher HI

INSTITUCIÓN / INSTITUTION: - Genitourinary Oncology Service, Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York, NY, USA; Department of Medicine, Weill Cornell Medical College, New York, NY, USA.

RESUMEN / SUMMARY: - BACKGROUND: Biomarkers based on detecting prostate cancer (PCa)-specific transcripts in blood are associated with inferior outcomes, but their validation in a clinical context is lacking. OBJECTIVE: To determine whether detecting enhanced transcripts for PCa in whole blood using an analytically valid assay has prognostic significance relative to circulating tumor cell (CTC) enumeration. DESIGN, SETTING, AND PARTICIPANTS: The detection of KLK3, KLK2, HOXB13, GRHL2, and FOXA1 in whole blood by reverse transcription polymerase chain reaction (RT-PCR) was studied in 97 men with metastatic castration-resistant PCa (mCRPC) as a prognostic factor for overall survival. INTERVENTION: The 2.5ml of blood was collected in PAXgene tubes for total RNA extraction and 7.5ml for CTC enumeration from patients with progressive mCRPC. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: PCa-enriched genes were detected using a sensitive RT-PCR assay in whole blood from patients with mCRPC. Analytical validity of the assay was established in a clinical laboratory environment. The frequency of detecting transcripts was compared to CTC enumeration using CellSearch in an independent data set and survival associations were explored by concordance probability estimate (CPE). RESULTS AND LIMITATIONS: Two or more genes were detected by PCR in 53% of patients (51 of 97; 95% confidence interval [CI], 43-63%), and unfavorable CTC counts (five or more cells) were seen in 46% (45 of 97; 95% CI, 36-56%). Importantly, transcripts were detectable in 11 of 52 patients with favorable CTC counts (21%; 95% CI, 8-35%). Transcript detection predicted overall survival in a proportional hazards model. Significantly, the predictive accuracy of RT-PCR detection in combination with CTC enumeration had a CPE of 0.752 (standard error: 0.038), although this was limited by the number of patients evaluated. CONCLUSIONS: This validated RT-PCR assay detecting prostate-specific RNA in whole blood is prognostic for survival and may assess patient risk in tandem with CellSearch CTC enumeration. Its clinical utility is being prospectively explored.

TÍTULO / TITLE: - The Integration of Multimodality Care for the Treatment of Small Cell Lung Cancer in a Rural Population and Its Impact on Survival.

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

REVISTA / JOURNAL: - Am J Clin Oncol. 2013 Sep 21.

- Enlace al texto completo (gratis o de pago)

[1097/COC.0b013e3182a5346d](https://doi.org/10.1097/COC.0b013e3182a5346d)

AUTORES / AUTHORS: - Lee K; Kloecker G; Pan J; Rai S; Dunlap NE

INSTITUCIÓN / INSTITUTION: - Departments of *Radiation Oncology and Medical Oncology, Biostatistics Shared Facility, James Graham Brown Cancer Center, University of Louisville, Louisville, KY.

RESUMEN / SUMMARY: - **OBJECTIVES:** Many factors and disparities contribute to the multidisciplinary management of small cell lung cancer (SCLC). Our objective was to conduct a cancer registry analysis of patients with SCLC in Kentucky to identify factors affecting treatment choice and mortality. **METHODS:** Database collection was done through the Kentucky Cancer Registry, which is part of the Surveillance, Epidemiology, and End Results program. Patients diagnosed between 1995 and 2008, diagnosed with SCLC, and AJCC stage I through IV were included. Statistical analyses were performed to identify variables affecting initial treatment choice and survival. **RESULTS:** Analysis evaluated 4814 patients from the Kentucky Cancer Registry. For extensive stage, age ($P < 0.001$) and urban versus rural county ($P = 0.03$) were significantly associated with the type of treatment received. Age was the only variable impacting treatment choice in limited-stage patients. Limited stage patients were more likely to receive chemotherapy and radiation (chemoRT; 54.6% vs. 46.5%). On multivariate analysis, for extensive stage patients, age at diagnosis, male sex, and treatments other than chemoRT were variables associated for increased risk of death. In limited stage patients, increasing age, and treatments other than chemoRT were variables associated with increased risk of death. Survival was significantly improved in both limited stage and extensive stage patients that received chemoRT compared with chemotherapy only, radiation only, or no treatment. **CONCLUSIONS:** Treatment with chemoRT was associated with improved survival in patients with limited and extensive stage SCLC. In these patients, socioeconomic, racial, or geographic factors did not impact the type of treatment received or survival.

TÍTULO / TITLE: - STMN-1 Gene: A Predictor of Survival in Stage IIA Esophageal Squamous Cell Carcinoma After Ivor-Lewis Esophagectomy?

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Aug 22.

- Enlace al texto completo (gratis o de pago) [1245/s10434-013-3215-z](https://doi.org/10.1245/s10434-013-3215-z)

AUTORES / AUTHORS: - Akhtar J; Wang Z; Yu C; Zhang ZP; Bi MM

INSTITUCIÓN / INSTITUTION: - Department of Thoracic Surgery, Provincial Hospital Affiliated to Shandong University, Shandong, China.

RESUMEN / SUMMARY: - **BACKGROUND:** Prognosis of esophageal squamous cell carcinoma (ESCC) is stage-specific; however, some patients with the same stage have different survival outcomes. Clinically, it is significant to explore the biological marker

to predict patient's outcome. We investigated the association between the stathmin1 gene (STMN-1) expression and the prognosis of patients who underwent Ivor-Lewis esophagectomy. METHODS: A total of 162 patients who suffered from midthoracic stage IIA ESCC and completely resected with Ivor-Lewis esophagectomy were studied for STMN-1 expression by qRT-PCR in fresh-frozen tissue and validated by immunohistochemistry in matched formalin fixed-paraffin embedded tissue samples. STMN-1 level was evaluated as a prognostic factor in ESCC. SPSS 21.0 software was used to analyze the relationship between STMN-1 expression and clinicopathological characteristics and survival probability. RESULTS: The overall 3- and 5-year survival was 72.20 and 42.00 % respectively. Ninety-four patients (58.02 %) experienced disease recurrence with a disease-free interval of 21.50 +/- 1.20 months. qRT-PCR result showed that STMN-1 mRNA level in patients who were alive at the end of follow-up was lower compared with patients who died during the follow-up period ($p < 0.05$). Immunohistochemical results showed that 94 patients had STMN-1 protein overexpression (58.02 %), patient with STMN-1 overexpression had worse survival compared with patients who had low STMN-1 expression ($p = 0.00$). Cox regression analysis revealed that STMN-1 protein expression and T classification are independent prognostic factors. CONCLUSIONS: Even localized ESCC are potential to relapse with poor prognosis. This study demonstrates that STMN-1 level is an independent prognostic factor after Ivor-Lewis esophagectomy. In addition, assessment of STMN-1 level could improve stratification of stage IIA ESCC patients.

TÍTULO / TITLE: - Cancer care in the US needs a radical overhaul, says Institute of Medicine.

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

REVISTA / JOURNAL: - BMJ. 2013 Sep 12;347:f5569. doi: 10.1136/bmj.f5569.

AUTORES / AUTHORS: - McCarthy M

INSTITUCIÓN / INSTITUTION: - Seattle.

TÍTULO / TITLE: - Impact of Preoperative Anemia on Oncological Outcomes of Upper Tract Urothelial Carcinoma Treated with Radical Nephroureterectomy.

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

REVISTA / JOURNAL: - J Urol. 2013 Sep 11. pii: S0022-5347(13)05367-6. doi: 10.1016/j.juro.2013.09.010.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.09.010

AUTORES / AUTHORS: - Rink M; Sharifi N; Fritsche HM; Aziz A; Miller F; Kluth LA; Ngamsri T; Dahlem R; Chun FK; Shariat SF; Stenzl A; Fisch M; Gakis G

INSTITUCIÓN / INSTITUTION: - Department of Urology, University Medical Center Hamburg-Eppendorf, Hamburg, Germany. Electronic address: mrink@uke.de.

RESUMEN / SUMMARY: - PURPOSE: To evaluate the impact of preoperative anemia on oncological outcomes of upper tract urothelial carcinoma (UTUC) patients treated with radical nephroureterectomy (RNU). MATERIAL AND METHODS: 282 UTUC patients underwent RNU. Preoperatively measured hemoglobin values were stratified into normal and anemic based on the WHO classification (anemia: male ≤ 13 g/dL, female ≤ 12 g/dL). A sensitivity analysis based on contemporary anemia classifications adjusted for the impact of age, gender and race (anemia: white male aged < 60 yrs: ≤ 13.7 g/dL; ≥ 60 yrs: ≤ 13.2 g/dL; white female of all ages ≤ 12.2 g/dL). Uni- and multivariable Cox regression analyses assessed the effects of anemia on oncological outcomes. RESULTS: The median preoperative hemoglobin level was 13.2g/dL (IQR: 11.7;14.3). In total, 112 (39.7%) were anemic according to the WHO classification vs. 129 (45.7%) according to the contemporary classification. Anemia was associated with lymph node metastasis, lymphovascular invasion, sessile tumor architecture, tumor necrosis, advanced age and a higher ECOG performance score in either one or both definitions (p-values ≤ 0.044). At a median follow-up of 30 months, anemia was associated with decreased recurrence-free (p-values ≤ 0.008) and cancer-specific survival (p-values < 0.001) in Kaplan-Meier analyses. In multivariable analyses that adjusted for standard clinico-pathologic factors, anemia remained an independent predictor for both disease recurrence (HRs (95%CI): 1.76 (1.17-2.63) WHO and 1.89 (1.26-2.86) contemporary classification) and cancer-specific mortality (HR (95%CI): 1.88 (1.15-3.08) WHO and 2.04 (1.21-3.45) contemporary classification). CONCLUSIONS: Preoperative anemia is an independent predictor for disease recurrence and cancer-specific mortality and is associated with aggressive tumor features in UTUC patients treated with RNU. Hemoglobin levels represent a promising marker for patient counseling and risk stratification for additional treatment decision-making.

TÍTULO / TITLE: - Optimal Definition of Biochemical Recurrence After Radical Prostatectomy Depends on Pathologic Risk Factors: Identifying Candidates for Early Salvage Therapy.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Aug 20. pii: S0302-2838(13)00850-6. doi: 10.1016/j.eururo.2013.08.022.

●● Enlace al texto completo (gratis o de pago) [1016/j.eururo.2013.08.022](https://doi.org/10.1016/j.eururo.2013.08.022)

AUTORES / AUTHORS: - Mir MC; Li J; Klink JC; Kattan MW; Klein EA; Stephenson AJ

INSTITUCIÓN / INSTITUTION: - Glickman Urological and Kidney Institute, Cleveland Clinic, Cleveland, OH, USA.

RESUMEN / SUMMARY: - BACKGROUND: The use of prostate-specific antigen (PSA) thresholds (< 0.2 ng/ml) below currently accepted biochemical recurrence (BCR) definitions for patients treated with radical prostatectomy may be useful in the

identification of candidates for early salvage therapy with improved outcome; however, the practice risks overtreatment, as the risk of subsequent PSA progression may be low. **OBJECTIVE:** To analyze 14 BCR definitions for their association with subsequent PSA and treatment progression among subgroups of patients at varying risk of prostate cancer-specific mortality. **DESIGN, SETTING, AND PARTICIPANTS:** The subsequent risk of PSA and treatment progression after BCR based on 14 BCR definitions (six standard definitions and eight definitions requiring one or more successive PSA rises ≤ 0.1 ng/ml) was analyzed according to various clinicopathologic risk criteria among 2348 patients with a detectable PSA ≥ 0.03 ng/ml at least 6 wk after radical prostatectomy. **INTERVENTION:** Radical prostatectomy. **OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS:** Probability of subsequent PSA progression after BCR, defined as a PSA rise > 0.1 ng/ml above BCR PSA, initiation of secondary treatment, or clinical progression. **RESULTS AND LIMITATIONS:** Using standard BCR definitions, the risk of PSA progression was $> 70\%$, regardless of clinicopathologic features. A single PSA ≤ 0.1 ng/ml was associated with PSA progression in only 30-55% of patients but ranged from 18-25% to 73-88% for patients without and with adverse pathologic features, respectively. Based on discrimination and calibration analysis, the optimal BCR definition for patients with 5-yr progression-free probability of $< 50\%$, 50-75%, 76-90%, and $> 90\%$ was a single PSA ≥ 0.05 ng/ml, two or more rising PSAs ≥ 0.05 ng/ml, PSA ≥ 0.2 ng/ml and rising, and PSA ≥ 0.4 ng/ml and rising. **CONCLUSIONS:** BCR definitions below currently accepted PSA thresholds appear to be valid for selecting patients with adverse clinicopathologic risk factors for secondary therapy. This information may be useful in selecting for early salvage radiotherapy to improve clinical outcome.

TÍTULO / TITLE: - Comparing dose-volume histogram and radiobiological endpoints for ranking intensity-modulated arc therapy and 3D-radiotherapy treatment plans for locally-advanced pancreatic cancer.

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

REVISTA / JOURNAL: - Acta Oncol. 2013 Oct;52(7):1573-8. doi: 10.3109/0284186X.2013.813072. Epub 2013 Aug 19.

●● [Enlace al texto completo \(gratis o de pago\) 3109/0284186X.2013.813072](#)

AUTORES / AUTHORS: - Warren S; Partridge M; Fokas E; Eccles CL; Brunner TB

INSTITUCIÓN / INSTITUTION: - The Gray Institute of Radiation Oncology and Biology, Department of Oncology, University of Oxford , Old Road Campus Research Building, Oxford , UK.

TÍTULO / TITLE: - Assessing patients' perceived bother from the gastrointestinal side effects of radiotherapy for localized prostate cancer: Initial questionnaire development and validation.

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

REVISTA / JOURNAL: - Acta Oncol. 2013 Aug 19.

●● Enlace al texto completo (gratis o de pago) [3109/0284186X.2013.819994](#)

AUTORES / AUTHORS: - Pettersson A; Turesson I; Persson C; Johansson B

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Oncology and Radiation Science, Uppsala University, Uppsala, Sweden.

RESUMEN / SUMMARY: - Background. The present study reports on the development and first steps of validation of the Gastrointestinal Side Effects Questionnaire (GISEQ), a measure of patient-reported gastrointestinal symptoms following local radiotherapy to the prostate. The questionnaire design provides a novel approach of assessment of side effects of prostate radiotherapy, by enabling measurement of patient-perceived change in symptoms. Material and methods. The eight-item GISEQ was administered to 130 prostate cancer patients referred to radiotherapy. Patients completed the GISEQ at four, eight and 15 weeks after start of radiotherapy. The psychometric properties including validity, reliability, responsiveness and feasibility were evaluated. The EORTC QLQ-C30 and QLQ-PR25 were chosen as comparative measures. Results. Expert opinion supported content validity. For concurrent validity, correlation between the GISEQ and matching items in the EORTC questionnaires was moderate but significant ($r > 0.41$, $p < 0.001$). The responsiveness was adequate, indicated by changes in GISEQ scores over time corresponding to the effects of radiation. Internal consistency was satisfactory (overall Cronbach's $\alpha > 0.70$). Sensitivity and specificity for items diarrhea, constipation and blood in stools ranged from 50% to 100% and from 68% to 100%, respectively. All items had a floor effect above 15%. The response rates ranged from 85% to 92% and missing items was $< 0.8\%$, indicating good feasibility. Conclusions. The GISEQ showed satisfactory internal consistency and adequate content validity, concurrent validity and responsiveness. It is brief, easy to use and can be quickly evaluated, making it useful not only for research but possibly also for clinical settings. Modification of response scale and extension of items are potential improvements. Further work is needed to strengthen the psychometric qualities of the GISEQ and to evaluate its clinical use and potential effects of response shift and recall bias.

TÍTULO / TITLE: - The Partial Myocutaneous Gluteal Flap Reconstruction of Extralevator Abdominoperineal Defects in Irradiated Patients.

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

REVISTA / JOURNAL: - Ann Plast Surg. 2013 Sep 18.

●● Enlace al texto completo (gratis o de pago) [1097/SAP.0b013e318298e60d](#)

AUTORES / AUTHORS: - Saleh DB; Callear JA; Basheer M; Mohammed P

INSTITUCIÓN / INSTITUTION: - From the Departments of *Plastic and Reconstructive Surgery, and daggerColorectal Surgery, Pinderfields General Hospital, Wakefield, United Kingdom.

RESUMEN / SUMMARY: - Reconstruction of the irradiated perineum has posed a consistent reconstructive challenge historically. The evolution of reconstructive techniques must mirror advances in neoadjuvant treatment and surgery for low rectal cancer. The purpose of this study was to evaluate the perineal healing in a cohort of patients, of whom a majority had laparoscopic tumor excision and partial myocutaneous gluteal flap reconstruction. There were 11 patients in this cohort; 8 primary reconstructions and 3 salvage cases. Complete healing was measured as the cessation of all dressings. There were no returns to theater for flap-related surgery. Mean postreconstruction inpatient stay was 16.5 days. All patients healed completely. Mean time to healing was 42 days. This method has been successful for primary and salvage reconstruction in patients having laparoscopic or open surgery; thus, averting the major morbidity associated with failed reconstruction as reported for most of other reconstructive modalities in these patients.

TÍTULO / TITLE: - Cytokine gene polymorphisms and progression-free survival in classical Hodgkin lymphoma by EBV status: Results from two independent cohorts.

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

REVISTA / JOURNAL: - Cytokine. 2013 Sep 2. pii: S1043-4666(13)00650-9. doi: 10.1016/j.cyto.2013.08.002.

●● Enlace al texto completo (gratis o de pago) 1016/j.cyto.2013.08.002

AUTORES / AUTHORS: - Ghesquieres H; Maurer MJ; Casasnovas O; Ansell SM; Larrabee BR; Lech-Maranda E; Novak AJ; Borrel AL; Slager SL; Brice P; Allmer C; Brion A; Ziesmer SC; Morschhauser F; Habermann TM; Gaillard I; Link BK; Stamatoullas A; Ferme C; Dogan A; Macon WR; Audouin J; Cerhan JR; Salles G

INSTITUCIÓN / INSTITUTION: - Onco-Hematology, Centre Leon Berard, UMR CNRS 5239, Universite Lyon 1, Lyon, France; Health Sciences Research, Mayo Clinic, Rochester, MN, USA. Electronic address: herve.ghesquieres@lyon.unicancer.fr.

RESUMEN / SUMMARY: - BACKGROUND: Cytokines are important immune mediators of classical Hodgkin lymphoma (CHL) pathogenesis, and circulating levels at diagnosis may help predict prognosis. Germline single nucleotide polymorphisms (SNPs) in immune genes have been correlated with cytokine production and function. METHODS: We investigated whether selected germline SNPs in IL10 (rs1800890, rs1800896, rs1800871, rs1800872), TNFA (rs1800629), IL6 (rs1800795), ILRN (rs419598), INFG (rs2430561) and CCL17 (rs223828) were associated with circulating levels of related cytokines at diagnosis and progression-free survival (PFS) in CHL. Patients were from France (GELA, N=464; median age=32years) and the United States (Iowa/Mayo

Specialized Program Of Research Excellence [SPORE], N=239; median age=38years); 22% of 346 CHL cases with EBV tumor status were positive. RESULTS: There was no association with any of the SNPs with cytokine levels. Overall, there was no association of any of the SNPs with PFS. In exploratory analyses by EBV status, TNFA rs1800629 (HRAA/AG=2.41; 95%CI, 1.17-4.94) was associated with PFS in EBV-negative GELA patients, with similar trends in the SPORE patients (HRAA/AG=1.63; 95%CI, 0.61-4.40). In a meta-analysis of the two studies, TNFA (HRAA/AG=2.11; 95%CI, 1.18-3.77; P=0.01) was statistically significant, and further adjustment for the international prognostic system did not alter this result. CONCLUSIONS: This study showed that germline variation in TNFA was associated with CHL prognosis for EBV-negative patients, which will require confirmation. These results support broader studies on the differential impact of genetic variation in immune genes on EBV-positive vs. EBV-negative CHL pathogenesis.

TÍTULO / TITLE: - Association of prediagnostic physical activity with survival following breast cancer diagnosis: influence of TP53 mutation status.

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

REVISTA / JOURNAL: - Cancer Causes Control. 2013 Sep 26.

●● Enlace al texto completo (gratis o de pago) [1007/s10552-013-0294-x](#)

AUTORES / AUTHORS: - Tao MH; Hainaut P; Marian C; Nie J; Ambrosone C; Edge SB; Trevisan M; Dorn J; Shields PG; Freudenheim JL

INSTITUCIÓN / INSTITUTION: - Institute for Translational Epidemiology, Icahn School of Medicine at Mount Sinai, Box 1057, New York, NY, 10029, USA, menghua.tao@mssm.edu.

RESUMEN / SUMMARY: - PURPOSE: Physical activity both before and after breast cancer diagnosis has been associated with improved survival. However, it is not clear whether this association differs by molecular features of the tumor or by recency of the physical activity to the time of diagnosis. METHODS: We examined the association of prediagnostic physical activity with survival in a cohort of 1,170 women with primary, incident, and histologically confirmed breast cancer, examining tumor molecular subtypes. Cox regression models were used to estimate hazard ratios (HR) and 95 % confidence intervals (95 % CI). RESULTS: Mean follow-up time was 87.4 months after breast cancer diagnosis; there were 170 deaths identified. Compared with inactive patients (<3 h/week), women with higher average lifetime physical activity (>6 h/week) had reduced risk of all-cause mortality (adjusted HR = 0.61, 95 % CI 0.40-0.95; p trend =0.04). There were no clear differences in the associations for lifetime and more recent physical activity. Lifetime physical activity was also weakly associated with decreased risk of breast cancer-specific mortality. Higher lifetime physical activity was associated with reduced risk of all-cause mortality among women with ER-positive tumors (HR = 0.52, 95 % CI 0.29-0.93) and mutant TP53 tumors (HR = 0.22, 95 % CI

0.06-0.72); however, no statistically significant interactions were observed for ER or TP53 status. CONCLUSIONS: Our study further supports that prediagnostic physical activity improves overall survival following breast cancer and suggests that the associations of prediagnostic physical activity with survival following breast cancer may vary by molecular features of the tumor, particularly ER and TP53 status.

TÍTULO / TITLE: - *Coxiella burnetii* Exploits Host cAMP-Dependent Protein Kinase Signaling to Promote Macrophage Survival.

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

REVISTA / JOURNAL: - Cell Microbiol. 2013 Sep 13. doi: 10.1111/cmi.12213.

- Enlace al texto completo (gratis o de pago) [1111/cmi.12213](#)

AUTORES / AUTHORS: - Macdonald LJ; Graham JG; Kurten RC; Voth DE

INSTITUCIÓN / INSTITUTION: - Department of Microbiology and Immunology, University of Arkansas for Medical Sciences, Little Rock, AR, USA.

RESUMEN / SUMMARY: - Intracellular bacterial pathogens often subvert apoptosis signaling to regulate survival of their host cell, allowing propagation of the bacterial population. *Coxiella burnetii*, the intracellular agent of human Q fever, inhibits host cell apoptosis through several mechanisms, including prevention of mitochondrial cytochrome c release, triggering of an anti-apoptotic transcriptional program, and activation of pro-survival kinases. To control host cell survival, *C. burnetii* delivers effector proteins to the eukaryotic cytosol using a specialized Dot/Icm type IV secretion system (T4SS). Effectors are predicted to regulate activity of pro-survival host signaling proteins, such as Akt and cAMP-dependent protein kinase (PKA), to control infection. Here, we show that host PKA activity is required for *C. burnetii* inhibition of macrophage apoptosis. PKA is activated during infection and inhibits activity of the pro-apoptotic protein Bad via phosphorylation. Bad is also phosphorylated at an Akt-specific residue, indicating *C. burnetii* uses two kinases to fully inactivate Bad. Additionally, Bad and the tethering protein 14-3-3beta co-localize at the *C. burnetii* parasitophorous vacuole (PV) membrane during infection, an event predicted to alter Bad promotion of apoptosis. Inhibiting PKA activity prevents Bad recruitment to the PV, but the protein is retained at the membrane during induction of apoptosis. Finally, PKA regulatory subunit I (RI) traffics to the PV membrane in a T4SS-dependent manner, suggesting a *C. burnetii* effector(s) regulates PKA-dependent activities. This study is the first to demonstrate subversion of host PKA activity by an intracellular bacterial pathogen to prevent apoptosis and survive within macrophages.

TÍTULO / TITLE: - Patterns of relapse in stage I-II uterine papillary serous carcinoma treated with adjuvant intravaginal radiation (IVRT) with or without chemotherapy.

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

REVISTA / JOURNAL: - Gynecol Oncol. 2013 Sep 20. pii: S0090-8258(13)01193-1. doi: 10.1016/j.ygyno.2013.09.019.

●● Enlace al texto completo (gratis o de pago) [1016/j.ygyno.2013.09.019](https://doi.org/10.1016/j.ygyno.2013.09.019)

AUTORES / AUTHORS: - Desai NB; Kiess AP; Kollmeier MA; Abu-Rustum NR; Makker V; Barakat R; Alektiar KM

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Memorial Sloan-Kettering Cancer Center, New York, NY, USA.

RESUMEN / SUMMARY: - **OBJECTIVE:** To evaluate patterns of relapse in early stage uterine papillary carcinoma (UPSC) patients receiving adjuvant intravaginal radiotherapy (IVRT) with or without chemotherapy. **METHODS:** From 1/1996 to 12/2010, 77 women with stage I-II UPSC underwent surgery followed by IVRT (median 21Gy). Stage IA patients without residual disease at surgery were excluded. IVRT and chemotherapy (carboplatin/taxane) was given to 61 (79%) patients and IVRT alone to 16 (21%). The median follow-up was 62 months for surviving patients. **RESULTS:** Of the 77 patients, 11 (14%) relapsed as follows: vaginal 2 (3%), pelvic 5 (6%), para-aortic 5 (6%), peritoneal 6 (8%), and other distant sites 8 (10%). Of the 5 pelvic relapses, 2 were isolated and were salvaged. In those treated without chemotherapy, only 1/16 developed recurrence (mediastinal). The 5-year vaginal, pelvic, para-aortic, peritoneal, and distant recurrence rates were 2.7% (C.I. 0-6.2%), 5.8% (C.I. 0.6-11.0%), 5.4% (C.I. 0.6-10.1%), 5.3% (C.I. 0.5-10.1%) and 6.6% (C.I. 1.4-11.8%), respectively. The 5-year disease-free survival (DFS), and overall survival (OS) were 88% (C.I. 81-95%), and 91% (C.I. 84-97%), respectively. The only predictor of worse 5-year pelvic control was stage (96.2% stage IA vs 87.7% for stage IB-II, p=0.043). **CONCLUSIONS:** In stage I-II UPSC patients who predominantly receive adjuvant chemotherapy, IVRT as the sole form of adjuvant RT provides excellent locoregional control. The risk of isolated pelvic recurrence is too low to warrant routine use of external pelvic RT.

TÍTULO / TITLE: - Towards individualized dose constraints: Adjusting the QUANTEC radiation pneumonitis model for clinical risk factors.

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

REVISTA / JOURNAL: - Acta Oncol. 2013 Aug 19.

●● Enlace al texto completo (gratis o de pago) [3109/0284186X.2013.820341](https://doi.org/10.1007/s00284186X.2013.820341)

AUTORES / AUTHORS: - Appelt AL; Vogelius IR; Farr KP; Khalil AA; Bentzen SM

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Vejle Hospital, Vejle, Denmark.

RESUMEN / SUMMARY: - **Background.** Understanding the dose-response of the lung in order to minimize the risk of radiation pneumonitis (RP) is critical for optimization of lung cancer radiotherapy. We propose a method to combine the dose-response relationship for RP in the landmark QUANTEC paper with known clinical risk factors, in order to enable individual risk prediction. The approach is validated in an independent dataset. **Material and methods.** The prevalence of risk factors in the patient

populations underlying the QUANTEC analysis was estimated, and a previously published method to adjust dose-response relationships for clinical risk factors was employed. Effect size estimates (odds ratios) for risk factors were drawn from a recently published meta-analysis. Baseline values for D50 and gamma50 were found. The method was tested in an independent dataset (103 patients), comparing the predictive power of the dose-only QUANTEC model and the model including risk factors. Subdistribution cumulative incidence functions were compared for patients with high/low-risk predictions from the two models, and concordance indices (c-indices) for the prediction of RP were calculated. Results. The reference dose-response relationship for a patient without pulmonary co-morbidities, caudally located tumor, no history of smoking, < 63 years old, and receiving no sequential chemotherapy was estimated as D500 = 34.4 Gy (95% CI 30.7, 38.9), gamma500 = 1.19 (95% CI 1.00, 1.43). Individual patient risk estimates were calculated. The cumulative incidences of RP in the validation dataset were not significantly different in high/low-risk patients when doing risk allocation with the QUANTEC model (p = 0.11), but were significantly different using the individualized model (p = 0.006). C-indices were significantly different between the dose-only and the individualized model. Conclusion. This study presents a method to combine a published dose-response function with known clinical risk factors and demonstrates the increased predictive power of the combined model. The method allows for individualization of dose constraints and individual patient risk estimates.

TÍTULO / TITLE: - Clinical Assessment and Treatment of the Dysfunctional Larynx after Radiation.

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

REVISTA / JOURNAL: - Otolaryngol Head Neck Surg. 2013 Sep 6.

●● Enlace al texto completo (gratis o de pago) [1177/0194599813503802](https://doi.org/10.1177/0194599813503802)

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INSTITUCIÓN / INSTITUTION: - Division of Laryngology, Department of Otolaryngology-Head and Neck Surgery, University of Washington School of Medicine, Seattle, Washington, USA.

RESUMEN / SUMMARY: - Objective To review the pathophysiology of early and late radiation-related tissue changes, methods to differentiate these changes from disease recurrence, and treatment of these changes in the irradiated larynx. Data Sources Peer-reviewed publications. Review Methods PubMed database search. Conclusions/Implications for Practice Early and late radiation-related changes in the larynx manifest variably between individual patients. Severe radiation-related tissue changes in the larynx and recurrent malignancy share many clinical characteristics, and the presence of malignancy must be considered in these patients. Positron emission tomography may help select patients who need operative biopsy to

rule out recurrence. In patients with a cancer-free but dysfunctional larynx, both surgical and nonsurgical treatment options, including hyperbaric oxygen, are available for attempted salvage. Further investigation is needed before hyperbaric oxygen can be considered standard-of-care treatment for these patients.

TÍTULO / TITLE: - Radical Prostatectomy Improves and Prevents Age-Dependent Progression of Lower Urinary Tract Symptoms.

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

REVISTA / JOURNAL: - J Urol. 2013 Aug 13. pii: S0022-5347(13)05124-0. doi: 10.1016/j.juro.2013.08.010.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.08.010

AUTORES / AUTHORS: - Prabhu V; Taksler GB; Sivarajan G; Laze J; Makarov DV; Lepor H

INSTITUCIÓN / INSTITUTION: - Department of Urology, New York University School of Medicine, New York, New York.

RESUMEN / SUMMARY: - PURPOSE: The prevalence of lower urinary tract symptoms (LUTS) increases with age and impairs quality of life. Radical prostatectomy (RP) has been shown to relieve LUTS at short-term follow-up. The long-term effect of RP on LUTS is unclear. MATERIALS AND METHODS: We performed a prospective cohort study of 1788 men undergoing RP. Progression of scores from the self-administered American Urological Association Symptom Index (AUASS) preoperatively and at three, six, 12, 24, 48, 60, 84, 96, and 120 months were analyzed using models controlling for preoperative AUASS, age, PSA, Gleason score, pathologic stage, nerve sparing, race, and marital status. This model was also applied to patients stratified by baseline clinically significant (AUASS>7) and insignificant (AUASS≤7) LUTS. RESULTS: Men exhibited an immediate worsening of LUTS that improved between three months and two years post-RP. Overall, the difference between mean AUASS at baseline and 10 years were not statistically or clinically significant. Men with baseline clinically significant LUTS experienced immediate improvements in LUTS that lasted until 10 years post-RP (13.5 vs. 8.81, p<0.001). Men with baseline clinically insignificant LUTS experienced a statistically significant but clinically insignificant increase in mean AUASS (3.09 to 4.94, p<0.001). The percentage of men with clinically significant LUTS declined from baseline to 10 years post-RP (p = 0.02). CONCLUSIONS: RP is the only treatment for prostate cancer shown to improve and prevent the development of LUTS at long-term follow-up. This previously unrecognized long-term benefit argues in favor of the prostate as the primary contributor to male LUTS.

TÍTULO / TITLE: - Independent Effects of Systemic and Peritoneal Inflammation on Peritoneal Dialysis Survival.

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

REVISTA / JOURNAL: - J Am Soc Nephrol. 2013 Sep 5.

●● Enlace al texto completo (gratis o de pago) [1681/ASN.2013030314](https://doi.org/10.1681/ASN.2013030314)

AUTORES / AUTHORS: - Lambie M; Chess J; Donovan KL; Kim YL; Do JY; Lee HB; Noh H; Williams PF; Williams AJ; Davison S; Dorval M; Summers A; Williams JD; Bankart J; Davies SJ; Topley N

INSTITUCIÓN / INSTITUTION: - Institute for Science and Technology in Medicine, Keele University, Stoke on Trent, United Kingdom;

RESUMEN / SUMMARY: - Systemic inflammation, as evidenced by elevated inflammatory cytokines, is a feature of advanced renal failure and predicts worse survival. Dialysate IL-6 concentrations associate with variability in peritoneal small solute transport rate (PSTR), which has also been linked to patient survival. Here, we determined the link between systemic and intraperitoneal inflammation with regards to peritoneal membrane function and patient survival as part of the Global Fluid Study, a multinational, multicenter, prospective, combined incident and prevalent cohort study (n=959 patients) with up to 8 years of follow-up. Data collected included patient demographic characteristics, comorbidity, modality, dialysis prescription, and peritoneal membrane function. Dialysate and plasma cytokines were measured by electrochemiluminescence. A total of 426 survival endpoints occurred in 559 incident and 358 prevalent patients from 10 centers in Korea, Canada, and the United Kingdom. On patient entry to the study, systemic and intraperitoneal cytokine networks were dissociated, with evidence of local cytokine production within the peritoneum. After adjustment for multiple covariates, systemic inflammation was associated with age and comorbidity and independently predicted patient survival in both incident and prevalent cohorts. In contrast, intraperitoneal inflammation was the most important determinant of PSTR but did not affect survival. In prevalent patients, the relationship between local inflammation and membrane function persisted but did not account for an increased mortality associated with faster PSTR. These data suggest that systemic and local intraperitoneal inflammation reflect distinct processes and consequences in patients treated with peritoneal dialysis, so their prevention may require different therapeutic approaches; the significance of intraperitoneal inflammation requires further elucidation.

TÍTULO / TITLE: - A study of clinical complications and risk factors in 1001 native and transplant kidney biopsies in Sweden.

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

REVISTA / JOURNAL: - Acta Radiol. 2013 Sep 25.

●● Enlace al texto completo (gratis o de pago) [1177/0284185113506190](https://doi.org/10.1177/0284185113506190)

AUTORES / AUTHORS: - Peters B; Andersson Y; Stegmayr B; Molne J; Jensen G; Dahlberg P; Holm-Gunnarsson I; Ekberg J; Bjurström K; Haux SB; Hadimeri H

INSTITUCIÓN / INSTITUTION: - Department of Nephrology, Skaraborg Hospital, Skovde, Sweden.

RESUMEN / SUMMARY: - **BACKGROUND:** In Sweden, native and transplant kidney biopsies are usually performed in major renal medical centers. **PURPOSE:** To clarify risk factors in native and transplant kidney biopsies to improve patient safety. **MATERIAL AND METHODS:** A total of 1001 biopsies (in 352 women and 565 men) were included. The median age was 54 years (range, 16-90 years). Data were derived from 826 native kidney biopsies (640 prospective and 186 retrospective) and 175 transplant kidney biopsies (170 prospective and 5 retrospective). Various factors and complications were registered while performing native and transplant kidney biopsies, focusing on major (e.g. blood transfusions, invasive procedures) and minor complications. The prospective protocol was used at six centers and at one center data were obtained retrospectively. **RESULTS:** Women were at greater risk of overall complications than men (12.2% vs. 6.5%; $P = 0.003$; odds ratio [OR], 2.0; confidence interval [CI], 1.3-3.1) as well as of major complications (9.6% vs. 4.5%; $P = 0.002$; OR, 2.2, CI 1.3-3.7). Major complications occurred more commonly after biopsies from the right kidney, in women than in men (10.8% vs. 3.1%; $P = 0.005$; OR, 3.7; CI, 1.5-9.5), and in patients with lower BMI (25.5 vs. 27.3, $P = 0.016$) and of younger age (45 years vs. 52.5 years; $P = 0.001$). Lower mean arterial pressure in transplant kidney biopsies indicated a risk of major complications (90 mmHg vs. 98 mmHg; $P = 0.039$). Factors such as needle size, number of passes, serum creatinine, and eGFR did not influence complication rates. **CONCLUSION:** The present findings motivate greater attention being paid to the risk of major side-effects after right-side biopsies from women's kidneys, as well as after biopsies from younger patients and patients with lower BMI.

TÍTULO / TITLE: - Soluble Interleukin-6 Receptor is a Prognostic Marker for Relapse-Free Survival in Estrogen Receptor-Positive Breast Cancer.

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

REVISTA / JOURNAL: - Cancer Invest. 2013 Oct;31(8):516-521. Epub 2013 Jul 31.

●● Enlace al texto completo (gratis o de pago) [3109/07357907.2013.826239](#)

AUTORES / AUTHORS: - Won HS; Kim YA; Lee JS; Jeon EK; An HJ; Sun DS; Ko YH; Kim JS

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, Uijeongbu St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Uijeongbu-si, Gyeonggi-do, Korea,1.

RESUMEN / SUMMARY: - Considering the protumorigenic roles of interleukin-6 (IL-6) transsignaling, we assessed the serum levels of IL-6, soluble interleukin-6 receptor (sIL-6R), and soluble glycoprotein 130 (sgp130) in 143 patients with breast cancer. Serum levels of IL-6 were elevated with advanced T and N stage. Serum levels of sIL-6R were lower in patients with estrogen receptor-positive cancer. The median values of IL-6 and sgp130 did not differ between patients with recurrence and those without

recurrence. However, higher serum levels of sIL-6R at diagnosis were associated with significantly shorter relapse-free survival in patients with estrogen receptor-positive breast cancer.

TÍTULO / TITLE: - Vascularized Composite Allograft Transplant Survival in Miniature Swine: Is MHC Tolerance Sufficient for Acceptance of Epidermis?

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

REVISTA / JOURNAL: - Transplantation. 2013 Sep 19.

●● [Enlace al texto completo \(gratis o de pago\) 1097/TP.0b013e3182a579d0](#)

AUTORES / AUTHORS: - Cetrulo CL Jr; Torabi R; Scalea JR; Shimizu A; Leto Barone AA; Gillon BC; Tasaki M; Leonard DA; Cormack TA; Villani V; Randolph MA; Sachs DH; Yamada K

INSTITUCIÓN / INSTITUTION: - 1 Transplantation Biology Research Center, Massachusetts General Hospital, Harvard Medical School, Boston, MA. 2 Division of Plastic and Reconstructive Surgery, Massachusetts General Hospital, Harvard Medical School, Boston, MA. 3 Address correspondence to: Kazuhiko Yamada, M.D., Ph.D., Transplantation Biology Research Center, Massachusetts General Hospital, Harvard Medical School, MGH-East, Building 149-9014, 13th Street, Boston, MA 02129.

RESUMEN / SUMMARY: - BACKGROUND: We have previously reported that Massachusetts General Hospital miniature swine, which had accepted class I-mismatched kidneys long-term after 12 days of high-dose cyclosporine A, uniformly accepted donor-major histocompatibility complex (MHC)-matched kidneys without immunosuppression but rejected donor MHC-matched split-thickness skin grafts by day 25, without changes in renal graft function or antidonor in vitro responses. We have now tested whether this “split tolerance” would also be observed for the primarily vascularized skin of vascularized composite allografts (VCAs). METHODS: Group 1 animals (n=3) received donor MHC-matched VCAs less than 70 days after primary kidney transplant (KTx). Group 2 animals (n=3) received a second donor-matched kidney transplant followed by a donor-matched VCA more than 200 days after primary KTx. RESULTS: Animals in Group 1 lost the epidermis on days 28, 30, and 40, with all other components of the VCAs remaining viable. Histology showed cellular infiltration localized to dermal-epidermal junction. One of three recipients of VCAs in Group 2, accepted all components of the VCA, including epidermis (>200 days). The other two recipients lost only the epidermis on days 45 and 85, with survival of the remainder of the VCA long-term. CONCLUSIONS: All tissues of a VCA are accepted long-term on animals tolerant of class I-mismatched kidneys, with the exception of epidermis, the survival of which is markedly prolonged compared with split-thickness skin grafts but not indefinite. Exposure of tolerant animals to second donor-matched kidneys before VCA increases the longevity of the VCA epidermis, suggesting an

increase in the immunomodulatory mechanisms associated with tolerance of the kidney.

TÍTULO / TITLE: - Impact of Extracorporeal Membrane Oxygenation or Mechanical Ventilation as Bridge to Combined Heart-Lung Transplantation on Short-Term and Long-Term Survival.

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

REVISTA / JOURNAL: - Transplantation. 2013 Sep 19.

●● Enlace al texto completo (gratis o de pago) [1097/TP.0b013e3182a860b8](#)

AUTORES / AUTHORS: - Jayarajan SN; Taghavi S; Komaroff E; Brann S; Horai T; Cordova F; Patel N; Guy TS; Toyoda Y

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RESUMEN / SUMMARY: - BACKGROUND: Extracorporeal membrane oxygenation (ECMO) and mechanical ventilation (MV) can be used as a bridge to heart-lung transplantation (HLT). The goal of this study was to determine if pretransplantation ECMO or MV affects survival in HLT. METHODS: The United Network for Organ Sharing database was reviewed for all adult patients receiving HLT from 1995 to 2011. The primary outcome measured was risk-adjusted all cause mortality. RESULTS: There were 542 adult patients received HLT during the study period. Of these, 15 (2.8%) required ECMO and 22 (4.1%) required MV as a bridge to transplantation. The groups were evenly matched with regards to recipient age, recipient gender, ischemic time, donor age, and donor gender. The ECMO cohort had worse survival than the control group at 30 days (20.0% vs. 83.5%) and 5 years (20.0% vs. 47.4%; $P < 0.001$). When compared with control, patients requiring MV had worse survival at 1 month (77.3% vs. 83.5%) and 5 years (26.5% vs. 47.4%; $P < 0.001$). The use of ECMO (hazard ratio [HR]=3.820, 95% confidence interval [CI]=1.600-9.116; $P = 0.003$) or MV (HR=2.011, 95% CI=1.069-3.784; $P = 0.030$) as a bridge to transplantation was independently associated with mortality on multivariate analysis. Recipient female gender was associated with survival (HR=0.754, 95% CI=0.570-0.998; $P = 0.048$). CONCLUSIONS: HLT recipients bridged by MV or ECMO have increased short-term and long-term mortality. Further studies are needed to optimize survival in these high-risk patients.

TÍTULO / TITLE: - Surveillance mammography use after treatment of primary breast cancer and racial disparities in survival.

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

REVISTA / JOURNAL: - Med Oncol. 2013 Dec;30(4):691. doi: 10.1007/s12032-013-0691-8. Epub 2013 Aug 22.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s12032-013-0691-8](#)

AUTORES / AUTHORS: - Nurgalieva ZZ; Franzini L; Morgan R; Vernon SW; Liu CC; Du XL

INSTITUCIÓN / INSTITUTION: - Divisions of Epidemiology, Human Genetics and Environmental Sciences, University of Texas Health Science Center, Houston, TX, USA, znurgalieva@mdanderson.org.

RESUMEN / SUMMARY: - Racial and ethnic minority patients continue to die disproportionately from breast cancer compared with their white counterparts, even after adjusting for insurance status and income. No studies have examined whether surveillance mammography reduces racial disparities in survival among elderly breast cancer survivors following active treatment for breast cancer. This study included 28,117 cases diagnosed with primary breast cancer at age 66 years and over, identified from SEER data during 1992-2005. Kaplan-Meier methods and Cox regression models were used for survival analysis. A higher proportion of whites received surveillance mammograms during the surveillance period compared with nonwhites: 71.7 % of African-Americans, 72.5 % of Hispanics, and 69.3 % of Asians had mammograms compared with 74.9 % of whites. In propensity-score-adjusted analysis, women who had a mammogram within 2 years were less likely (hazard ratio 0.84; 95 % CI 0.78-0.82) to die from any cause compared with women who did not have any mammograms during this time period. The hazard ratio of cancer-specific mortality elevated for Hispanics compared with whites (hazard ratio 1.5; 95 % CI 0.6-3.2) and was reduced after adjusting for surveillance mammography (hazard ratio 1.4; 95 % CI 0.5-2.9). Similar pattern in the reduction in disease-specific hazard ratio was observed for blacks: After controlling for patient and tumor characteristics, hazard ratio was elevated but not significantly different from that in whites (hazard ratio 2.0; 95 % CI 0.9-3.7), and hazard ratio adjusting for surveillance mammography further reduced the point estimate (hazard ratio 1.5; 95 % CI 0.7-2.8). Asian and Pacific Islanders and Hispanics appeared to have lower risks of all-cause mortality compared with whites after controlling for patient and tumor characteristics and surveillance mammogram received. Our findings indicates that while surveillance mammograms and physician visits may play a contributory role in achieving equal outcomes for breast cancer-specific mortality for women with breast cancer, searching for other factors that might help achieve national goals to eliminate racial disparities in healthcare, and outcomes is warranted.

TÍTULO / TITLE: - Radiation-induced opticochiasmatic glioblastoma multiforme following conventional radiotherapy for Cushing's disease.

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

REVISTA / JOURNAL: - Br J Neurosurg. 2013 Sep 25.

●● Enlace al texto completo (gratis o de pago) [3109/02688697.2013.841850](#)

AUTORES / AUTHORS: - Sarkar S; Rajaratnam S; Backianathan S; Chacko G; Chacko AG

INSTITUCIÓN / INSTITUTION: - Department of Neurological Sciences, Christian Medical College, Vellore, TN, India.

RESUMEN / SUMMARY: - We report the rare occurrence of an opticochiasmatic glioblastoma multiforme 6 years following conventional radiotherapy for Cushing's disease. This article highlights the risks of collateral damage to the optic apparatus when irradiating the sellar region.

TÍTULO / TITLE: - Combined immunostimulatory monoclonal antibodies extend survival in an aggressive transgenic hepatocellular carcinoma mouse model.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Sep 12.

●● Enlace al texto completo (gratis o de pago) [1158/1078-0432.CCR-13-1189](#)

AUTORES / AUTHORS: - Morales-Kastresana A; Fernandez de Sanmamed M; Rodriguez I; Palazon A; Martinez-Forero I; Labiano S; Hervas-Stubbs S; Sangro B; Ochoa MC; Roazaut A; Azpilikueta A; Bolanos E; Jure-Kunkel M; Gutgemann I; Melero I

INSTITUCIÓN / INSTITUTION: - Division of Hepatology and Gene Therapy, CIMA. University of Navarra.

RESUMEN / SUMMARY: - PURPOSE: Immunostimulatory monoclonal antibodies (ISmAbs) that unleash antitumor immune responses are showing efficacy in cancer clinical trials. Anti-B7-H1 (PD-L1) monoclonal antibodies (mAbs) block a critical inhibitory pathway in T cells, while anti-CD137 and OX40 mAbs provide T-cell costimulation. A combination of these ISmAbs (anti-CD137 + anti-OX40 + anti-B7-H1) was tested using a transgenic mouse model of multifocal and rapidly progressing hepatocellular carcinoma (HCC), in which c-myc drives transformation and cytosolic ovalbumin (OVA) is expressed in tumor cells as a model antigen. EXPERIMENTAL DESIGN: Flow-cytometry and immunohistochemistry were used to quantify tumor-infiltrating lymphocytes (TILs) elicited by treatment and assess their activation status and cytolytic potential. Tolerance induction and its prevention/reversal by treatment with the combination of ISmAbs were revealed by in-vivo killing assays. RESULTS: The triple combination of ISmAbs extended survival of mice bearing HCCs in a CD8-dependent fashion and synergized with adoptive T cell therapy using activated OVA-specific TCR-transgenic OT-1 and OT-2 lymphocytes. Mice undergoing therapy showed clear increases in tumor infiltration by activated and blastic CD8+ and CD4+ T lymphocytes containing perforin/granzyme B and expressing the ISmAb-targeted receptors on their

surface. The triple combination of ISmAbs did not result in enhanced OVA-specific cytotoxic T lymphocyte (CTL) activity but other antigens expressed by cell lines derived from such HCCs were recognized by endogenous TILs. Adoptively transferred OVA-specific OT-1 lymphocytes into tumor-bearing mice were rendered tolerant, unless given the triple mAb therapy. CONCLUSION: Extension of survival and dense T cell infiltrates emphasize the translational potential of combinational immunotherapy strategies for HCC.

TÍTULO / TITLE: - Expansion of CD133-positive glioma cells in recurrent de novo glioblastomas after radiotherapy and chemotherapy.

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

REVISTA / JOURNAL: - J Neurosurg. 2013 Aug 30.

●● Enlace al texto completo (gratis o de pago) [3171/2013.7.JNS122417](#)

AUTORES / AUTHORS: - Tamura K; Aoyagi M; Ando N; Ogishima T; Wakimoto H; Yamamoto M; Ohno K

INSTITUCIÓN / INSTITUTION: - Departments of Neurosurgery and.

RESUMEN / SUMMARY: - Object Recent evidence suggests that a glioma stem cell subpopulation may determine the biological behavior of tumors, including resistance to therapy. To investigate this hypothesis, the authors examined varying grades of gliomas for stem cell marker expressions and histopathological changes between primary and recurrent tumors. Methods Tumor samples were collected during surgery from 70 patients with varying grades of gliomas (Grade II in 12 patients, Grade III in 16, and Grade IV in 42) prior to any adjuvant treatment. The samples were subjected to immunohistochemistry for MIB-1, factor VIII, GFAP, and stem cell markers (CD133 and nestin). Histopathological changes were compared between primary and recurrent tumors in 31 patients after radiation treatment and chemotherapy, including high-dose irradiation with additional stereotactic radiosurgery. Results CD133 expression on glioma cells was confined to de novo glioblastomas but was not observed in lower-grade gliomas. In de novo glioblastomas, the mean percentage of CD133-positive glioma cells in sections obtained at recurrence was 12.2% +/- 10.3%, which was significantly higher than that obtained at the primary surgery (1.08% +/- 1.78%). CD133 and Ki 67 dual-positive glioma cells were significantly increased in recurrent de novo glioblastomas as compared with those in primary tumors (14.5% +/- 6.67% vs 2.16% +/- 2.60%, respectively). In contrast, secondary glioblastomas rarely expressed CD133 antigen even after malignant progression following radiotherapy and chemotherapy. Conclusions The authors' results indicate that CD133-positive glioma stem cells could survive, change to a proliferative cancer stem cell phenotype, and cause recurrence in cases with de novo glioblastomas after radiotherapy and chemotherapy.

TÍTULO / TITLE: - Changes in preoperative characteristics in patients undergoing radical prostatectomy - a 16-year nationwide analysis.

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

REVISTA / JOURNAL: - Acta Oncol. 2013 Aug 19.

●● [Enlace al texto completo \(gratis o de pago\) 3109/0284186X.2013.819998](#)

AUTORES / AUTHORS: - Roder MA; Brasso K; Christensen IJ; Johansen J; Langkilde NC; Hvarnæs H; Carlsson S; Jakobsen H; Borre M; Iversen P

INSTITUCIÓN / INSTITUTION: - Copenhagen Prostate Cancer Center and Department of Urology, Rigshospitalet. Department of Clinical Medicine, Faculty of Health and Medical Sciences, Copenhagen University Hospital, Copenhagen N, Denmark.

RESUMEN / SUMMARY: - Background. The Danish attitude for diagnosis and treatment of early localized prostate cancer (PCa) has historically been conservative. Denmark introduced radical prostatectomy (RP) as the last of the Nordic countries in 1995. However, a rapid increment in the Danish incidence of PCa is indicative of a shift in attitude with increasing opportunistic PSA testing. This had led to an increasing number of RPs being performed in Denmark. The objective of this study was to analyze changes in preoperative characteristics over time for the complete cohort of 6489 men who underwent RP between 1995 and 2011. Our hypothesis was that an increasing amount of men undergo RP for lower risk PCa. Material and methods. All patients operated from 1995 to 2011 were identified via patient files and registries. Changes over time in age at surgery, preoperative PSA, clinical T-category, biopsy Gleason score (GS), and D'Amico classification are described. Tests for statistically significant changes were performed. Results. Median age increased from 61.4 to 64.8 years ($p < 0.0001$) during the 16-year period. Median PSA declined from 11.5 to 7.9 ng/ml ($p < 0.0001$). Distribution of biopsy GS changed significantly, especially after 2005. Biopsy GS = 7 was found in 20.2% of the patients in 2005 compared to 57.1% in 2011. The proportion of T1 disease increased from 32% to 56%. Significant changes in percentage of patients according to the D'Amico classification were found. After 2005 the proportion of intermediate-risk patients increased significantly. The proportion of patients age 70 or above increased from 2% to 13% in the period studied. Conclusion. Significant preoperative stage- and Gleason grade migration was found in this complete Danish nationwide cohort of patients undergoing RP during the past 16 years. This effect is most likely attributed to an increasing use of PSA as marker for early prostate cancer diagnosis in Denmark and new international guidelines for Gleason grading and scoring.

TÍTULO / TITLE: - Cytoreductive nephrectomy in patients with metastatic non-clear cell renal cell carcinoma.

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

REVISTA / JOURNAL: - BJU Int. 2013 Sep 5. doi: 10.1111/bju.12442.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12442](https://doi.org/10.1111/bju.12442)

AUTORES / AUTHORS: - Aizer AA; Urun Y; McKay RR; Kibel AS; Nguyen PL; Choueiri TK

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

RESUMEN / SUMMARY: - **OBJECTIVES:** To determine whether patients with metastatic non-clear cell renal cell carcinoma (RCC) benefit from cytoreductive nephrectomy (CN). **PATIENTS AND METHODS:** We used the Surveillance, Epidemiology, and End Results Program to identify a population-based sample of 4914 patients diagnosed with metastatic RCC between 2000-2009. Of these, 591 patients had non-clear cell histology. The median follow up was 20 months. The primary outcome measure was RCC-specific mortality. **RESULTS:** Approximately 64% of patients underwent CN. Patients with non-clear cell histology who underwent CN displayed lower RCC-specific and all-cause mortality than those who did not ($p < .001$ in both cases). After adjustment for age, gender, race, marital status, year of diagnosis, geographic location, and histology the associations between CN and decreased RCC-specific mortality (HR 0.62, 95% CI 0.48-0.80, $p < .001$) and CN and all-cause mortality (HR 0.45, 95% CI 0.37-0.55, $p < .001$) remained highly significant. Among patients diagnosed in 2006-2009 (targeted therapy era), the results remained unchanged (HR 0.50, 95% CI 0.34-0.72, $p < .001$ and HR 0.43, 95% CI 0.31-0.59, $p < .001$, respectively). An interaction model revealed that all histologies displayed decreased all-cause mortality with CN. **CONCLUSION:** Patients with metastatic non-clear cell RCC from the SEER program, including those treated in the targeted therapy era, appear to derive a survival benefit from CN, an association which remained significant regardless of histologic subtype. This observation suggests that CN remains standard in advanced RCC patients deemed to be surgical candidates.

TÍTULO / TITLE: - Hirschsprung disease and use of calretinin in inadequate rectal suction biopsies.

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

REVISTA / JOURNAL: - Arch Pathol Lab Med. 2013 Aug;137(8):1099-102. doi: 10.5858/arpa.2012-0220-OA.

●● Enlace al texto completo (gratis o de pago) [5858/arpa.2012-0220-OA](https://doi.org/10.5858/arpa.2012-0220-OA)

AUTORES / AUTHORS: - Gonzalo DH; Plesec T

INSTITUCIÓN / INSTITUTION: - Department of Pathology and Laboratory Medicine, Cleveland Clinic, Cleveland, Ohio 44195, USA. hernand3@ccf.org

RESUMEN / SUMMARY: - **CONTEXT:** Up to 17% of all rectal suction biopsies performed in the evaluation of Hirschsprung disease are considered inadequate. In most instances, inadequate biopsies contain too little submucosa or are taken within the anal transition zone. **OBJECTIVES:** To examine the utility of calretinin stain in the workup of inadequate biopsies for patients with clinical suspicion of Hirschsprung disease.

DESIGN: A retrospective analysis was conducted of all rectal suction biopsies performed in the evaluation of Hirschsprung disease during the previous 12 years that were considered "inadequate." Seventeen cases were identified, and Hirschsprung disease status was determined by clinical or surgical follow-up. Immunohistochemistry for calretinin was performed for all cases containing columnar mucosa, which were evaluated without knowledge of clinical course. RESULTS: All 12 patients without Hirschsprung disease had calretinin-positive nerve fibers in the lamina propria or muscularis mucosae, and all 5 patients with Hirschsprung disease had no calretinin staining of nerves. CONCLUSIONS: In this retrospective series, calretinin immunohistochemistry correctly predicted outcome in all instances. Although the gold standard for the diagnosis of Hirschsprung disease in rectal suction biopsies remains the evaluation of ganglion cells in a hematoxylin-eosin staining with sufficient submucosa, calretinin immunohistochemistry is quite helpful in triaging further workup based on clinical suspicion.

TÍTULO / TITLE: - RKIP and HMGA2 regulate breast tumor survival and metastasis through lysyl oxidase and syndecan-2.

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

REVISTA / JOURNAL: - Oncogene. 2013 Aug 26. doi: 10.1038/onc.2013.328.

●● [Enlace al texto completo \(gratis o de pago\) 1038/onc.2013.328](#)

AUTORES / AUTHORS: - Sun M; Gomes S; Chen P; Frankenberger CA; Sankarasharma D; Chung CH; Chada KK; Rosner MR

INSTITUCIÓN / INSTITUTION: - 1] Ben May Department for Cancer Research, University of Chicago, Chicago, IL, USA [2] Committee On Genetics, Genomics and System Biology, University of Chicago, Chicago, IL, USA.

RESUMEN / SUMMARY: - Elucidating targets of physiological tumor metastasis suppressors can highlight key signaling pathways leading to invasion and metastasis. To identify downstream targets of the metastasis suppressor Raf-1 kinase inhibitory protein (RKIP/PEBP1), we utilized an integrated approach based upon statistical analysis of tumor gene expression data combined with experimental validation. Previous studies from our laboratory identified the architectural transcription factor and oncogene, high mobility group AT-hook 2 (HMGA2), as a target of inhibition by RKIP. Here we identify two signaling pathways that promote HMGA2-driven metastasis. Using both human breast tumor cells and an MMTV-Wnt mouse breast tumor model, we show that RKIP induces and HMGA2 inhibits expression of miR-200b; miR-200b directly inhibits expression of lysyl oxidase (LOX), leading to decreased invasion. RKIP also inhibits syndecan-2 (SDC2), which is aberrantly expressed in breast cancer, via downregulation of HMGA2; but this mechanism is independent of miR-200. Depletion of SDC2 induces apoptosis and suppresses breast tumor growth and metastasis in mouse xenografts. RKIP, LOX and SDC2 are coordinately regulated and

collectively encompass a prognostic signature for metastasis-free survival in ER-negative breast cancer patients. Taken together, our findings reveal two novel signaling pathways targeted by the metastasis suppressor RKIP that regulate remodeling of the extracellular matrix and tumor survival. Oncogene advance online publication, 26 August 2013; doi:10.1038/onc.2013.328.

TÍTULO / TITLE: - LKB1 loss by alteration of the NKX2-1/p53 pathway promotes tumor malignancy and predicts poor survival and relapse in lung adenocarcinomas.

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

REVISTA / JOURNAL: - Oncogene. 2013 Sep 2. doi: 10.1038/onc.2013.353.

- [Enlace al texto completo \(gratis o de pago\) 1038/onc.2013.353](#)

AUTORES / AUTHORS: - Tsai LH; Chen PM; Cheng YW; Chen CY; Sheu GT; Wu TC; Lee H

INSTITUCIÓN / INSTITUTION: - 1] Institute of Medical and Molecular Toxicology, Taichung, Taiwan [2] Institute of Medicine, Chung Shan Medical University, Taichung, Taiwan.

RESUMEN / SUMMARY: - LKB1 loss is a frequent homozygous deletion and/or gene mutation found in lung adenocarcinomas. However, few cases of LKB1 loss by either deletion or mutation are seen in Asian patients. Our preliminary data showed that LKB1 loss was associated with p53 mutation in lung tumors from Taiwanese adenocarcinoma patients and p53 transcription is directly regulated by NKX2-1. Therefore, we hypothesized that LKB1 loss could occur due to aberration of p53 regulation mediated by NKX2-1. In the present study, 16 lung adenocarcinoma cell lines were investigated to determine if LKB1 transcription could be deregulated by NKX2-1-mediated p53 aberration. Mechanistic studies indicated that LKB1 was directly upregulated by p53 and that NKX2-1-mediated p53 expression may positively regulate LKB1 expression in p53 wild-type cells. However, in p53-mutated cells, LKB1 transcription was deregulated by NKX2-1 via suppression of SP1 binding onto the LKB1 promoter. Therefore, the action of the NKX2-1/p53 pathway on LKB1 loss differed in p53 wild-type versus p53-mutated cells. As expected, soft-agar growth and invasion capability was significantly reduced by ectopic expression of NKX2-1 in p53 wild-type cells, but it was markedly elevated by silencing NKX2-1 in p53-mutated cells. Similar reciprocal observations were also seen in lung tumors from lung adenocarcinoma patients with either wild-type or mutated p53 tumors. Cox regression analysis showed that patients with low-LKB1 tumors had poorer overall survival (OS) and relapse-free survival (RFS) when compared with patients with high-LKB1 tumors. In p53 wild-type patients, shorter OS and RFS periods were predicted for low-NKX2-1/low-LKB1 tumors than for high-NKX2-1/high-LKB1 tumors. In patients with p53-mutated tumors, poorer OS and RFS were predicted for high-NKX2-1/low-LKB1 tumors than for low-NKX2-1/high-LKB1 tumors. In summary, losses of LKB1 at the transcriptional level by altered activity of the NKX2-1/p53 pathway may promote tumor malignancy and poor patient

outcome.Oncogene advance online publication, 2 September 2013;
doi:10.1038/onc.2013.353.

TÍTULO / TITLE: - Biopsy of the temporal artery in a patient with giant cell arteritis.

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

REVISTA / JOURNAL: - Intern Med. 2013;52(18):2165.

AUTORES / AUTHORS: - Toko M; Oiwa H; Mihara S; Sugiyama E

INSTITUCIÓN / INSTITUTION: - Department of Rheumatology, Hiroshima City Hospital, Japan.

TÍTULO / TITLE: - An isolation technique to prevent the spread of tumor cells during radical gastrectomy for gastric carcinoma located on the anterior wall of the gastric antrum.

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

REVISTA / JOURNAL: - Eur J Surg Oncol. 2013 Oct;39(10):1136-43. doi: 10.1016/j.ejso.2013.07.002. Epub 2013 Jul 31.

●● Enlace al texto completo (gratuito o de pago) [1016/j.ejso.2013.07.002](#)

AUTORES / AUTHORS: - Wang J; Mao X; Guo F; Zhang X; Guan M; Luo F; Wang Z

INSTITUCIÓN / INSTITUTION: - Department of General Surgery, HuaShan Hospital, Shanghai Medical College, Fudan University, No. 12 Urumqi Road, Shanghai 200040, China.

RESUMEN / SUMMARY: - OBJECTIVE: To report an isolation technique for reducing the spread of tumor cells during radical gastrectomy for lesions located on the anterior wall of the gastric antrum. METHODS: The isolation technique involves using linear cutting staplers and a waterproof membrane to completely “block” and isolate the area to be resected. Blood samples from the portal vein and peritoneal wash samples were obtained immediately after laparotomy and during surgical resection. RT-PCR was used to determine levels of carcinoembryonic antigen (CEA) and cytokeratin 20 (CK20). Carbon nanoparticles were injected into the subserosa of the blocked region before resection to determine lymph flow out of the region. RESULTS: A total of 76 patients (median age, 59 years; range, 22-73 years), with tumors on the anterior wall of the gastric antrum were included (blocking group, n = 40; non-blocking group, n = 36). In the blocking group, the carbon nanoparticles did not flow beyond the blocking line. There were no significant differences between the groups in CEA or CK20 mRNA levels in portal vein blood or peritoneal wash fluid immediately after laparotomy. CEA and CK20 levels were significantly lower in portal vein blood in the blocking group during tumor resection. During a median follow-up of 30 months, the incidence of metastasis or recurrence in the blocking group was lower than the non-blocking group, although it did not reach statistical significance (17.9% vs. 25.0%, respectively).

CONCLUSION: The blocking technique can reduce hematogenous and lymphatic spread of tumor cells into the systemic circulation, and may prevent metastasis or recurrence after radical gastrectomy for gastric carcinoma.

TÍTULO / TITLE: - Bone Marrow Biopsy: RNA Isolation with Expression Profiling in Men with Metastatic Castration-resistant Prostate Cancer—Factors Affecting Diagnostic Success.

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

REVISTA / JOURNAL: - Radiology. 2013 Aug 7.

●● Enlace al texto completo (gratis o de pago) [1148/radiol.13121782](#)

AUTORES / AUTHORS: - Spritzer CE; Afonso PD; Vinson EN; Turnbull JD; Morris KK; Foye A; Roy Choudhury K; Febbo PG; George DJ

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Department of Medicine/Division of Medical Oncology, Department of Surgery/Division of Urology, Duke Cancer Institute, Department of Pathology/Division of Pathology Clinical Services, and Institute for Genomic Science and Policy, Duke University Medical Center, 2301 Erwin Rd, PO Box 3808, Durham, NC 27710.

TÍTULO / TITLE: - Contribution of microRNA 24-3p and Erk1/2 to interleukin-6-mediated plasma cell survival.

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

REVISTA / JOURNAL: - Eur J Immunol. 2013 Aug 12. doi: 10.1002/eji.201243271.

●● Enlace al texto completo (gratis o de pago) [1002/eji.201243271](#)

AUTORES / AUTHORS: - Gabler J; Wittmann J; Porstner M; Renz H; Jack HM; Abram M; Zemlin M

INSTITUCIÓN / INSTITUTION: - Department of Pediatrics, Philipps University Marburg, Marburg, Germany; Research Centre for Experimental Orthopaedics, Orthopaedic University Hospital Heidelberg, Heidelberg, Germany.

RESUMEN / SUMMARY: - Plasma cells can survive for long periods and continuously secrete protective antibodies, but plasma cell production of autoantibodies or transformation to tumor cells is detrimental. Plasma cell survival depends on exogenous factors from the surrounding microenvironment, and largely unknown intracellular mediators that regulate cell homeostasis. Here we investigated the contribution of the microRNA 24-3p (miR-24-3p) to the survival of human plasma cells under the influence of IL-6 and SDF-1alpha (stromal cell derived factor 1), both of which are bone marrow survival niche mediators. Deep sequencing revealed a strong expression of miR-24-3p in primary B cells, plasma blasts, plasma cells, and in plasmacytoma cells. In vitro studies using primary cells and the plasmacytoma cell line RPMI-8226 revealed that (i) expression of miR-24-3p mediates plasma cell survival, (ii)

miR-24-3p is upregulated by IL-6 and SDF-1alpha, (iii) IL-6 mediates cell survival under ER stress conditions via miR-24-3p expression, and (iv) IL-6-induced miR-24-3p expression depends on the activity of the MAP kinase Erk1/2. These results suggest a direct connection between an external survival signal and an intracellular microRNA in regulating plasma cell survival. miR-24-3p could therefore be a promising target for new therapeutic strategies for autoimmune and allergic diseases and for multiple myeloma.

TÍTULO / TITLE: - Plateau effect of prostate cancer risk-associated SNPs in discriminating prostate biopsy outcomes.

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

REVISTA / JOURNAL: - Prostate. 2013 Aug 26. doi: 10.1002/pros.22721.

●● Enlace al texto completo (gratis o de pago) [1002/pros.22721](#)

AUTORES / AUTHORS: - Ren S; Xu J; Zhou T; Jiang H; Chen H; Liu F; Na R; Zhang L; Wu Y; Sun J; Yang B; Gao X; Zheng SL; Xu C; Ding Q; Sun Y

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

RESUMEN / SUMMARY: - BACKGROUND: Additional prostate cancer (PCa) risk-associated single nucleotide polymorphisms (SNPs) continue to be identified. It is unclear whether addition of newly identified SNPs improves the discriminative performance of biopsy outcomes over previously established SNPs. METHODS: A total of 667 consecutive patients that underwent prostate biopsy for detection of PCa at Huashan Hospital and Changhai Hospital, Shanghai, China were recruited. Genetic scores were calculated for each patient using various combinations of 29 PCa risk-associated SNPs. Performance of these genetic scores for discriminating prostate biopsy outcomes were compared using the area under a receiver operating characteristic curve (AUC). RESULTS: The discriminative performance of genetic score derived from a panel of all 29 SNPs (24 previous and 5 new) was similar to that derived from the 24 previously established SNPs, the AUC of which were 0.60 and 0.61, respectively ($P = 0.72$). When SNPs with the strongest effect on PCa risk (ranked based on contribution to the total genetic variance from an external study) were sequentially added to the models for calculating genetic score, the AUC gradually increased and peaked at 0.62 with the top 13 strongest SNPs. Under the 13-SNP model, the PCa detection rate was 21.52%, 36.74%, and 51.98%, respectively for men with low (<0.5), intermediate ($0.5-1.5$), and high (>1.5) genetic score, P -trend = 9.91×10^{-6} . CONCLUSION: Genetic score based on PCa risk-associated SNPs implicated to date is a significant predictor of biopsy outcome. Additional small-effect PCa risk-associated SNPs to be discovered in the future are unlikely to further improve predictive performance. Prostate 9999: 1-12, 2013. © 2013 Wiley Periodicals, Inc.

TÍTULO / TITLE: - Coronary artery disease in radiotherapy.

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

REVISTA / JOURNAL: - Int J Cardiol. 2013 Aug 16. pii: S0167-5273(13)01562-3. doi: 10.1016/j.ijcard.2013.08.037.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijcard.2013.08.037](#)

AUTORES / AUTHORS: - Imbalzano E; Trapani G; Creazzo M; Lizio G; Saitta A

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine and Medical Therapy, University of Messina, Italy. Electronic address: e.imbalzano@libero.it.

TÍTULO / TITLE: - High-risk clinical target volume delineation in CT-guided cervical cancer brachytherapy: Impact of information from FIGO stage with or without systematic inclusion of 3D documentation of clinical gynecological examination.

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

REVISTA / JOURNAL: - Acta Oncol. 2013 Oct;52(7):1345-52. doi: 10.3109/0284186X.2013.813068. Epub 2013 Aug 2.

●● Enlace al texto completo (gratis o de pago) [3109/0284186X.2013.813068](#)

AUTORES / AUTHORS: - Hegazy N; Potter R; Kirisits C; Berger D; Federico M; Sturdza A; Nesvacil N

INSTITUCIÓN / INSTITUTION: - Department of Radiotherapy, Comprehensive Cancer Centre Vienna, Medical University of Vienna, Vienna, Austria.

RESUMEN / SUMMARY: - Abstract Purpose. The aim of the study was to improve computed tomography (CT)-based high-risk clinical target volume (HR CTV) delineation protocols for cervix cancer patients, in settings without any access to magnetic resonance imaging (MRI) at the time of brachytherapy. Therefore the value of a systematic integration of comprehensive three-dimensional (3D) documentation of repetitive gynecological examination for CT-based HR CTV delineation protocols, in addition to information from FIGO staging, was investigated. In addition to a comparison between reference MRI contours and two different CT-based contouring methods (using complementary information from FIGO staging with or without additional 3D clinical drawings), the use of standardized uterine heights was also investigated. Material and methods. Thirty-five cervix cancer patients with CT- and MR-images and 3D clinical drawings at time of diagnosis and brachytherapy were included. HR CTVstage was based on CT information and FIGO stage. HR CTVstage + 3Dclin was contoured on CT using FIGO stage and 3D clinical drawing. Standardized HR CTV heights were: 1/1, 2/3 and 1/2 of uterine height. MRI-based HR CTV was delineated independently. Resulting widths, thicknesses, heights, and volumes of HR CTVstage, HR CTVstage + 3Dclin and MRI-based HR CTV contours were compared. Results. The overall normalized volume ratios (mean+/- SD of CT/MRIref volume) of HR CTVstage and HR stage + 3Dclin were 2.6 (+/- 0.6) and 2.1 (+/- 0.4) for 1/1 and 2.3 (+/- 0.5) and

1.8 (+/- 0.4), for 2/3, and 1.9 (+/- 0.5) and 1.5 (+/- 0.3), for 1/2 of uterine height. The mean normalized widths were 1.5 +/- 0.2 and 1.2 +/- 0.2 for HR CTVstage and HR CTVstage + 3Dclin, respectively (p < 0.05). The mean normalized heights for HR CTVstage and HR CTVstage + 3Dclin were both 1.7 +/- 0.4 for 1/1 (p < 0.05.), 1.3 +/- 0.3 for 2/3 (p < 0.05) and 1.1 +/- 0.3 for 1/2 of uterine height. Conclusion. CT-based HR CTV contouring based on FIGO stage alone leads to large overestimation of width and volume. Target delineation accuracy can systematically improve through incorporation of additional information from comprehensive 3D documentation of repetitive gynecological examination in the contouring protocol, and thus help to improve the accuracy of dose optimization in settings with limited access to imaging facilities at the time of brachytherapy. If CT information is only available, minimum 2/3 of uterine height may be a good surrogate for the height of HR CTV.

TÍTULO / TITLE: - Dosimetric and Radiobiological Consequences of Computed Tomography-Guided Adaptive Strategies for Intensity Modulated Radiation Therapy of the Prostate.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Aug 23. pii: S0360-3016(13)02815-0. doi: 10.1016/j.ijrobp.2013.07.006.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijrobp.2013.07.006](#)

AUTORES / AUTHORS: - Battista JJ; Johnson C; Turnbull D; Kempe J; Bzdusek K; Van Dyk J; Bauman G

INSTITUCIÓN / INSTITUTION: - Department of Medical Biophysics, Western University, London, ON, Canada; Department of Oncology, Western University, London, ON, Canada; London Regional Cancer Program, London Health Sciences Centre, London, ON, Canada. Electronic address: j2b@uwo.ca.

RESUMEN / SUMMARY: - PURPOSE: To examine a range of scenarios for image-guided adaptive radiation therapy of prostate cancer, including different schedules for megavoltage CT imaging, patient repositioning, and dose replanning. METHODS AND MATERIALS: We simulated multifraction dose distributions with deformable registration using 35 sets of megavoltage CT scans of 13 patients. We computed cumulative dose-volume histograms, from which tumor control probabilities and normal tissue complication probabilities (NTCPs) for rectum were calculated. Five-field intensity modulated radiation therapy (IMRT) with 18-MV x-rays was planned to achieve an isocentric dose of 76 Gy to the clinical target volume (CTV). The differences between D95, tumor control probability, V70Gy, and NTCP for rectum, for accumulated versus planned dose distributions, were compared for different target volume sizes, margins, and adaptive strategies. RESULTS: The CTV D95 for IMRT treatment plans, averaged over 13 patients, was 75.2 Gy. Using the largest CTV margins (10/7 mm), the D95 values accumulated over 35 fractions were within 2% of

the planned value, regardless of the adaptive strategy used. For tighter margins (5 mm), the average D95 values dropped to approximately 73.0 Gy even with frequent repositioning, and daily replanning was necessary to correct this deficit. When personalized margins were applied to an adaptive CTV derived from the first 6 treatment fractions using the STAPLE (Simultaneous Truth and Performance Level Estimation) algorithm, target coverage could be maintained using a single replan 1 week into therapy. For all approaches, normal tissue parameters (rectum V70Gy and NTCP) remained within acceptable limits. CONCLUSIONS: The frequency of adaptive interventions depends on the size of the CTV combined with target margins used during IMRT optimization. The application of adaptive target margins (<5 mm) to an adaptive CTV determined 1 week into therapy minimizes the need for subsequent dose replanning.

TÍTULO / TITLE: - The association of insomnia with gastroesophageal reflux symptoms in biopsy-proven nonalcoholic fatty liver disease.

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

REVISTA / JOURNAL: - J Gastroenterol. 2013 Aug 22.

●● Enlace al texto completo (gratis o de pago) [1007/s00535-013-0871-5](https://doi.org/10.1007/s00535-013-0871-5)

AUTORES / AUTHORS: - Taketani H; Sumida Y; Tanaka S; Imajo K; Yoneda M; Hyogo H; Ono M; Fujii H; Eguchi Y; Kanemasa K; Chayama K; Itoh Y; Yoshikawa T; Saibara T; Fujimoto K; Nakajima A

INSTITUCIÓN / INSTITUTION: - Center for Digestive and Liver Diseases, Nara City Hospital, Nara, Japan.

RESUMEN / SUMMARY: - BACKGROUND: It is suggested that nonalcoholic fatty liver disease (NAFLD), including nonalcoholic fatty liver (NAFL) and nonalcoholic steatohepatitis (NASH), can be associated with insomnia and gastro-esophageal reflux disease (GERD). The relationship between GERD and insomnia in subjects with biopsy-proven NAFLD was investigated. METHODS: This study enrolled 123 patients with biopsy-proven NAFLD. Insomnia was assessed by the Athens Insomnia Scale (AIS), a self-assessment psychometric instrument designed to quantify sleep difficulty based on ICD-10 criteria; AIS scores ≥ 6 were considered positive for insomnia. GERD symptoms were evaluated using a frequency scale for the symptoms of GERD (FSSG); FSSG scores ≥ 8 were considered positive. Logistic regression models were used to evaluate the association of insomnia with GERD, after adjusting for potential confounders. Thirteen patients with GERD were treated with the proton pump inhibitor rabeprazole (RPZ; 10 mg/day), for 12 weeks. RESULTS: Of the 123 patients, 76 (62 %) were female and 87 (71 %) were obese, with 34 (28 %) having AIS scores ≥ 6 and 31 (25 %) having FSSG scores ≥ 8 . Liver biopsy revealed that 40 patients (33 %) had NAFL and 83 (67 %) had NASH. FSSG and AIS scores were similar in the two groups. HOMA-IR, FSSG scores and gammaGT (GGT) concentrations were significantly higher

in insomniacs than in non-insomniacs. Logistic regression analysis demonstrated that FSSG score and GGT concentration were independently associated with insomnia. RPZ treatment resulted in significantly reductions in both AIS and FSSG scores.

CONCLUSIONS: Nearly 30 % of patients with biopsy-proven NAFLD had insomnia, which was related to GGT and GERD and could be relieved by RPZ treatment.

TÍTULO / TITLE: - Decreased survival of newborn neurons in the dorsal hippocampus after neonatal LPS exposure in mice.

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

REVISTA / JOURNAL: - Neuroscience. 2013 Aug 30;253C:21-28. doi: 10.1016/j.neuroscience.2013.08.040.

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

[1016/j.neuroscience.2013.08.040](#)

AUTORES / AUTHORS: - Jarlestedt K; Naylor AS; Dean J; Hagberg H; Mallard C

INSTITUCIÓN / INSTITUTION: - Department of Physiology, Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden.

RESUMEN / SUMMARY: - Experimental studies show that inflammation reduces the regenerative capacity in the adult brain. Less is known about how early postnatal inflammation affects neurogenesis, stem cell proliferation, cell survival and learning and memory in young adulthood. In this study we examined if an early-life inflammatory challenge alters cell proliferation and survival in distinct anatomical regions of the hippocampus and whether learning and memory were affected. Lipopolysaccharide (LPS, 1mg/kg) was administered to mice on postnatal day (P) 9 and proliferation and survival of hippocampal cells born either prior to (24h before LPS), or during the inflammatory insult (48h after LPS) was evaluated. Long-term cell survival of neurons and astrocytes was determined on P 41 and P 60 in the dorsal and ventral horns of the hippocampus. On day 50 the mice were tested in the trace fear conditioning (TFC) paradigm. There was no effect on the survival of neurons and astrocytes that were born before LPS injection. In contrast, the number of neurons and astrocytes that were born after LPS injection were reduced on P 41. The LPS-induced reduction in cell numbers was specific for the dorsal hippocampus. Neither early (48h after LPS) or late (33days after LPS) proliferation of cells was affected by neonatal inflammation and neonatal LPS did not alter the behavior of young adult mice in the TFC test. These data highlight that neonatal inflammation specifically affects survival of dividing neurons and astrocytes, but not post-mitotic cells. The reduction in cell survival could be attributed to less cell survival in the dorsal hippocampus, but had no effect on learning and memory in the young adult.

TÍTULO / TITLE: - Spatial and dose-response analysis of fibrotic lung changes after stereotactic body radiation therapy.

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

REVISTA / JOURNAL: - Med Phys. 2013 Aug;40(8):081712. doi: 10.1118/1.4813916.

●● Enlace al texto completo (gratis o de pago) [1118/1.4813916](#)

AUTORES / AUTHORS: - Vinogradskiy Y; Diot Q; Kavanagh B; Schefter T; Gaspar L; Miften M

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of Colorado School of Medicine, Aurora, Colorado 80045, USA.

yevgeniy.vinogradskiy@ucdenver.edu

RESUMEN / SUMMARY: - PURPOSE: Stereotactic body radiation therapy (SBRT) is becoming the standard of care for early stage nonoperable lung cancers. Accurate dose-response modeling is challenging for SBRT because of the decreased number of clinical toxicity events. As a surrogate for a clinical toxicity endpoint, studies have proposed to use radiographic changes in follow up computed tomography (CT) scans to evaluate lung SBRT normal tissue effects. The purpose of the current study was to use local fibrotic lung regions to spatially and dosimetrically evaluate lung changes in patients that underwent SBRT. METHODS: Forty seven SBRT patients treated at our institution from 2003 to 2009 were used for the current study. Our patient cohort had a total of 148 follow up CT scans ranging from 3 to 48 months post-therapy. Post-treatment scans were binned into intervals of 3, 6, 12, 18, 24, 30, and 36 months after the completion of treatment. Deformable image registration was used to align the follow up CT scans with the pretreatment CT and dose distribution. Areas of visible fibrotic changes were contoured. The centroid of each gross tumor volume (GTV) and contoured fibrosis volume was calculated and the fibrosis volume location and movement (magnitude and direction) relative to the GTV and 30 Gy isodose centroid were analyzed. To perform a dose-response analysis, each voxel in the fibrosis volume was sorted into 10 Gy dose bins and the average CT number value for each dose bin was calculated. Dose-response curves were generated by plotting the CT number as a function of dose bin and time posttherapy. RESULTS: Both fibrosis and GTV centroids were concentrated in the upper third of the lung. The average radial movement of fibrosis centroids relative to the GTV centroids was 2.6 cm with movement greater than 5 cm occurring in 11% of patients. Evaluating dose-response curves revealed an overall trend of increasing CT number as a function of dose. The authors observed a CT number plateau at doses ranging from 30 to 50 Gy for the 3, 6, and 12 months posttherapy time points. There was no evident plateau for the dose-response curves generated using data from the 18, 24, 30, and 36 months posttherapy time points. CONCLUSIONS: Regions of local fibrotic lung changes in patients that underwent SBRT were evaluated spatially and dosimetrically. The authors found that the average fibrosis movement was 2.6 cm with movement greater than 5 cm possible. Evaluating dose-response curves revealed an overall trend of increasing CT number as a function

of dose. Furthermore, our dose-response data also suggest that one of the possible explanations of the CT number plateau effect may be the time posttherapy of the acquired data. Understanding normal tissue dose-response is important for reducing toxicity after SBRT, especially in cases where larger tumors are treated. The methods presented in the current work build on prior quantitative studies and further enhance the understanding of normal lung dose-response after SBRT.

TÍTULO / TITLE: - Pattern of Ocular Findings in Patients with Biopsy-proven Sarcoidosis in Turkey.

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

REVISTA / JOURNAL: - Ocul Immunol Inflamm. 2013 Aug 2.

●● Enlace al texto completo (gratis o de pago) [3109/09273948.2013.775311](https://doi.org/10.1007/s00405-013-2657-z)

AUTORES / AUTHORS: - Sungur G; Hazirolan D; Bilgin G

INSTITUCIÓN / INSTITUTION: - Ankara Education and Training Hospital, Ministry of Health, Department of Ophthalmology , Ankara , Turkey and.

RESUMEN / SUMMARY: - Abstract Purpose: To evaluate demographic, clinical, and ocular features of patients with sarcoidosis. Methods: The study involved 47 biopsy-proven sarcoidosis patients. Patients were divided into 2 groups; group 1 had uveitis and group 2 had no uveitis. Demographic and clinical features of groups were compared. Ocular manifestations in group 1 were also evaluated. Results: Twenty-six patients (53.3%) had uveitis. The incidence of uveitis was more frequent between ages 21 and 40. The most frequent type of uveitis was intermediate uveitis (46.1%), followed by panuveitis (38.4%) and anterior uveitis (15.3%). The incidence of advanced pulmonary disease was significantly higher in patients with uveitis. Conclusions: Intermediate uveitis was the most frequent type of uveitis noted in our series of patients with sarcoidosis.

TÍTULO / TITLE: - Survival outcome depending on different treatment strategies in advanced stages III and IV laryngeal cancers: an audit of data from two European centres.

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

REVISTA / JOURNAL: - Eur Arch Otorhinolaryngol. 2013 Aug 31.

●● Enlace al texto completo (gratis o de pago) [1007/s00405-013-2657-z](https://doi.org/10.1007/s00405-013-2657-z)

AUTORES / AUTHORS: - Karlsson TR; Al-Azzawe M; Aziz L; Hurman D; Finizia C

RESUMEN / SUMMARY: - In light of continued uncertainty regarding efficacy of treatment of Stages III and IV laryngeal tumours, this study aims to evaluate organ-preservation strategies, comprising radiotherapy and chemoradiotherapy versus surgical treatment (laryngectomy +/- adjuvant treatment) by encompassing the long-established practice at two internationally acclaimed tertiary centres not previously presented in published

literature. Retrospective review was conducted of non-randomised prospectively maintained Stages III and IV disease patient databases at two tertiary centres: Sahlgrenska University Hospital (SU) in Gothenburg, Sweden, and Aberdeen Royal Infirmary (ARI) in Aberdeen, Scotland. Primary outcome measures included 3-year overall, disease-specific survival and local control depending on treatment. A total of 176 patients were identified. Sixty-five patients (37 %) presented with Stage III tumours, of which 51 patients received organ-preserving treatment and 14 underwent total laryngectomy. The corresponding figures for the 111 patients (63 %) presenting with Stage IV disease were 42 and 69. Three-year overall and disease-specific survival for Stage III was 58 and 73 %, respectively. The corresponding figures for Stage IV disease were 42 and 53 %. The choice of treatment did not appear to significantly influence survival for Stage III ($p = 0.56$) or IV ($p = 0.93$) disease. The choice of treatment, whether organ preservation or surgery, does not seem to significantly influence the overall or disease-specific survival. Therefore, other factors such as quality of life and voice and efficacy of salvage treatments are perhaps more likely to indicate the preferred treatment options, but larger randomised trials are needed.

TÍTULO / TITLE: - Ribosomal s6 protein kinase 4: a prognostic factor for renal cell carcinoma.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Sep 3;109(5):1137-46. doi: 10.1038/bjc.2013.463. Epub 2013 Aug 13.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.463](#)

AUTORES / AUTHORS: - Fan L; Li P; Yin Z; Fu G; Liao DJ; Liu Y; Zhu J; Zhang Y; Wang L; Yan Q; Guo Y; Shao C; Huang G; Wang Z

INSTITUCIÓN / INSTITUTION: - State Key Laboratory of Cancer Biology, Department of Pathology, Xijing Hospital, Fourth Military Medical University, Changle West Road #169, Xi'an 710032, China.

RESUMEN / SUMMARY: - Background: The expression and function of ribosomal s6 protein kinase 4 (RSK4) in renal cell carcinoma (RCC) are unknown. Methods: Immunohistochemistry was used to detect the expression of RSK4 in RCC, and the relationship between RSK4 expression and clinicopathological features as well as prognosis of RCC patients was statistically analysed. Ectopic RSK4 expression in RCC cell lines was performed to determine its effect on cell cycle regulation, tumour invasiveness, and metastatic capability. Results: RSK4 was overexpressed in RCCs ($P=0.003$), compared with normal tissues, and the expression varied in different RCC subtypes ($P=0.021$), especially in two subtypes of papillary RCCs ($P=0.001$). RSK4 expression was positively correlated with high pT stage ($P<0.001$), high Fuhrman grade ($P<0.001$), lymph node involvement ($P<0.001$), and presence of distant metastasis ($P=0.039$), and could predict poor outcome in RCC patients. Molecular studies showed

that overexpression of RSK4 could promote cell cycle progression and enhance the invasive and metastatic capability of RCC cell lines and vice versa. Conclusion: The expression pattern and molecular mechanisms of RSK4 in RCCs indicate that it could be a potential independent prognostic factor and serve as a new potential therapeutic target for RCC patients.

TÍTULO / TITLE: - Numerical simulation of ejected molten metal nanoparticles liquified by laser irradiation: interplay of geometry and dewetting.

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

REVISTA / JOURNAL: - Phys Rev Lett. 2013 Jul 19;111(3):034501. Epub 2013 Jul 16.

AUTORES / AUTHORS: - Afkhami S; Kondic L

INSTITUCIÓN / INSTITUTION: - Department of Mathematical Sciences and Center for Applied Mathematics and Statistics, New Jersey Institute of Technology, Newark, New Jersey 07102, USA. shahriar.afkhami@njit.edu

RESUMEN / SUMMARY: - Metallic nanoparticles, liquified by fast laser irradiation, go through a rapid change of shape attempting to minimize their surface energy. The resulting nanodrops may be ejected from the substrate when the mechanisms leading to dewetting are sufficiently strong, as in the experiments involving gold nanoparticles [Habenicht et al., Science 309, 2043 (2005)]. We use a direct continuum-level approach to accurately model the process of liquid nanodrop formation and the subsequent ejection from the substrate. Our computations show a significant role of inertial effects and an elaborate interplay of initial geometry and wetting properties: e.g., we can control the direction of ejection by prescribing appropriate initial shape and/or wetting properties. The basic insight regarding ejection itself can be reached by considering a simple effective model based on an energy balance. We validate our computations by comparing directly with the experiments specified above involving the length scales measured in hundreds of nanometers and with molecular dynamics simulations on much shorter scales measured in tens of atomic diameters, as by M. Fuentes-Cabrera et al. [Phys. Rev. E 83, 041603 (2011)]. The quantitative agreement, in addition to illustrating how to control particle ejection, shows utility of continuum-based simulation in describing dynamics on nanoscale quantitatively, even in a complex setting as considered here.

TÍTULO / TITLE: - Long-Term Survival in Primary Glioblastoma With Versus Without Isocitrate Dehydrogenase Mutations.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Sep 15;19(18):5146-5157. Epub 2013 Aug 5.

●● Enlace al texto completo (gratis o de pago) [1158/1078-0432.CCR-13-0017](https://doi.org/10.1158/1078-0432.CCR-13-0017)

AUTORES / AUTHORS: - Hartmann C; Hentschel B; Simon M; Westphal M; Schackert G; Tonn JC; Loeffler M; Reifenberger G; Pietsch T; von Deimling A; Weller M

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Department of Neuropathology, Institute of Pathology, Hannover Medical School, Hannover; Department of Neuropathology, and German Cancer Research Center (DKFZ), Clinical Cooperation Unit Neuropathology, University Hospital of Heidelberg, Institute for Pathology, Heidelberg; Institute for Medical Informatics, Statistics and Epidemiology, University Leipzig; Departments of Neurosurgery and Neuropathology, University of Bonn, Bonn; Department of Neurosurgery, University of Hamburg, Hamburg; Department of Neurosurgery, University of Dresden, Dresden; Department of Neurosurgery, University of Munich, Munich; Department of Neuropathology, Heinrich Heine University, Dusseldorf, Germany; and Department of Neurology, University Hospital Zurich, and Neuroscience Center Zurich, University of Zurich, Zurich, Switzerland.

RESUMEN / SUMMARY: - **PURPOSE:** The determinants of long-term survival in glioblastoma have remained largely obscure. Isocitrate dehydrogenase (IDH) 1 or 2 mutations are common in World Health Organization (WHO) grades II and III gliomas, but rare in primary glioblastomas, and associated with longer survival. **EXPERIMENTAL DESIGN:** We compared clinical and molecular characteristics of 69 patients with centrally confirmed glioblastoma and survival >36 months (LTS-36), including 33 patients surviving >60 months (LTS-60), with 257 patients surviving <36 months. MGMT promoter methylation, 1p/19q codeletions, EGFR amplification, TP53 mutations, and IDH1/2 mutations were determined by standard techniques. **RESULTS:** The rate of IDH1/2 mutations in LTS-36 patients was 34% (23 of 67 patients) as opposed to 4.3% in controls (11 of 257 patients). Long-term survivors with IDH1/2-mutant glioblastomas were younger, had almost no EGFR amplifications, but exhibited more often 1p/19q codeletions and TP53 mutations than LTS patients with IDH1/2 wild-type glioblastomas. Long-term survivors with IDH1/2 wild-type showed no distinguishing features from other patients with IDH1/2 wild-type glioblastomas except for a higher rate of MGMT promoter methylation. Similarly, among 11 patients with IDH1/2-mutant glioblastomas without long-term survival, the only difference to IDH1/2-mutant long-term survivors was less-frequent MGMT promoter methylation. Compared with LTS-36 patients, LTS-60 patients had less frequently TP53 mutations and radiotherapy alone as initial treatment. **CONCLUSIONS:** IDH1/2 mutations define a subgroup of tumors of LTS patients that exhibit molecular characteristics of WHO grade II/III gliomas and secondary glioblastomas. Determinants of LTS with IDH1/2 wild-type glioblastomas, which exhibit typical molecular features of primary glioblastomas, beyond MGMT promoter methylation, remain to be identified. Clin Cancer Res; 19(18); 5146-57. ©2013 AACR.

TÍTULO / TITLE: - Lung cancer survival in England: trends in non-small-cell lung cancer survival over the duration of the National Lung Cancer Audit.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Sep 19. doi: 10.1038/bjc.2013.572.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.572](#)

AUTORES / AUTHORS: - Khakwani A; Rich AL; Powell HA; Tata LJ; Stanley RA; Baldwin DR; Duffy JP; Hubbard RB

INSTITUCIÓN / INSTITUTION: - Division of Epidemiology and Public Health, University of Nottingham, Nottingham NG5 1PB, UK.

RESUMEN / SUMMARY: - Background: In comparison with other European and North American countries, England has poor survival figures for lung cancer. Our aim was to evaluate the changes in survival since the introduction of the National Lung Cancer Audit (NLCA). Methods: We used data from the NLCA to identify people with non-small-cell lung cancer (NSCLC) and stratified people according to their performance status (PS) and clinical stage. Using Cox regression, we calculated hazard ratios (HRs) for death according to the year of diagnosis from 2004/2005 to 2010; adjusted for patient features including age, sex and co-morbidity. We also assessed whether any changes in survival were explained by the changes in surgical resection rates or histological subtype. Results: In this cohort of 120 745 patients, the overall median survival did not change; but there was a 1% annual improvement in survival over the study period (adjusted HR 0.99, 95% confidence interval (CI) 0.98-0.99). Survival improvement was only seen in patients with good PS and early stage (adjusted HR 0.97, 95% CI 0.95-0.99) and this was partly accounted for by changes in resection rates. Conclusion: Survival has only improved for a limited group of people with NSCLC and increasing surgical resection rates appeared to explain some of this improvement. British Journal of Cancer advance online publication, 19 September 2013; doi:10.1038/bjc.2013.572 www.bjancer.com.

TÍTULO / TITLE: - Host plant resistance against Tomato spotted wilt virus (TSWV) in peanut (*Arachis hypogaea*) and its impact on susceptibility to the virus, virus population genetics, and vector feeding behavior and survival.

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

REVISTA / JOURNAL: - Phytopathology. 2013 Sep 11.

●● Enlace al texto completo (gratis o de pago) [1094/PHYTO-04-13-0107-R](#)

AUTORES / AUTHORS: - Sundaraj S; Srinivasan R; Culbreath AK; Riley D; Pappu H

INSTITUCIÓN / INSTITUTION: - University of Georgia, Entomology, Tifton, Georgia, United States ; sivamanisundaraj@gmail.com.

RESUMEN / SUMMARY: - Tomato spotted wilt virus (TSWV) severely affects peanut production in southeastern United States. Breeding efforts over the last three decades resulted in the release of numerous peanut genotypes with field resistance to TSWV.

The degree of field resistance in these genotypes has steadily increased over time, with recently released genotypes exhibiting a higher degree of field resistance than older genotypes. However, most new genotypes have never been evaluated in the greenhouse and/or laboratory against TSWV and/or thrips, and the mechanism of resistance is unknown. In this study, TSWV-resistant and susceptible genotypes were subjected to TSWV mechanical inoculation. The incidence of TSWV infection ranged from 71.7 to 87.2 %. Estimation of TSWV N gene copies did not reveal significant differences between resistant and susceptible genotypes. Parsimony and principal component analyses of N gene nucleotide sequences revealed inconsistent differences between virus isolates collected from resistant and susceptible genotypes and between old (collected in 1998) and new isolates (2010). Amino acid sequence analyses indicated consistent differences between old and new isolates. In addition, we found evidence for overabundance of non-synonymous substitutions. However, there was no evidence for positive selection. Purifying selection, population expansion, and differentiation seem to have influenced the TSWV populations temporally rather than positive selection induced by host resistance. Choice and no-choice tests indicated that resistant and susceptible genotypes differentially affected thrips feeding and survival. Thrips feeding and survival were suppressed on some resistant genotypes compared to susceptible genotypes. These findings reveal how TSWV resistance in peanut could influence evolution, epidemiology, and management of TSWV.

TÍTULO / TITLE: - Germline genetic variations at 11q13 and 12p11 locus modulate age of onset for renal cell carcinoma.

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

REVISTA / JOURNAL: - J Urol. 2013 Aug 1. pii: S0022-5347(13)05029-5. doi: 10.1016/j.juro.2013.07.064.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.07.064](#)

AUTORES / AUTHORS: - Audenet F; Cancel-Tassin G; Bigot P; Audouin M; Gaffory C; Ondet V; Thibault F; Auribault K; Gazut S; Benhabiles N; Azzouzi AR; Mejean A; Roupret M; Cussenot O

INSTITUCIÓN / INSTITUTION: - CeRePP, F-75020, Paris, France; UPMC Univ Paris 06, GRC n degrees 5, ONCOTYPE-URO, F-75020, Paris, France; Academic Department of Urology of Georges Pompidou European Hospital (HEGP), Assistance Publique-Hopitaux de Paris, Faculte de Medecine Paris Descartes, University Paris V, Paris, France; UPMC Univ Paris 06, ER 2, F-75020, Paris, France. Electronic address: francois.audenet@gmail.com.

RESUMEN / SUMMARY: - PURPOSE: Few risk factors are identified for Renal Cell Carcinoma (RCC). The purpose of this work was to perform a validation study on a population of European background for the most significant variants previously identified in association with RCC risk. MATERIALS AND METHODS: We conducted a

case-control validation study by recruiting 463 controls and 463 patients with a histologically confirmed diagnosis of clear cell RCC. For each patient and matched control, we performed genotyping of 8 Single Nucleotide Polymorphisms (SNPs) selected from previous studies, to evaluate the association between candidate SNPs and susceptibility to RCC. RESULTS: After adjusting for age, gender, smoking status and body mass index (BMI), the AG+AA genotypes from rs7105934 (11q13) were associated with a decrease in the risk of RCC (OR=0.50; 95% CI=0.33-0.75; p=0.001) and the AC+CC genotypes from rs1049380 (ITPR2) were associated with an increased risk (OR=1.66; 95% CI=1.28-2.16; p<0.001). Moreover, kidney cancer occurred at an older age in case of carriage of the dominant risk allele A for rs7105934 (mean age at diagnosis = 73.1 years vs. 68.9; p=0.002) and at a younger age in case of carriage of the dominant allele C for rs1049380 (mean age at diagnosis = 68.1 years vs. 70.8; p=0.005). CONCLUSION: In this first validation study of the main 8 SNP variants associated with RCC susceptibility, we confirmed the association of 2 of these SNPs with the risk of RCC. Both variants influence the age at diagnosis of the disease.

TÍTULO / TITLE: - Lack of association between the UDP-glucuronosyltransferase 1A1 (UGT1A1) gene polymorphism and the risk of benign prostatic hyperplasia in Caucasian men.

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

REVISTA / JOURNAL: - Mol Biol Rep. 2013 Sep 21.

●● Enlace al texto completo (gratis o de pago) [1007/s11033-013-2781-2](#)

AUTORES / AUTHORS: - Karatzas A; Tzortzis V; Giannatou E; Gravas S; Zachos I; Oeconomou A; Melekos M; Tsezou A

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Thessaly School of Medicine, Mezourlo, 41110, Larissa, Greece, adkaratzas@yahoo.gr.

RESUMEN / SUMMARY: - Glucuronidation, mediated by the UDP-glucuronosyltransferase 1A1 (UGT1A1) enzyme, is an important metabolic process during which steroids are converted to more easily excreted compounds in steroid target tissues, such as the prostate. The aim of our study was to investigate the possible correlation between UGT1A1 promoter gene polymorphism and benign prostatic hyperplasia. 421 blood samples were obtained from 138 consecutive patients diagnosed with benign prostatic hyperplasia (BPH group) and 283 healthy volunteers (control group). A(TA)₆TAA promoter polymorphism of UGT1A1 gene was studied using the Fragment Analysis Software of an automated DNA sequencer and three genotypes (homozygous 7/7, heterozygous 6/7 and normal homozygous 6/6) were identified. No significant differences were observed between the BPH group and controls regarding the genotyping distribution of the three UGT1A1 promoter genotypes (P = 0.39). Also, no association was found between overall disease risk and the presence of the polymorphic homozygous genotype (TA(7)/TA(7)) vs. TA(6)/TA(7) + TA(6)/TA(6)) (P =

0.31). Our data suggest that the TA repeat polymorphism of UGT1A1 is not associated with increased BPH risk susceptibility in Caucasian men.

TÍTULO / TITLE: - The Characterization of Pheochromocytoma and Its Impact on Overall Survival in Multiple Endocrine Neoplasia Type 2.

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

REVISTA / JOURNAL: - J Clin Endocrinol Metab. 2013 Sep 12.

●● Enlace al texto completo (gratis o de pago) [1210/jc.2013-1653](#)

AUTORES / AUTHORS: - Thosani S; Ayala-Ramirez M; Palmer L; Hu MI; Rich T; Gagel RF; Cote G; Waguespack SG; Habra MA; Jimenez C

INSTITUCIÓN / INSTITUTION: - The Department of Endocrine Neoplasia and Hormonal Disorders (S.T., M.A.-R., M.I.H., R.F.G., G.C., S.G.W., M.A.H., C.J.), Division of Internal Medicine, University of Texas-MD Anderson Cancer Center; The Department of Biostatistics (L.P.), University of Texas-MD Anderson Cancer Center; and Clinical Cancer Genetics Program (T.R.), University of Texas-MD Anderson Cancer Center, Houston, Texas.

RESUMEN / SUMMARY: - Context:Pheochromocytoma (PHEO) occurs in 50% of patients with multiple endocrine neoplasia type 2 (MEN2). It is unknown if association with PHEO is associated with more aggressive medullary thyroid cancer (MTC).Objective:To present our experience with MEN2 PHEO and evaluate whether PHEO impacts MTC overall survival in patients with RET codon 634 mutations.Design:We performed a retrospective chart review of MEN2 patients at MD Anderson Cancer Center from 1960 through 2012.Patients:The study group comprised of 85 patients (group 1) with MEN2 associated PHEO. Of these, 59 patients (subgroup 1) with RET codon 634 mutations were compared to 48 patients (group 2) with RET codon 634 mutations, but without MEN 2-associated PHEO.Main Outcome Measures:Of 85 patients with MEN2 and PHEO, 70 had MEN2A and 15 had MEN2B. Median age at PHEO diagnosis was 32 years. The initial manifestation of MEN2 was MTC in 60% of patients, synchronous MTC and PHEO in 34%, and PHEO in 6% of patients. 72% of patients had bilateral PHEO, and most tumors were synchronous (82%). Subgroup analysis of MEN2 patients with and without PHEO, who were carriers of RET codon 634, the most common mutation with PHEO, showed no significant differences in the stage of MTC at initial diagnosis. The median follow-up time for patients with PHEO was 249 months and without PHEO was 67 months (p<.01). Survival analyses among RET 634 carriers didn't show shorter survival for patients with PHEO. The median survival time for patients with PHEO was 499 months and without PHEO was 444 months (p<.05).Conclusions:PHEO in MEN2 patients are usually bilateral and unlikely to be metastatic. Subgroup analysis of patients RET 634 mutations with and without PHEO, showed that PHEO was not associated with a more advanced stage of MTC at diagnosis or a shorter survival.

TÍTULO / TITLE: - Prostate cancer: to treat or not to treat?

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

REVISTA / JOURNAL: - Johns Hopkins Med Lett Health After 50. 2013 Jan;24(12):1-2.

TÍTULO / TITLE: - Reply: Comment on 'Beta-blockers increase response to chemotherapy via direct anti-tumour and anti-angiogenic mechanisms in neuroblastoma' - beta-blockers are potent anti-angiogenic and chemo-sensitising agents, rather than cytotoxic drugs.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Oct 1;109(7):2024-2025. doi: 10.1038/bjc.2013.498. Epub 2013 Aug 22.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.498](#)

AUTORES / AUTHORS: - Pasquier E; Andre N; Trahair T; Kavallaris M

INSTITUCIÓN / INSTITUTION: - [1] Children's Cancer Institute Australia, Lowy Cancer Research Centre, University of New South Wales, Randwick, NSW 2031, Australia [2] Metronomics Global Health Initiative, Marseille 13005, France.

TÍTULO / TITLE: - RG7212 anti-TWEAK mAb inhibits tumor growth through inhibition of tumor cell proliferation and survival signaling and by enhancing the host antitumor immune response.

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

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

●● Enlace al texto completo (gratis o de pago) [1158/1078-0432.CCR-13-0405](#)

AUTORES / AUTHORS: - Yin X; Luistro L; Zhong H; Smith M; Nevins T; Schostack K; Hilton H; Lin TA; Truitt T; Biondi D; Wang X; Packman K; Rosinski J; Berkofsky-Fessler W; Tang JP; Pant S; Geho D; Vega-Harrington S; Demario M; Levitsky H; Simcox ME

INSTITUCIÓN / INSTITUTION: - Discovery Oncology, Roche Pharmaceuticals.

RESUMEN / SUMMARY: - ABSTRACT PURPOSE: To explore the role of TWEAK in tumor growth and antitumor immune response and the activity and mechanism of RG7212, an antagonistic anti-TWEAK antibody, in tumor models. EXPERIMENTAL DESIGN: TWEAK induced signaling and gene expression were explored in tumor cell lines and inhibition of these effects and antitumor efficacy with RG7212 treatment was assessed in human tumor xenograft-, patient-derived xenograft- and syngeneic- tumor models and Phase I patients. Genetic features correlated with anti-tumor activity were characterized. RESULTS: In tumor cell lines, TWEAK induces proliferation, survival and NF-κB signaling and gene expression that promote tumor growth and suppress antitumor immune responses. TWEAK inducible CD274, CCL2, CXCL-10 and -11 modulate T cell and monocyte recruitment, T cell activation and macrophage

differentiation. These factors and TWEAK-induced signaling were decreased, and tumor, blood and spleen immune cell composition was altered with RG7212 treatment in mice. RG7212 inhibits tumor growth in vivo in models with TWEAK receptor, Fn14, expression and markers of pathway activation. In Phase I testing, signs of tumor shrinkage and stable disease were observed without dose limiting toxicity. In a patient with advanced, Fn14-positive, malignant melanoma with evidence of tumor regression, proliferation markers were dramatically reduced, tumor T cell infiltration increased and tumor macrophage content decreased. Antitumor activity, a lack of toxicity in humans and animals and no evidence of antagonism with standard of care or targeted agents in mice, suggest RG7212 is a promising agent for use in combination therapies in patients with Fn14 positive tumors.

TÍTULO / TITLE: - Outcomes following surgical treatment compared to radiation for stage I NSCLC: A SEER database analysis.

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

REVISTA / JOURNAL: - Lung Cancer. 2013 Oct;82(1):90-4. doi: 10.1016/j.lungcan.2013.06.021. Epub 2013 Jul 31.

●● Enlace al texto completo (gratis o de pago) [1016/j.lungcan.2013.06.021](#)

AUTORES / AUTHORS: - Monirul Islam KM; Shostrom V; Kessinger A; Ganti AK

INSTITUCIÓN / INSTITUTION: - Department of Epidemiology, University of Nebraska Medical Center, Omaha, NE, United States.

RESUMEN / SUMMARY: - INTRODUCTION: Outcomes following surgery are better than following radiation therapy (RT), for stage I NSCLC. Whether this is due to selection of healthier patients for surgery is unclear. This study was undertaken to compare outcomes between surgical patients and patients who were surgical candidates but did not receive surgery. METHODS: Data of patients with stage I NSCLC between 1988 and 2007, included in the SEER database were analyzed. Overall survival (OS) was examined by treatment type (surgery only, radiation only, surgery and radiation, and no treatment). OS was compared between RT patients who refused surgery and those not fit for surgery. Cox proportional hazards model was used to compare outcomes by treatment type. RESULTS: Data from 8579 patients with stage I NSCLC during 1988-2007 were analyzed. Use of RT alone increased during the study period. An increasing proportion of patients with stage I lung cancer chose to have no treatment. On multivariate analysis, OS was better among patients who had surgery. There was a 56% improvement in survival among patients who had surgery compared to fit patients who refused surgery (HR 0.437, 95% CI 0.301-0.632). Patients who refused surgery had a better OS than those who were not fit for surgery (log-rank p=0.01). Patients who received RT alone or no treatment had a significant improvement in five-year OS during the latter part of the study period (1998-2002 vs. 1988-1992). CONCLUSIONS: In medically fit patients, outcomes following surgery are better than those following

conventional radiation. Hence surgery should be chosen over conventional radiation, whenever possible. Outcomes following RT show an improvement over time reflecting improvement in radiation techniques.

TÍTULO / TITLE: - Age cutoff for the loss of survival benefit from use of radial artery in coronary artery bypass grafting.

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

REVISTA / JOURNAL: - J Thorac Cardiovasc Surg. 2013 Sep 11. pii: S0022-5223(13)00795-2. doi: 10.1016/j.jtcvs.2013.07.025.

●● Enlace al texto completo (gratis o de pago) 1016/j.jtcvs.2013.07.025

AUTORES / AUTHORS: - Benedetto U; Codispoti M

INSTITUCIÓN / INSTITUTION: - Department of Cardiothoracic Surgery, Papworth Hospital, Papworth Everard, Cambridge, England.

RESUMEN / SUMMARY: - BACKGROUND: Controversy still exists about the superiority of the radial artery (RA) over the saphenous vein graft (SVG) as a second conduit for surgical myocardial revascularization. We aimed to investigate the presence of any survival benefit from use of the RA and relate it to patients' age. METHODS: Propensity score matching was conducted on 9005 patients who underwent first-time isolated coronary artery bypass grafting (CABG) using the left internal thoracic artery at a single institution from 1996 to 2012. The use of RA was recorded in 936 patients, whereas the use of SVGs only was recorded in 8069 patients. The primary study end point was all-cause death. The interaction between patients' age and any survival benefit from the RA was assessed by spline analysis. RESULTS: After propensity matching, the sample size consisted of 809 matched pairs. In the matched group, mean follow-up was 6.4 +/- 3.6 years (range, 0-13.6 years). Survival was 96.8% +/- 0.6% versus 96.0% +/- 0.6% at 1 year, 91.4% +/- 1.1% versus 90.1% +/- 1.0% at 5 years, and 83.2% +/- 1.7% versus 79.4% +/- 1.9% at 10 years for patients receiving RA or SVG, respectively. RA use was associated with a lower risk for late death (hazard ratio [HR], 0.75; 95% confidence interval [CI], 0.57-0.98; P = .03). However, the protective effect from RA on late survival was not equally present across all age groups, as shown by spline analysis. The survival advantage from RA was maximum in patients 60 years and younger (upper limit of 95% CI, <1) and gradually declined with increasing age, until it was no longer present in patients older than 70 years (adjusted HR, 0.90; 95% CI, 0.63-1.28; P = .57). CONCLUSIONS: The use of the radial artery graft as a second conduit improves all-cause mortality in patients undergoing primary isolated CABG up to the age of 70 years.

TÍTULO / TITLE: - Modality of chronic renal replacement therapy and survival—a complete cohort from Finland, 2000-2009.

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

REVISTA / JOURNAL: - Nephrol Dial Transplant. 2013 Sep 12.

●● Enlace al texto completo (gratis o de pago) [1093/ndt/gft326](#)

AUTORES / AUTHORS: - Haapio M; Helve J; Kyllonen L; Gronhagen-Riska C; Finne P

INSTITUCIÓN / INSTITUTION: - Division of Nephrology, Helsinki University Central Hospital, Helsinki, Finland.

RESUMEN / SUMMARY: - BACKGROUND: Studies on dialysis modality and survival have shown conflicting results, mostly due to insufficient and varying control of confounding factors. Using comprehensive data on a well-defined patient cohort, we therefore investigated the association of dialysis modality with survival on chronic renal replacement therapy (RRT) and whether this association varies between subgroups of patients. METHODS: Survival analyses included all adult patients entering chronic RRT in Finland between 2000 and 2009 and used information obtained from the Finnish Registry for Kidney Diseases and the Finnish Kidney Transplant Registry. In our primary intention-to-treat (ITT) analysis, we calculated relative risk of death according to dialysis modality on Day 91 from RRT start, comparing peritoneal dialysis (PD) to haemodialysis (HD). Relative risks were adjusted for putative confounders. Interactions between treatment groups and other variables were estimated. RESULTS: Of the total 4463 patients, 42% died during the 10 years of follow-up. Median survival time was 5.2 years. In unadjusted ITT analysis, relative risk of death of PD patients was 0.65 (95% CI 0.58-0.73, $P < 0.001$) compared with HD patients. With adjustment for 26 variables, the corresponding relative risk of death was 1.07 (95% CI 0.94-1.22, $P = 0.33$). When censoring at time of kidney transplantation, the result was similar with a relative risk of death of 1.09 (95% CI 0.95-1.25, $P = 0.24$) on PD compared with HD. CONCLUSIONS: PD is associated with several factors generally related to good prognosis. After comprehensive adjustment for putative confounding factors with the ITT analysis approach, we found no significant difference in survival between PD and HD patients.

TÍTULO / TITLE: - Therapeutic immunization and local low-dose tumor irradiation, a reinforcing combination.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Aug 7. doi: 10.1002/ijc.28418.

●● Enlace al texto completo (gratis o de pago) [1002/ijc.28418](#)

AUTORES / AUTHORS: - Draghiciu O; Walczak M; Hoogeboom BN; Franken KL; Melief KJ; Nijman HW; Daemen T

INSTITUCIÓN / INSTITUTION: - Department of Medical Microbiology, Molecular Virology Section, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands.

RESUMEN / SUMMARY: - Therapeutic cancer vaccines show promise in preclinical studies, yet their clinical efficacy is limited. Increased recruitment of immune cells into tumors

and suppression of the immune suppressive tumor environment are critical components toward effective cancer immunotherapies. Here, we report how local low-dose irradiation, alone or with a therapeutic immunization based on Semliki Forest virus (SFV) against human papillomavirus (HPV)-related cancer, influences these immune mechanisms. We first demonstrated that immunization with SFVeE6,7 or SFVeOVA, replicon particles expressing either HPV16 E6/E7 or ovalbumin, resulted in an antigen-specific migration of CD8+ T cells into HPV- and OVA-specific tumors. Local low-dose tumor irradiation alone resulted in a 2-fold increase of intratumoral CD8+ T cells. When 14 Gy irradiation was combined with immunization, intratumoral numbers of CD8+ T cells increased 10-fold and the number of CD8+ T cells specific for the E7-epitope increased more than 20-fold. Irradiation alone however also increased the number of intratumoral myeloid-derived suppressor cells (MDSCs) 3.5-fold. Importantly, this number did not further increase when combined with immunization. As a result, the ratio of antigen-specific CD8+ T cells and MDSCs in tumors increased up to 85-fold compared to the control. We furthermore demonstrated that following irradiation CCR2 and CCL2, CXCR6 and CCL16, chemokines and ligands involved in tumor homing of immune cells, were significantly up regulated. This study demonstrates that local low-dose tumor irradiation influences the intratumoral immune population induced by SFVeE6,7 immunization by a strong increase in the ratio of antitumoral to immune suppressive cells, thus changing the intratumoral immune balance in favor of antitumor activity.

TÍTULO / TITLE: - Re: Strategy for Detection of Prostate Cancer Based on Relation Between Prostate Specific Antigen at Age 40-55 and Long Term Risk of Metastasis: Case-control Study.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Oct;64(4):681-2. doi: 10.1016/j.eururo.2013.07.015.

●● Enlace al texto completo (gratis o de pago) [1016/j.eururo.2013.07.015](#)

AUTORES / AUTHORS: - Albers P; Arsov C

INSTITUCIÓN / INSTITUTION: - Dusseldorf University, Dusseldorf, Germany. Electronic address: peter.albers@med.uni-duesseldorf.de.

TÍTULO / TITLE: - Expression and prognostic significance of a comprehensive epithelial-mesenchymal transition gene set in renal cell carcinoma.

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

REVISTA / JOURNAL: - J Urol. 2013 Sep 4. pii: S0022-5347(13)05299-3. doi: 10.1016/j.juro.2013.08.052.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.08.052](#)

AUTORES / AUTHORS: - Chen D; Gassenmaier M; Maruschke M; Riesenbergr R; Pohla H; Stief CG; Zimmermann W; Buchner A

INSTITUCIÓN / INSTITUTION: - Department of Urology, University Hospital, Ludwig-Maximilians-University, Munich, Germany; Department of Urology, Zhongnan Hospital of Wuhan University, Wuhan, China. Electronic address: dong.chen@med.uni-muenchen.de.

RESUMEN / SUMMARY: - PURPOSE: Epithelial-mesenchymal transition (EMT) enhances tumor cell motility and hence plays a critical role in invasion and metastasis in a number of carcinomas. A set of transcription factors act as master regulators of the EMT process. Whether EMT is important for tumor progression in clear cell renal cell carcinoma (RCC) is unknown. Therefore, we comprehensively assessed mRNA levels of EMT-associated genes in RCC and their prognostic relevance. MATERIALS AND METHODS: Expression of a set of 46 EMT-related genes was analyzed by oligonucleotide microarray and gene set enrichment analyses using RNA from normal kidney and G1 and G3 primary RCC, 14 samples each. Expression of selected EMT genes was validated by real-time polymerase chain reaction (PCR) in normal kidney, primary RCC and metastases in an independent cohort of 112 patients and then combined with follow-up data for survival analysis. RESULTS: The EMT gene set was preferentially expressed in primary RCC compared to normal tissue (false discovery rate 0.01), but no difference between G1 and G3 tumors was found. Quantitative RT-PCR showed down-regulation of critical EMT genes like CDH2 and ZEB1 in metastases which suggests reversal of EMT during metastasis. Kaplan-Meier analyses demonstrated a better outcome for patients with low CXCR4, vimentin, fibronectin and TWIST1 mRNA levels. Multivariate analyses revealed that CXCR4 and vimentin up-regulation represents an independent prognostic marker for poor cancer-specific survival of RCC patients. CONCLUSIONS: Taken together, our data provide strong evidence that EMT occurs in RCC. Interference with EMT in RCC, therefore, might represent a future therapeutic option.

TÍTULO / TITLE: - Medium modification of jet fragmentation in Au+Au collisions at radical[s(NN)]=200 GeV measured in direct photon-hadron correlations.

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

REVISTA / JOURNAL: - Phys Rev Lett. 2013 Jul 19;111(3):032301. Epub 2013 Jul 16.

AUTORES / AUTHORS: - Adare A; Afanasiev S; Aidala C; Ajitanand NN; Akiba Y; Akimoto R; Al-Bataineh H; Al-Ta'ani H; Alexander J; Angerami A; Aoki K; Apadula N; Aphecetche L; Aramaki Y; Armendariz R; Aronson SH; Asai J; Asano H; Aschenauer EC; Atomssa ET; Averbeck R; Awes TC; Azmoun B; Babintsev V; Bai M; Baksay G; Baksay L; Baldisseri A; Bannier B; Barish KN; Barnes PD; Bassalleck B; Basye AT; Bathe S; Batsouli S; Baublis V; Baumann C; Baumgart S; Bazilevsky A; Belikov S; Belmont R; Bennett R; Berdnikov A; Berdnikov Y; Bickley AA; Bing X; Blau DS; Boissevain JG; Bok JS; Borel H; Boyle K; Brooks

ML; Buesching H; Bumazhnov V; Bunce G; Butsyk S; Camacho CM; Campbell S; Castera P; Chang BS; Chang WC; Charvet JL; Chen CH; Chernichenko S; Chi CY; Chiba J; Chiu M; Choi IJ; Choi JB; Choi S; Choudhury RK; Christiansen P; Chujo T; Chung P; Churyan A; Chvala O; Cianciolo V; Citron Z; Cleven CR; Cole BA; Comets MP; Connors M; Constantin P; Csanad M; Csorgo T; Dahms T; Dairaku S; Danchev I; Das K; Datta A; Daugherty MS; David G; Deaton MB; Dehmelt K; Delagrangé H; Denisov A; d'Enterría D; Deshpande A; Desmond EJ; Dharmawardane KV; Dietzsch O; Ding L; Dion A; Donadelli M; Drapier O; Drees A; Drees KA; Dubey AK; Durham JM; Durum A; Dutta D; Dzhordzhadze V; D'Orazio L; Edwards S; Efremenko YV; Egdemir J; Ellinghaus F; Emam WS; Engelmöre T; Enokizono A; En'yo H; Esumi S; Eyser KO; Fadem B; Fields DE; Finger M; Finger M Jr; Fleuret F; Fokin SL; Fraenkel Z; Frantz JE; Franz A; Frawley AD; Fujiwara K; Fukao Y; Fusayasu T; Gadrat S; Gaaney K; Gal C; Garishvili A; Garishvili I; Glenn A; Gong H; Gong X; Gonin M; Gosset J; Goto Y; Granier de Cassagnac R; Grau N; Greene SV; Grosse Perdekamp M; Gunji T; Guo L; Gustafsson HA; Hachiya T; Hadj Henni A; Haegemann C; Haggerty JS; Hahn KI; Hamagaki H; Hamblen J; Han R; Hanks J; Harada H; Hartouni EP; Haruna K; Hashimoto K; Haslum E; Hayano R; He X; Heffner M; Hemmick TK; Hester T; Hiejima H; Hill JC; Hobbs R; Hohlmann M; Hollis RS; Holzmann W; Homma K; Hong B; Horaguchi T; Hori Y; Hornback D; Huang S; Ichihara T; Ichimiya R; Ide J; Iinuma H; Ikeda Y; Imai K; Imrek J; Inaba M; Inoue Y; Iordanova A; Isenhowe D; Isenhowe L; Ishihara M; Isobe T; Issah M; Isupov A; Ivanischev D; Jacak BV; Javani M; Jia J; Jiang X; Jin J; Jinnouchi O; Johnson BM; Joo KS; Jouan D; Jumper DS; Kajihara F; Kametani S; Kamihara N; Kamin J; Kaneta M; Kaneti S; Kang BH; Kang JH; Kang JS; Kanou H; Kapustinsky J; Karatsu K; Kasai M; Kawall D; Kawashima M; Kazantsev AV; Kempel T; Khanzadeev A; Kijima KM; Kikuchi J; Kim BI; Kim C; Kim DH; Kim DJ; Kim E; Kim EJ; Kim HJ; Kim KB; Kim SH; Kim YJ; Kim YK; Kinney E; Kiriluk K; Kiss A; Kistenev E; Kiyomichi A; Klatsky J; Klay J; Klein-Boesing C; Kleinjan D; Kline P; Kochenda L; Kochetkov V; Komatsu Y; Komkov B; Konno M; Koster J; Kotchetkov D; Kotov D; Kozlov A; Kral A; Kravitz A; Krizek F; Kubart J; Kunde GJ; Kurihara N; Kurita K; Kurosawa M; Kweon MJ; Kwon Y; Kyle GS; Lacey R; Lai YS; Lajoie JG; Layton D; Lebedev A; Lee B; Lee DM; Lee J; Lee K; Lee KB; Lee KS; Lee MK; Lee SH; Lee SR; Lee T; Leitch MJ; Leite MA; Leitgab M; Leitner E; Lenzi B; Lewis B; Li X; Liebing P; Lim SH; Linden Levy LA; Liska T; Litvinenko A; Liu H; Liu MX; Love B; Luechtenborg R; Lynch D; Maguire CF; Makdisi YI; Makek M; Malakhov A; Malik MD; Manion A; Manko VI; Mannel E; Mao Y; Masek L; Masui H; Masumoto S; Matathias F; McCumber M; McGaughey PL; McGlinchey D; McKinney C; Means N; Mendoza M; Meredith B; Miake Y; Mibe T; Mignerey AC; Mikes P; Miki K; Miller TE; Milov A; Mioduszewski S; Mishra DK; Mishra M; Mitchell JT; Mitrovski M; Miyachi Y; Miyasaka S; Mohanty AK; Moon HJ; Morino Y; Morreale A; Morrison DP; Motschwiler S; Moukhanova TV; Mukhopadhyay D; Murakami T; Murata J; Nagae T; Nagamiya S; Nagata Y; Nagle JL; Naglis M; Nagy MI; Nakagawa I; Nakamiya Y; Nakamura KR; Nakamura T; Nakano K; Nattrass C; Nederlof A; Nguyen M; Nihashi M; Niida T; Norman BE; Nouicer R; Novitzky N; Nyanin AS; O'Brien E; Oda SX; Ogilvie CA;

Ohnishi H; Oka M; Okada K; Omiwade OO; Onuki Y; Oskarsson A; Ouchida M; Ozawa K; Pak R; Pal D; Palounek AP; Pantuev V; Papavassiliou V; Park BH; Park IH; Park J; Park SK; Park WJ; Pate SF; Patel L; Pei H; Peng JC; Pereira H; Peresedov V; Peressouko DY; Petti R; Pinkenburg C; Pisani RP; Proissl M; Purschke ML; Purwar AK; Qu H; Rak J; Rakotozafindrabe A; Ravinovich I; Read KF; Rembeczki S; Reuter M; Reygers K; Reynolds R; Riabov V; Riabov Y; Richardson E; Roach D; Roche G; Rolnick SD; Romana A; Rosati M; Rosen CA; Rosendahl SS; Rosnet P; Rukoyatkin P; Ruzicka P; Rykov VL; Sahlmuller B; Saito N; Sakaguchi T; Sakai S; Sakashita K; Sakata H; Samsonov V; Sano M; Sano S; Sarsour M; Sato S; Sato T; Sawada S; Sedgwick K; Seele J; Seidl R; Semenov AY; Semenov V; Sen A; Seto R; Sharma D; Shein I; Shevel A; Shibata TA; Shigaki K; Shimomura M; Shoji K; Shukla P; Sickles A; Silva CL; Silvermyr D; Silvestre C; Sim KS; Singh BK; Singh CP; Singh V; Skutnik S; Slunicka M; Soldatov A; Soltz RA; Sondheim WE; Sorensen SP; Soumya M; Sourikova IV; Sparks NA; Staley F; Stankus PW; Stenlund E; Stepanov M; Ster A; Stoll SP; Sugitate T; Suire C; Sukhanov A; Sun J; Sziklai J; Tabaru T; Takagi S; Takagui EM; Takahara A; Taketani A; Tanabe R; Tanaka Y; Taneja S; Tanida K; Tannenbaum MJ; Tarafdar S; Taranenko A; Tarjan P; Tennant E; Themann H; Thomas TL; Todoroki T; Togawa M; Toia A; Tojo J; Tomasek L; Tomasek M; Tomita Y; Torii H; Towell RS; Tram VN; Tserruya I; Tsuchimoto Y; Tsuji T; Vale C; Valle H; van Hecke HW; Vargyas M; Vazquez-Zambrano E; Veicht A; Velkovska J; Vertesi R; Vinogradov AA; Virius M; Vossen A; Vrba V; Vznuzdaev E; Wagner M; Walker D; Wang XR; Watanabe D; Watanabe K; Watanabe Y; Watanabe YS; Wei F; Wei R; Wessels J; White SN; Winter D; Wolin S; Wood JP; Woody CL; Wright RM; Wysocki M; Xie W; Yamaguchi YL; Yamaura K; Yang R; Yanovich A; Yasin Z; Ying J; Yokkaichi S; You Z; Young GR; Younus I; Yushmanov IE; Zajc WA; Zaudtke O; Zelenski A; Zhang C; Zhou S; Zimanyi J; Zolin L

INSTITUCIÓN / INSTITUTION: - University of Colorado, Boulder, Colorado 80309, USA.

RESUMEN / SUMMARY: - The jet fragmentation function is measured with direct photon-hadron correlations in p+p and Au+Au collisions at $\sqrt{s(NN)}=200$ GeV. The $p(T)$ of the photon is an excellent approximation to the initial $p(T)$ of the jet and the ratio $z(T)=p(T)(h)/p(T)(\gamma)$ is used as a proxy for the jet fragmentation function. A statistical subtraction is used to extract the direct photon-hadron yields in Au+Au collisions while a photon isolation cut is applied in p+p. $I(AA)$, the ratio of hadron yield opposite the photon in Au+Au to that in p+p, indicates modification of the jet fragmentation function. Suppression, most likely due to energy loss in the medium, is seen at high $z(T)$. The associated hadron yield at low $z(T)$ is enhanced at large angles. Such a trend is expected from redistribution of the lost energy into increased production of low-momentum particles.

TÍTULO / TITLE: - Temperature Measurements of Fusion Plasmas Produced by Petawatt-Laser-Irradiated $D_{2}^{-3}He$ or $CD_{4}^{-3}He$ Clustering Gases.

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

REVISTA / JOURNAL: - Phys Rev Lett. 2013 Aug 2;111(5):055002. Epub 2013 Jul 30.

AUTORES / AUTHORS: - Bang W; Barbui M; Bonasera A; Dyer G; Quevedo HJ; Hagel K; Schmidt K; Consoli F; De Angelis R; Andreoli P; Gaul E; Bernstein AC; Donovan M; Barbarino M; Kimura S; Mazzocco M; Sura J; Natowitz JB; Ditmire T

INSTITUCIÓN / INSTITUTION: - Center for High Energy Density Science, C1510, University of Texas at Austin, Austin, Texas 78712, USA.

RESUMEN / SUMMARY: - Two different methods have been employed to determine the plasma temperature in a laser-cluster fusion experiment on the Texas Petawatt laser. In the first, the temperature was derived from time-of-flight data of deuterium ions ejected from exploding D_2 or CD_4 clusters. In the second, the temperature was measured from the ratio of the rates of two different nuclear fusion reactions occurring in the plasma at the same time: $D(d, ^3He)n$ and $^3He(d,p)^4He$. The temperatures determined by these two methods agree well, which indicates that (i) the ion energy distribution is not significantly distorted when ions travel in the disassembling plasma; (ii) the kinetic energy of deuterium ions, especially the “hottest part” responsible for nuclear fusion, is well described by a near-Maxwellian distribution.

TÍTULO / TITLE: - Hypothetical Proteins Present During Recovery Phase of Radiation Resistant Bacterium *Deinococcus radiodurans* are Under Purifying Selection.

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

REVISTA / JOURNAL: - J Mol Evol. 2013 Aug;77(1-2):31-42. doi: 10.1007/s00239-013-9577-9. Epub 2013 Aug 10.

●● Enlace al texto completo (gratis o de pago) [1007/s00239-013-9577-9](#)

AUTORES / AUTHORS: - Das AD; Misra HS

INSTITUCIÓN / INSTITUTION: - Molecular Biology Division, Bhabha Atomic Research Centre, Mumbai, 400085, India, anubrata@barc.gov.in.

RESUMEN / SUMMARY: - *Deinococcus radiodurans* has an unusual capacity to recover from intense doses of ionizing radiation. The DNA repair proteins of this organism play an important role in repairing the heavily damaged DNA by employing a novel mechanism of DNA double-strand break repair. An earlier report stated that genes of many of these repair proteins are under positive selection implying that these genes have a tendency to mutate, which in turn provides selective advantage to this bacterium. Several “hypothetical proteins” are also present during the recovery phase and some of them have also been shown for their roles in radiation resistance. Therefore, we tested the selection pressure on the genes encoding these poorly characterized proteins. Our results show that a number of “hypothetical proteins” present during the repair phase have structural adaptations compared to their orthologs and the genes encoding them as well as those for the DNA repair proteins present during this phase are under purifying selection. Evidence of purifying selection

in these hypothetical proteins suggests that certain novel characteristics among these proteins are conserved and seem to be under functional constraints to perform important functions during recovery process after gamma radiation damage.

TÍTULO / TITLE: - Visualizing the effect of tumor microenvironments on radiation-induced cell kinetics in multicellular spheroids consisting of HeLa cells.

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

REVISTA / JOURNAL: - Biochem Biophys Res Commun. 2013 Oct 4;439(4):453-458. doi: 10.1016/j.bbrc.2013.08.093. Epub 2013 Sep 7.

●● Enlace al texto completo (gratis o de pago) [1016/j.bbrc.2013.08.093](https://doi.org/10.1016/j.bbrc.2013.08.093)

AUTORES / AUTHORS: - Kaida A; Miura M

INSTITUCIÓN / INSTITUTION: - Section of Oral Radiation Oncology, Department of Oral Health Science, Graduate School of Medical and Dental Sciences, Tokyo Medical and Dental University, 1-5-45 Yushima, Bunkyo-ku, Tokyo 113-8549, Japan.

RESUMEN / SUMMARY: - In this study, we visualized the effect of tumor microenvironments on radiation-induced tumor cell kinetics. For this purpose, we utilized a multicellular spheroid model, with a diameter of approximately 500µm, consisting of HeLa cells expressing the fluorescent ubiquitination-based cell-cycle indicator (Fucci). In live spheroids, a confocal laser scanning microscope allowed us to clearly monitor cell kinetics at depths of up to 60µm. Surprisingly, a remarkable prolongation of G2 arrest was observed in the outer region of the spheroid relative to monolayer-cultured cells. Scale, an aqueous reagent that renders tissues optically transparent, allowed visualization deeper inside spheroids. About 16h after irradiation, a red fluorescent cell fraction, presumably a quiescent G0 cell fraction, became distinct from the outer fraction consisting of proliferating cells, most of which exhibited green fluorescence indicative of G2 arrest. Thereafter, the red cell fraction began to emit green fluorescence and remained in prolonged G2 arrest. Thus, for the first time, we visualized the prolongation of radiation-induced G2 arrest in spheroids and the differences in cell kinetics between the outer and inner fractions.

TÍTULO / TITLE: - A phase II study of erlotinib in combination with bevacizumab versus chemotherapy plus bevacizumab in the first-line treatment of advanced non-squamous non-small cell lung cancer.

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

REVISTA / JOURNAL: - Lung Cancer. 2013 Aug 13. pii: S0169-5002(13)00357-7. doi: 10.1016/j.lungcan.2013.08.002.

●● Enlace al texto completo (gratis o de pago) [1016/j.lungcan.2013.08.002](https://doi.org/10.1016/j.lungcan.2013.08.002)

AUTORES / AUTHORS: - Ciuleanu T; Tsai CM; Tsao CJ; Milanowski J; Amoroso D; Heo DS; Groen HJ; Szczesna A; Chung CY; Chao TY; Middleton G; Zeaiter A; Klingelschmitt G; Klughammer B; Thatcher N

INSTITUCIÓN / INSTITUTION: - Institute of Oncology Ion Chiricuta, Cluj-Napoca, Romania; University of Medicine and Pharmacy Iuliu Hatieganu, Cluj-Napoca, 400015, Romania. Electronic address: tudor@iocn.ro.

RESUMEN / SUMMARY: - BACKGROUND: Molecularly targeted agents for non-small cell lung cancer (NSCLC) can provide similar efficacy to chemotherapy without chemotherapy-associated toxicities. Combining two agents with different modes of action could further increase the efficacy of these therapies. The TASK study evaluated the efficacy and safety of the epidermal growth factor receptor tyrosine kinase inhibitor erlotinib in combination with the anti-angiogenic agent bevacizumab as first-line therapy in unselected, advanced non-squamous NSCLC patients. METHODS: Patients were recruited from December 2007 to September 2008. Planned sample size was 200 patients, a total of 124 patients were randomized. Patients were randomized using a minimization algorithm 1:1 to receive bevacizumab (iv 15mg/kg day 1 of each 21-day cycle) plus chemotherapy (gemcitabine/cisplatin or carboplatin/paclitaxel standard doses, 4-6 cycles) (BC arm) or bevacizumab plus erlotinib (p.o. 150mg/day; BE arm) until disease progression or unacceptable toxicity. The primary endpoint was progression-free survival (PFS). If the hazard ratio (HR) of PFS for BE relative to BC was above 1.25 at the pre-planned interim analysis in favor of BC, the study would be re-evaluated. Secondary endpoints included overall survival, response rate and safety. RESULTS: All randomized patients (n=63 BE; n=61 BC) were evaluated for the efficacy analyses. At the updated interim analysis, median PFS was 18.4 weeks (95% confidence interval [CI] 17.0-25.1) versus 25.0 weeks (95% CI 20.6-[not reached]) for BE versus BC, respectively (HR for death or disease progression, BE relative to BC, 2.05, p=0.0183). The incidence of death was 19% for BE treatment compared with 11.5% for BC treatment. The HR for PFS at the updated interim analysis was above 1.25, therefore patients on the BE arm were permitted to change arms or switch to another drug and the study was terminated. Adverse events reported were as expected. CONCLUSIONS: The TASK study did not show a benefit in terms of PFS for the combination of erlotinib with bevacizumab in unselected first-line advanced non-squamous NSCLC compared with chemotherapy plus bevacizumab.

TÍTULO / TITLE: - Comparison of 7 alpha1-adrenoceptor Antagonists in Patients with Lower Urinary Tract Symptoms Associated with Benign Prostatic Hyperplasia:A Short-term Crossover Study.

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

REVISTA / JOURNAL: - Acta Med Okayama. 2013 Aug;67(4):245-51.

AUTORES / AUTHORS: - Araki T; Monden K; Araki M

INSTITUCIÓN / INSTITUTION: - Araki Urological Clinic, Kurashiki, Okayama 710-0834, Japan.

RESUMEN / SUMMARY: - A crossover study was conducted to identify the best alpha1-adrenoceptor (alpha1AR) antagonist for individual patients with lower urinary tract symptoms (LUTS) associated with benign prostatic hyperplasia (BPH). One hundred thirteen patients (mean age 70.8 years) were enrolled. All patients met BPH clinical study guidelines. Seven agents were utilized: tamsulosin 0.2mg, silodosin 8mg, urapidil 60mg, naftopidil 50mg, prazosin 1mg, terazosin 2mg, and doxazosin 1mg. Patients were initially prescribed tamsulosin or silodosin for a week and then urapidil for a week. Two weeks later, they were prescribed the better of the 2 agents for a week and a new agent for the next week. This cycle was repeated until all 7 agents were tested. Efficacy was evaluated with the International Prostate Symptom Score. The agent rankings were doxazosin (25 [22%]), silodosin (22 [19%]), urapidil (19 [17%]), naftopidil (17 [15%]), terazosin (12 [11%]), tamsulosin (11 [10%]), prazosin (7 [6%]). Only 12 patients (11%) changed agents after the crossover study was completed. The major reason was adverse events (83%). We found that each of the 7 alpha1AR antagonists has its own supporters. Further, the one-week crossover study was useful in identifying the best agent for the treatment of each individual with LUTS.

TÍTULO / TITLE: - Changes in the Photoreceptor Mosaic of P23H-1 Rats During Retinal Degeneration: Implications for Rod-Cone Dependent Survival.

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

REVISTA / JOURNAL: - Invest Ophthalmol Vis Sci. 2013 Aug 28;54(8):5888-900. doi: 10.1167/iovs.13-12643.

●● Enlace al texto completo (gratis o de pago) [1167/iovs.13-12643](#)

AUTORES / AUTHORS: - Garcia-Ayuso D; Ortin-Martinez A; Jimenez-Lopez M; Galindo-Romero C; Cuenca N; Pinilla I; Vidal-Sanz M; Agudo-Barriuso M; Villegas-Perez MP

INSTITUCIÓN / INSTITUTION: - Laboratorio de Oftalmología Experimental, Facultad de Medicina, Universidad de Murcia, Campus de Espinardo, Murcia, España.

RESUMEN / SUMMARY: - PURPOSE: To investigate the spatiotemporal relationship between rod and cone degeneration in the P23H-1 rat. METHODS: Control Sprague-Dawley (SD) and P23H-1 rats of ages ranging from P30 to P365 were used. Retinas were processed for whole mounts or cross sections and rods and cones were immunodetected. We used newly developed image analysis techniques to quantify the total population of L/M cones (the most abundant cones in the rat) and analyzed the rings of rod-cone degeneration. RESULTS: In P23H-1 rats, rod degeneration occurs rapidly: first the rod outer segment shortens, at P30 there is extensive rod loss, and by P180 rod loss is almost complete except for the most peripheral retina. The numbers of L/M cones are, at all postnatal ages, lower in P23H-1 rats than in control SD rats, and decrease significantly with age (by P180). Rod and cone degeneration is spatiotemporally related and occurs in rings that appear already at P90 and spread

throughout the entire retina. At P180, the rings of rod-cone degeneration are more abundant in the equatorial retina and are larger in the dorsal retina. CONCLUSIONS: This work describes for the first time that in the P23H-1 rat, rod and cone degeneration is spatiotemporally related and occurs in rings. Cone loss follows rod loss and starts very soon, even before P30, the first age analyzed here. The characteristics of the rings suggest that secondary cone degeneration is influenced by retinal position and/or other intrinsic or extrinsic factors.

TÍTULO / TITLE: - HOCl-dependent Singlet Oxygen and Hydroxyl Radical Generation Modulate and Induce Apoptosis of Malignant Cells.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Sep;33(9):3589-602.

AUTORES / AUTHORS: - Bauer G

INSTITUCIÓN / INSTITUTION: - Institut für Virologie, Department für Medizinische Mikrobiologie und Hygiene, Hermann-Herder Strasse 11, D-79104 Freiburg, Germany. georg.bauer@uniklinik-freiburg.de.

RESUMEN / SUMMARY: - The lack of extracellular superoxide anion production by non-transformed cells prevents H₂O₂/peroxidase-mediated HOCl synthesis by these cells, as well as apoptosis induction by exogenous HOCl. In contrast, transformed cells generate extracellular superoxide anions and HOCl, and die by apoptosis after HOCl/superoxide-dependent hydroxyl radical generation at their membrane. Tumor cells prevent HOCl synthesis through expression of membrane-associated catalase, but their extracellular superoxide anions readily react with exogenous HOCl. The interaction between HOCl and H₂O₂ causes singlet oxygen generation that inactivates superoxide dismutase (SOD) on the surface of the tumor cells and thus enhances HOCl-mediated apoptosis through an increase in free superoxide anions. Higher concentrations of singlet oxygen inactivate membrane-associated catalase and thus lead to partial inhibition of apoptosis induction by exogenous HOCl, due to consumption of HOCl by H₂O₂. The data presented here show a complex, but coherent picture of interactions between defined reactive oxygen species and protective enzymes on the surface of tumor cells.

TÍTULO / TITLE: - Combined Treatment Effects of Radiation and Immunotherapy: Studies in an Autochthonous Prostate Cancer Model.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Sep 21. pii: S0360-3016(13)02853-8. doi: 10.1016/j.ijrobp.2013.07.015.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijrobp.2013.07.015](https://doi.org/10.1016/j.ijrobp.2013.07.015)

AUTORES / AUTHORS: - Wada S; Harris TJ; Tryggestad E; Yoshimura K; Zeng J; Yen HR; Getnet D; Grosso JF; Bruno TC; De Marzo AM; Netto GJ; Pardoll DM; Dewese TL; Wong J; Drake CG

INSTITUCIÓN / INSTITUTION: - Department of Oncology, James Buchanan Brady Urological Institute, Johns Hopkins Sidney Kimmel Comprehensive Cancer Center, Johns Hopkins University School of Medicine, Baltimore, Maryland.

RESUMEN / SUMMARY: - **PURPOSE:** To optimize the combination of ionizing radiation and cellular immunotherapy using a preclinical autochthonous model of prostate cancer. **METHODS AND MATERIALS:** Transgenic mice expressing a model antigen under a prostate-specific promoter were treated using a platform that integrates cone-beam CT imaging with 3-dimensional conformal therapy. Using this technology we investigated the immunologic and therapeutic effects of combining ionizing radiation with granulocyte/macrophage colony-stimulating factor-secreting cellular immunotherapy for prostate cancer in mice bearing autochthonous prostate tumors. **RESULTS:** The combination of ionizing radiation and immunotherapy resulted in a significant decrease in pathologic tumor grade and gross tumor bulk that was not evident with either single-modality therapy. Furthermore, combinatorial therapy resulted in improved overall survival in a preventive metastasis model and in the setting of established micrometastases. Mechanistically, combined therapy resulted in an increase of the ratio of effector-to-regulatory T cells for both CD4 and CD8 tumor-infiltrating lymphocytes. **CONCLUSIONS:** Our preclinical model establishes a potential role for the use of combined radiation-immunotherapy in locally advanced prostate cancer, which warrants further exploration in a clinical setting.

TÍTULO / TITLE: - Effects of Laser Irradiation on Pulp Cells Exposed to Bleaching Agents.

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

REVISTA / JOURNAL: - Photochem Photobiol. 2013 Aug 12. doi: 10.1111/php.12155.

●● Enlace al texto completo (gratis o de pago) [1111/php.12155](#)

AUTORES / AUTHORS: - Lima AF; Basso FG; Ribeiro AP; Bagnato VS; Hebling J; Marchi GM; de Souza Costa CA

INSTITUCIÓN / INSTITUTION: - Department of Restorative Dentistry, Piracicaba Dental School, University of Campinas-UNICAMP, Piracicaba, Brazil; Department of Restorative Dentistry, Nove de Julho University, Sao Paulo, Brazil.

RESUMEN / SUMMARY: - The aim of this study was to evaluate the effect of low-level laser therapy (LLLT) on odontoblast-like cells exposed to a bleaching agent. Mouse dental papilla cell-23 cells were seeded in wells of 24-well plates. Eight groups were established according to the exposure to the bleaching agent and LLLT (0, 4, 10 and 15 J cm⁻²). Enamel-dentin disks were adapted to artificial pulp chambers, which were individually placed in wells containing Dulbecco's modified Eagle's medium (DMEM). A bleaching agent (35% hydrogen peroxide [BA35%HP]) was applied on enamel (15 min)

to obtain the extracts (DMEM + BA35%HP components diffused through enamel/dentin disks). The extracts were applied (1 h) to the cells, and then subjected to LLLT. Cell viability (Methyl tetrazolium assay), alkaline phosphatase (ALP) activity, as well as gene expression of ALP, fibronectin (FN) and type I collagen, were evaluated. The bleaching procedures reduced the cell viability, ALP activity and gene expression of dentin proteins. Laser irradiation did not modulate the cell response; except for FN, as LLLT decreased the gene expression of this protein by the cells exposed to the BA35%HP. It can be concluded that BA35%HP decreased the activities of odontoblasts that were not recovered by the irradiation of the damaged cells with low-level laser parameters tested.

TÍTULO / TITLE: - What Is the Impact of Hypogammaglobulinemia on the Rate of Infections and Survival in Solid Organ Transplantation? A Meta-Analysis.

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

REVISTA / JOURNAL: - Am J Transplant. 2013 Aug 6. doi: 10.1111/ajt.12401.

●● [Enlace al texto completo \(gratis o de pago\) 1111/ajt.12401](#)

AUTORES / AUTHORS: - Florescu DF; Kalil AC; Qiu F; Schmidt CM; Sandkovsky U

INSTITUCIÓN / INSTITUTION: - Infectious Diseases Division, University of Nebraska Medical Center, Omaha, NE; Transplant Surgery Division, University of Nebraska Medical Center, Omaha, NE.

RESUMEN / SUMMARY: - Hypogammaglobulinemia has been described after solid organ transplantation and has been associated with increased risk of infections. The aim of the study was to evaluate the rate of severe hypogammaglobulinemia and its relationship with the risk of infections during the first year posttransplantation. Eighteen studies (1756 patients) that evaluated hypogammaglobulinemia and posttransplant infections were included. The data were pooled using the DerSimonian and Laird random-effects model. Q statistic method was used to assess statistical heterogeneity. Within the first year posttransplantation, the rate of hypogammaglobulinemia (IgG < 700 mg/dL) was 45% (95% CI: 0.34-0.55; Q = 330.1, p < 0.0001), the rate of mild hypogammaglobulinemia (IgG = 400-700 mg/dL) was 39% (95% CI: 0.22-0.56; Q = 210.09, p < 0.0001) and the rate of severe hypogammaglobulinemia (IgG < 400 mg/dL) was 15% (95% CI: 0.08-0.22; Q = 50.15, p < 0.0001). The rate of hypogammaglobulinemia by allograft type: heart 49% (21%-78%; Q = 131.16, p < 0.0001); kidney 40% (30%-49%; Q = 24.55, p = 0.0002); liver 16% (0.001%-35%; Q = 14.31, p = 0.0002) and lung 63% (53%-74%; Q = 6.85, p = 0.08). The odds of respiratory infection (OR = 4.83; 95% CI: 1.66-14.05; p = 0.004; I2 = 0%), CMV (OR = 2.40; 95% CI: 1.16-4.96; p = 0.02; I2 = 26.66%), Aspergillus (OR = 8.19; 95% CI: 2.38-28.21; p = 0.0009; I2 = 17.02%) and other fungal infections (OR = 3.69; 95% CI: 1.11-12.33; p = 0.03; I2 = 0%) for patients with IgG <400 mg/dL were higher than the odds for patients with IgG >400 mg/dL. The odds for 1-year all-cause mortality for

severe hypogammaglobulinemia group was 21.91 times higher than those for IgG >400 mg/dL group (95% CI: 2.49-192.55; $p = 0.005$; $I^2 = 0\%$). Severe hypogammaglobulinemia during the first year posttransplantation significantly increased the risk of CMV, fungal and respiratory infections, and was associated with higher 1-year all-cause mortality.

TÍTULO / TITLE: - Multifunctional Nanoprobe for MRI/Optical Dual-Modality Imaging and Radical Scavenging.

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

REVISTA / JOURNAL: - Chemistry. 2013 Sep 11. doi: 10.1002/chem.201301601.

●● [Enlace al texto completo \(gratis o de pago\) 1002/chem.201301601](#)

AUTORES / AUTHORS: - Zhen M; Zheng J; Wang Y; Shu C; Gao F; Zou J; Pyykko I; Wang C

INSTITUCIÓN / INSTITUTION: - Beijing National Laboratory for Molecular Sciences, Key Laboratory of Molecular Nanostructure and Nanotechnology, Institute of Chemistry, Chinese Academy of Sciences, Beijing 100190 (P. R. China).

RESUMEN / SUMMARY: - The development of novel nanomaterials for the diagnosis and/or treatment of human diseases has become an important issue. In this work, a multifunctional theranostic agent was designed by covalently binding hydroxyl- and amino-bearing C₆₀ derivatives (C₆₀ O approximately 10 (OH) approximately 16 (NH₂) approximately 6 (NO₂) approximately 6 24 H₂ O) with gadolinium diethylenetriaminepentaacetic acid (Gd-DTPA) to yield C₆₀ O approximately 10 (OH) approximately 16 (NH₂) approximately 6 (NO₂) approximately 6 24 H₂ O/(Gd-DTPA)₃ (DF1 Gd₃). The obtained DF1 Gd₃ shows more than fourfold contrast improvement over commercial Gd-DTPA along with multiwavelength fluorescent emission for dual-modality diagnosis. An inner-ear magnetic resonance imaging (MRI) study was designed as a model of biological barriers, including the blood/brain barrier (BBB) for DF1 Gd₃ to investigate its in vivo behavior. This revealed that the fabricated contrast agent dramatically increases the local contrast but can not cross the middle ear/inner ear barrier and endolymph/perilymph barrier in the inner ear, and thus it is also BBB-prohibited in normal individuals. In vivo biodistribution studies suggested that 1) DF1 Gd₃ could circulate in vessels for a relatively long time and is mainly eliminated through liver and kidney, 2) DF1 Gd₃ may potentially function as a liver-specific MRI contrast agent. Interestingly, DF1 Gd₃ also shows an excellent quenching effect on hydroxyl radicals, as revealed by the DMPO spin trap/ESR method. The combination of enhanced MRI/FL imaging and local treatment of lesions is unique to DF1 Gd₃ and potentiates the medical paradigm of “detect and treat/prevent” in combating human diseases related to reactive oxygen.

TÍTULO / TITLE: - The Toxoplasma gondii Calcium Dependent Protein Kinase 7 is involved in early steps of parasite division and is crucial for parasite survival.

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

REVISTA / JOURNAL: - Cell Microbiol. 2013 Aug 23. doi: 10.1111/cmi.12186.

●● Enlace al texto completo (gratis o de pago) [1111/cmi.12186](#)

AUTORES / AUTHORS: - Morlon-Guyot J; Berry L; Chen CT; Gubbels MJ; Lebrun M; Daher W

INSTITUCIÓN / INSTITUTION: - Dynamique des Interactions Membranaires Normales et Pathologiques, UMR5235 CNRS, Université de Montpellier I et II, Montpellier, France.

RESUMEN / SUMMARY: - Apicomplexan parasites express various Calcium-Dependent Protein Kinases (CDPKs), and some of them play essential roles in invasion and egress. Five of the six CDPKs conserved in most Apicomplexa have been studied at the molecular and cellular levels in Plasmodium species and/or in Toxoplasma gondii parasites, but the function of CDPK7 was so far uncharacterized. In T. gondii, during intracellular replication, two parasites are formed within a mother cell through a unique process called endodyogeny. Here we demonstrate that the knock-down of CDPK7 protein in T. gondii results in pronounced defects in parasite division and a major growth deficiency, while it is dispensable for motility, egress and microneme exocytosis. In cdpk7-depleted parasites, the overall DNA content was not impaired, but the polarity of daughter cells budding and the fate of several sub-cellular structures or proteins involved in cell division were affected, such as the centrosomes and the kinetochore. Overall, our data suggest that CDPK7 is crucial for proper maintenance of centrosome integrity required for the initiation of endodyogeny. Our findings provide a first insight into the probable role of calcium-dependent signalling in parasite multiplication, in addition to its more widely explored role in invasion and egress.

TÍTULO / TITLE: - The G-protein Coupled Receptor CLR is Up-regulated in an Autocrine Loop with Adrenomedullin in Clear Cell Renal Cell Carcinoma and Associated with Poor Prognosis.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Aug 22.

●● Enlace al texto completo (gratis o de pago) [1158/1078-0432.CCR-13-1712](#)

AUTORES / AUTHORS: - Nikitenko LL; Leek R; Henderson S; Pillay N; Turley H; Generali D; Gunningham S; Morrin HR; Pellagatti A; Rees MC; Harris A; Fox SB

INSTITUCIÓN / INSTITUTION: - Viral Oncology Group, UCL Cancer Institute.

RESUMEN / SUMMARY: - PURPOSE: The G-protein coupled receptor (GPCR) CLR and its ligand peptide adrenomedullin (AM, encoded by ADM gene) are implicated in tumor angiogenesis in mouse models but poorly defined in human cancers. We therefore investigated the diagnostic/prognostic utility for CLR in human tumor types that may rely on AM signaling and in clear cell renal cell carcinoma (RCC), a highly vascular

tumor, in particular. Experimental design: In silico gene expression messenger RNA profiling microarray study (n=168 tumors) and cancer profiling cDNA array hybridization (n=241 pairs of patient-matched tumor/normal tissue samples) were performed to analyze ADM mRNA expression in 13 tumor types. Immunohistochemistry on tissue microarrays containing patient-matched renal tumor/normal tissues (n=87 pairs) was performed to study CLR expression and its association with clinico-pathological parameters and disease outcome. RESULTS: ADM expression was significantly up-regulated only in RCC and endometrial adenocarcinoma compared with normal tissue counterparts (P<0.01). CLR was localized in tumor cells and vessels in RCC and up-regulated compared to patient-matched normal control kidney (P<0.001). Higher CLR expression was found in advanced stages (P<0.05), correlated with high tumor grade (P<0.01) and conferred shorter overall survival (P<0.01). CONCLUSIONS: In human tissues ADM expression is up-regulated in cancer-type specific manner, implicating potential role for AM signaling in particular in RCC, where CLR localization suggests autocrine/paracrine mode for AM action within the tumor microenvironment. Our findings reveal previously unrecognized CLR up-regulation in an autocrine loop with AM in RCC with potential application for this GPCR as a target for future functional studies and drug development.

TÍTULO / TITLE: - Modification of antimicrobial prophylaxis based on rectal culture results to prevent fluoroquinolone-resistant Escherichia coli infections after prostate biopsy.

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

REVISTA / JOURNAL: - Infect Control Hosp Epidemiol. 2013 Sep;34(9):973-6. doi: 10.1086/671734. Epub 2013 Jul 29.

●● Enlace al texto completo (gratis o de pago) [1086/671734](#)

AUTORES / AUTHORS: - Suwantarat N; Dumford DM 3rd; Ponce-Terashima R; Kundrapu S; Zabarsky TF; Zhu H; Donskey CJ

INSTITUCIÓN / INSTITUTION: - Department of Medicine, Division of Infectious Diseases and HIV Medicine, University Hospitals of Cleveland, Cleveland, Ohio, USA.

RESUMEN / SUMMARY: - For patients undergoing transrectal ultrasound-guided biopsy of the prostate (TRUBP), use of rectal screening culture results to guide antimicrobial prophylaxis was effective for prevention of fluoroquinolone-resistant Escherichia coli infections. In practice, elimination of infections after TRUBP required the rectal screening protocol and addition of gentamicin for patients missing prior screening.

TÍTULO / TITLE: - Identification of microRNA-based signatures for response and survival for non-small cell lung cancer treated with cisplatin-vinorelbine A ELCWP prospective study.

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

REVISTA / JOURNAL: - Lung Cancer. 2013 Aug 7. pii: S0169-5002(13)00329-2. doi: 10.1016/j.lungcan.2013.07.020.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.lungcan.2013.07.020](#)

AUTORES / AUTHORS: - Berghmans T; Ameye L; Willems L; Paesmans M; Mascaux C; Lafitte JJ; Meert AP; Scherpereel A; Cortot AB; Cstoth I; Dernies T; Toussaint L; Leclercq N; Sculier JP

INSTITUCIÓN / INSTITUTION: - Department of Oncological Intensive Care and Emergencies & Thoracic Oncology, Universite Libre de Bruxelles (ULB), Brussels, Belgium. Electronic address: thierry.berghmans@bordet.be.

RESUMEN / SUMMARY: - Clinical variables, like stage and performance status (PS), have predictive and prognostic values in advanced non-small cell lung cancer (NSCLC) patients treated with chemotherapy, not allowing adequate individual prediction. MicroRNA (miRNA) are non-coding RNAs regulating gene expression. In a prospective study, we assessed the predictive value for response and survival of tumour miRNA in NSCLC patients treated by 1st line cisplatin and vinorelbine. miRNA expression was analysed on a biopsy obtained during the diagnostic bronchoscopy, using TaqMan Low Density Arrays. The signature for response was derived using logistic regression with stepwise variable selection. The associations between overall survival and miRNA expression levels were estimated by using the Kaplan-Meier method, log-rank test, and Cox proportional hazard regression models to estimate the hazard ratios. In total, 38 patients with adequate tumour biopsies, treated with cisplatin-vinorelbine were included: male (n=27), 80-100 Karnofsky PS (n=27), adenocarcinoma (n=20), stage IV (n=30). One patient was considered not assessable for response but remained included in the survival analyses. Out of the 37 patients assessable for response, 16 partial responses (43%) were observed. A two miRNA signature (miR-149 and miR-375) was found predictive for response and was also associated to progression-free survival (p=0.05). Using a linear combination of the miR CT values with Cox's regression coefficients as weights, we constructed a prognostic score for overall survival including four miRNA (miR-200c, miR-424, miR-29c and miR-124). The signature distinguished patients with good (n=18) and poor (n=20) prognosis with respective median survival times of 47.3 months (95% CI 29.8-52.4) and 15.5 months (95% CI 9.1-22.8) (p<0.001; hazard ratio 21.1, 95% CI 4.7-94.9). **CONCLUSIONS:** miRNA signature allows predicting response and is of prognostic value for survival in patients with NSCLC treated with first line cisplatin and vinorelbine.

TÍTULO / TITLE: - Venous thromboembolism during primary treatment of ovarian clear cell carcinoma is associated with decreased survival.

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

REVISTA / JOURNAL: - Gynecol Oncol. 2013 Sep 14. pii: S0090-8258(13)01176-1. doi: 10.1016/j.ygyno.2013.09.005.

●● Enlace al texto completo (gratis o de pago) [1016/j.ygyno.2013.09.005](#)

AUTORES / AUTHORS: - Diaz ES; Walts AE; Karlan BY; Walsh C

INSTITUCIÓN / INSTITUTION: - Department of Obstetrics and Gynecology, Division of Gynecologic Oncology, Cedars-Sinai Medical Center, 8635 West 3rd Street, Suite 280W, Los Angeles, CA 90048, USA. Electronic address: Elena.Diaz@cshs.org.

RESUMEN / SUMMARY: - OBJECTIVES: To determine the impact of venous thromboembolism (VTE) during primary treatment of ovarian clear cell carcinoma (OCCC) on survival. METHODS: After Institutional Review Board approval, 74 cases of OCCC were retrieved from our pathology files. Clinical and pathological data were obtained by medical record and pathology review. Standard statistical analyses were performed. RESULTS: Among 74 patients with OCCC, VTE was diagnosed in 11 (15%) during primary treatment and 7 (9%) at time of cancer recurrence. 56 (76%) patients never developed VTE. Patients with VTE during OCCC primary treatment had shorter progression-free survival (PFS) and overall survival (OS) than OCCC patients without VTE (median PFS 11 vs. 76months, $p=0.01$, median OS 19 vs. 90months, $p=0.001$). Patients with VTE during OCCC primary treatment had a 3.9-fold increase in risk of recurrence ($p=0.007$) and a 6.3-fold increase in risk of death ($p<0.001$). After controlling for cancer stage, VTE during OCCC primary treatment remained an independent prognostic factor for death (HR=3.6, $p=0.005$). No patient died of VTE. CONCLUSIONS: VTE during OCCC primary treatment is associated with a significantly higher risk of cancer recurrence and death. This increased risk is not attributable to VTE-related mortality and raises the possibility that a paracrine circuit involving thrombosis might contribute to a more aggressive tumor biology.

TÍTULO / TITLE: - The Drosophila T-box transcription factor Midline functions within the Notch-Delta signaling pathway to specify sensory organ precursor cell fates and regulates cell survival within the eye imaginal disc.

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

REVISTA / JOURNAL: - Mech Dev. 2013 Aug 17. pii: S0925-4773(13)00075-0. doi: 10.1016/j.mod.2013.08.001.

●● Enlace al texto completo (gratis o de pago) [1016/j.mod.2013.08.001](#)

AUTORES / AUTHORS: - Das S; Chen QB; Saucier JD; Drescher B; Zong Y; Morgan S; Forstall J; Meriwether A; Toranzo R; Leal SM

INSTITUCIÓN / INSTITUTION: - The Department of Biological Sciences, University of Southern Mississippi, United States.

RESUMEN / SUMMARY: - We report that the T-box transcription factor Midline (Mid), an evolutionary conserved homolog of the vertebrate Tbx20 protein, functions within the Notch-Delta signaling pathway essential for specifying the fates of sensory organ precursor cells. This complements an established history of research showing that Mid regulates the cell-fate specification of diverse cell types within the developing heart, epidermis and central nervous system. Tbx20 has been detected in diverse neuronal and epithelial cells of embryonic eye tissues in both mice and humans. However, the mechanisms by which either Mid or Tbx20 function to regulate cell-fate specification or other critical aspects of eye development including cell survival have not yet been elucidated. We have also gathered preliminary evidence suggesting that Mid may play an indirect, but vital role in selecting SOP cells within the third-instar larval eye disc by regulating the expression of the proneural gene atonal. During subsequent pupal stages, Mid specifies SOP cell fates as a member of the Notch-Delta signaling hierarchy and is essential for maintaining cell viability within by inhibiting apoptotic pathways. We present several new hypotheses that seek to understand the role of Mid in regulating developmental processes downstream of the Notch receptor that are critical for specifying unique cell fates, patterning the adult eye and maintaining cellular homeostasis during eye disc morphogenesis.

TÍTULO / TITLE: - Optical manipulation of *Saccharomyces cerevisiae* cells reveals that green light protection against UV irradiation is favored by low Ca and requires intact UPR pathway.

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

REVISTA / JOURNAL: - FEBS Lett. 2013 Sep 19. pii: S0014-5793(13)00693-5. doi: 10.1016/j.febslet.2013.09.008.

●● Enlace al texto completo (gratis o de pago) [1016/j.febslet.2013.09.008](#)

AUTORES / AUTHORS: - Farcasanu IC; Mitrica R; Cristache L; Nicolau I; Ruta LL; Paslaru L; Comorosan S

INSTITUCIÓN / INSTITUTION: - University of Bucharest, Faculty of Chemistry, Department of Organic Chemistry, Biochemistry and Catalysis, Sos. Panduri 90-92, Bucharest, Romania. Electronic address: ileana.farcasanu@g.unibuc.ro.

RESUMEN / SUMMARY: - Optical manipulation of *Saccharomyces cerevisiae* cells with high density green photons conferred protection against the deleterious effects of UV radiation. Combining chemical screening with UV irradiation of yeast cells, it was noted that the high density green photons relied on the presence of intact unfolded protein response (UPR) pathway to exert their protective effect and that the low Ca²⁺ conditions boosted the effect. UPR chemical inducers tunicamycin, dithiotreitol and calcium chelators augmented the green light effect in a synergic action against UV-induced damage. Photo-manipulation of cells was a critical factor since the maximum protection was achieved only when cells were pre-exposed to green light.

TÍTULO / TITLE: - Smoking is a poor prognostic factor for male nasopharyngeal carcinoma treated with radiotherapy.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Sep 7. pii: S0167-8140(13)00381-2. doi: 10.1016/j.radonc.2013.08.003.

●● Enlace al texto completo (gratis o de pago) [1016/j.radonc.2013.08.003](#)

AUTORES / AUTHORS: - Chen C; Shen LJ; Li BF; Gao J; Xia YF

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Sun Yat-Sen University, Guangzhou, People's Republic of China; Zhongshan School of Medicine, Sun Yat-Sen University, Guangzhou, People's Republic of China.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: To evaluate the effect of smoking on prognosis of male nasopharyngeal carcinoma by comparing the treatment outcomes between smokers and non-smokers. MATERIALS AND METHODS: A total of 2450 nasopharyngeal carcinoma patients were enrolled, including 1865 male patients. Matching was performed between smokers and non-smokers in male patients according to age, UICC clinical stage, T stage, N stage and treatment. Survival outcomes were compared using Kaplan-Meier analysis and Cox regression. Smoking index was calculated by multiplying cigarette packs per day and smoked time (year). RESULTS: In male patients, smokers had significantly lower 5-year overall survival (70.1% vs. 77.5%, $P < 0.001$) and locoregional recurrent free survival (76.8% vs. 82.4%, $P = 0.002$) compared with non-smokers. Matched-pair analysis showed that smokers kept a high risk of death compared with non-smokers ($HR = 2.316$, $P < 0.001$). High degree of smoking index (> 15 pack-years) had a poor effect on overall survival ($HR = 1.225$, $P = 0.016$). When smoking index was more than 45 and 60 pack-years, the risk for death increased to 1.498 and 1.899 fold compared with non-smokers ($P = 0.040$, 0.001), respectively. CONCLUSIONS: Smoking was a poor prognostic factor for male nasopharyngeal carcinoma. The heavier the patients smoked, the poorer prognosis they suffered.

TÍTULO / TITLE: - Bcl2 is an independent prognostic marker of triple negative breast cancer (TNBC) and predicts response to anthracycline combination (ATC) chemotherapy (CT) in adjuvant and neoadjuvant settings.

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

REVISTA / JOURNAL: - Ann Oncol. 2013 Aug 1.

●● Enlace al texto completo (gratis o de pago) [1093/annonc/mdt277](#)

AUTORES / AUTHORS: - Abdel-Fatah TM; Perry C; Dickinson P; Ball G; Moseley P; Madhusudan S; Ellis IO; Chan SY

INSTITUCIÓN / INSTITUTION: - Clinical Oncology Department, Nottingham University Hospitals, Nottingham.

RESUMEN / SUMMARY: - BACKGROUND: TNBC represents a heterogeneous subgroup of BC with poor prognosis and frequently resistant to CT. MATERIAL AND METHODS: The relationship between Bcl2 immunohistochemical protein expression and clinico-pathological outcomes was assessed in 736 TNBC-patients: 635 patients had early primary-TNBC (EP-TNBC) and 101 had primary locally advanced (PLA)-TNBC treated with neo-adjuvant- ATC-CT. RESULTS: Negative Bcl2 (Bcl2-) was observed in 70% of EP-TNBC and was significantly associated with high proliferation, high levels of P-Cadherin, E-Cadherin and HER3 (P's < 0.01), while Bcl2+ was significantly associated with high levels of p27, MDM4 and SPAG5 (P < 0.01). After controlling for chemotherapy and other prognostic factors, Bcl2- was associated with 2-fold increased risk of death (P = 0.006) and recurrence (P = 0.0004). Furthermore, the prognosis of EP-TNBC/Bcl2- patients had improved both BC-specific survival (P = 0.002) and disease-free survival (P = 0.003), if they received adjuvant-ATC-CT. Moreover, Bcl2- expression was an independent predictor of pathological complete response of primary locally advanced triple negative breast cancer (PLA-TNBC) treated with neoadjuvant-ATC-CT (P = 0.008). CONCLUSION: Adding Bcl2 to the panel of markers used in current clinical practice could provide both prognostic and predictive information in TNBC. TNBC/Bcl2- patients appear to benefit from ATC-CT, whereas Bcl2+ TNBC seems to be resistant to ATC-CT and may benefit from a trial of different type of chemotherapy with/without novel-targeted agents.

TÍTULO / TITLE: - Probiotics for Rectal Volume Variation During Radiation Therapy for Prostate Cancer.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Sep 18. pii: S0360-3016(13)02910-6. doi: 10.1016/j.ijrobp.2013.07.038.

●● Enlace al texto completo (gratis o de pago) 1016/j.ijrobp.2013.07.038

AUTORES / AUTHORS: - Ki Y; Kim W; Nam J; Kim D; Lee J; Park D; Jeon H; Ha H; Kim T; Kim D

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Medical Research Institute, Pusan National University Hospital, Pusan National University School of Medicine, Busan, Republic of Korea.

RESUMEN / SUMMARY: - PURPOSE: To investigate the effect of the probiotic Lactobacillus acidophilus on the percentage volume change of the rectum (PVCR), a crucial factor of prostate movement. METHODS AND MATERIALS: Prostate cancer patients managed with tomotherapy as a radical treatment were enrolled in the study to take a probiotic capsule containing 1.0 x 10⁸ colony-forming units of L acidophilus or a placebo capsule twice daily. Radiation therapy was performed at a dose of 78 Gy in 39 fractions. The

PVCR, defined as the difference in rectal volume between the planning computed tomographic (CT) and daily megavoltage CT images, was analyzed. RESULTS: Forty patients were randomized into 2 groups. The L acidophilus group showed significantly lower median rectal volume and median PVCR values than the placebo group. L acidophilus showed a significant reduction effect on the PVCR ($P < .001$). However, the radiation therapy fraction number did not significantly influence the PVCR. CONCLUSIONS: L acidophilus was useful in reducing the PVCR, which is the most important determining factor of prostate position, during radiation therapy for prostate cancer.

TÍTULO / TITLE: - Synergistic effect of combination topotecan and chronomodulated radiation therapy on xenografted human nasopharyngeal carcinoma.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Oct 1;87(2):356-62. doi: 10.1016/j.ijrobp.2013.05.047. Epub 2013 Jul 29.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.ijrobp.2013.05.047](#)

AUTORES / AUTHORS: - Zhang Y; Chen X; Ren P; Su Z; Cao H; Zhou J; Zou X; Fu S; Lin S; Fan J; Yang B; Sun X; Zhou Y; Chen Y; Yang L; Wu J

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Affiliated Hospital of Luzhou Medical College, Luzhou, China.

RESUMEN / SUMMARY: - PURPOSE: To investigate the in vivo chronomodulated radiosensitizing effect of topotecan (TPT) on human nasopharyngeal carcinoma (NPC) and its possible mechanisms. METHODS AND MATERIALS: Xenografted BALB/c (nu/nu) NPC mice were synchronized with an alternation of 12 hours of light from 0 to 12 hours after light onset (HALO) and 12 hours of darkness to establish a unified biological rhythm. Chronomodulated radiosensitization of TPT was investigated by analysis of tumor regrowth delay (TGD), pimonidazole hydrochloride, histone H2AX phosphorylation, (γ -H2AX) topoisomerase I (Top I), cell cycle, and apoptosis after treatment with (1) TPT (10 mg/kg) alone; (2) radiation therapy alone (RT); and (3) TPT+RT at 3, 9, 15, and 21 HALO. The tumor-loaded mice without any treatment were used as controls. RESULTS: The TPT+RT combination was more effective than TPT or RT as single agents. The TPT+RT combination at 15 HALO was best (TGD = 58.0 +/- 3.6 days), and TPT+RT at 3 HALO was worst (TGD = 35.0 +/- 1.5 days) among the 4 TPT+RT groups ($P < .05$). Immunohistochemistry analysis revealed a significantly increased histone H2AX phosphorylation expression and decreased pimonidazole hydrochloride expression in the TPT+RT group at the same time point. The results suggested that the level of tumor hypoxia and DNA damage varied in a time-dependent manner. The expression of Top I in the TPT+RT group was also significantly different from the control tumors at 15 HALO ($P < .05$). Cell apoptosis index was increased and the proportion of cells in S phase was decreased ($P < .05$) with the highest value in 15 HALO

and the lowest in 3 HALO. CONCLUSIONS: This study suggested that TPT combined with chronoradiotherapy could enhance the radiosensitivity of xenografted NPC. The TPT+RT group at 15 HALO had the best therapeutic effect. The chronomodulated radiosensitization mechanisms of TPT might be related to circadian rhythm of tumor hypoxia, cell cycle redistribution, DNA damage, and expression of Top I.

TÍTULO / TITLE: - Anisotropic margin expansions in 6 anatomic directions for oropharyngeal image guided radiation therapy.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Nov 1;87(3):596-601. doi: 10.1016/j.ijrobp.2013.06.2036. Epub 2013 Jul 29.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijrobp.2013.06.2036](#)

AUTORES / AUTHORS: - Yock AD; Garden AS; Court LE; Beadle BM; Zhang L; Dong L

INSTITUCIÓN / INSTITUTION: - Department of Radiation Physics, The University of Texas MD Anderson Cancer Center, Houston, Texas; Graduate School of Biomedical Sciences, The University of Texas Health Science Center at Houston, Houston, Texas.

RESUMEN / SUMMARY: - PURPOSE: The purpose of this work was to determine the expansions in 6 anatomic directions that produced optimal margins considering nonrigid setup errors and tissue deformation for patients receiving image-guided radiation therapy (IGRT) of the oropharynx. METHODS AND MATERIALS: For 20 patients who had received IGRT to the head and neck, we deformably registered each patient's daily images acquired with a computed tomography (CT)-on-rails system to his or her planning CT. By use of the resulting vector fields, the positions of volume elements within the clinical target volume (CTV) (target voxels) or within a 1-cm shell surrounding the CTV (normal tissue voxels) on the planning CT were identified on each daily CT. We generated a total of 15,625 margins by dilating the CTV by 1, 2, 3, 4, or 5 mm in the posterior, anterior, lateral, medial, inferior, and superior directions. The optimal margins were those that minimized the relative volume of normal tissue voxels positioned within the margin while satisfying 1 of 4 geometric target coverage criteria and 1 of 3 population criteria. RESULTS: Each pair of geometric target coverage and population criteria resulted in a unique, anisotropic, optimal margin. The optimal margin expansions ranged in magnitude from 1 to 5 mm depending on the anatomic direction of the expansion and on the geometric target coverage and population criteria. Typically, the expansions were largest in the medial direction, were smallest in the lateral direction, and increased with the demand of the criteria. The anisotropic margin resulting from the optimal set of expansions always included less normal tissue than did any isotropic margin that satisfied the same pair of criteria. CONCLUSIONS: We demonstrated the potential of anisotropic margins to reduce normal tissue exposure without compromising target coverage in IGRT to the head and neck.

TÍTULO / TITLE: - Absence of FLICE-Inhibitory Protein Is a Novel Independent Prognostic Marker for Very Short Survival in Pancreatic Ductal Adenocarcinoma.

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

REVISTA / JOURNAL: - Pancreas. 2013 Oct;42(7):1114-9. doi: 10.1097/MPA.0b013e31829655ed.

- Enlace al texto completo (gratis o de pago)

[1097/MPA.0b013e31829655ed](#)

AUTORES / AUTHORS: - Schmid SJ; Glatzel MC; Welke C; Kornmann M; Kleger A; Barth TF; Fulda S; Lennerz JK; Moller P

INSTITUCIÓN / INSTITUTION: - From the *Department of Pathology, daggerComprehensive Cancer Center Ulm, and Departments of double daggerGeneral, Visceral and Transplantation Surgery and section signInternal Medicine, University Hospital Ulm, Germany; and parallelInstitute for Experimental Cancer Research in Pediatrics, Goethe-University Frankfurt, Germany.

RESUMEN / SUMMARY: - **OBJECTIVES:** Evading apoptosis is a hallmark of pancreatic cancer. In pancreatic cancer models, chemotherapy down-regulates the antiapoptotic protein cellular FLICE inhibitory protein (c-FLIP), which renders cells sensitive to apoptosis. Currently, the relevance of c-FLIP expression as a biomarker in pancreatic cancer is unknown, and here we assessed the prognostic significance of the c-FLIP expression status in a large cohort of pancreatic cancer patients with clinical follow-up. **METHODS:** Cellular FLICE inhibitory protein expression levels were determined by immunohistochemistry in 120 surgically resected ductal pancreatic adenocarcinomas. Survival analysis by c-FLIP status was compared with established clinicopathologic biomarkers as well as Ki-67 and cyclooxygenase 2 expression levels as 2 other established independent prognostic biomarkers in pancreatic cancer. **RESULTS:** Of 120 tumors, 111 (91%) were c-FLIP positive, whereas 9 (9%) were completely c-FLIP negative. Cyclooxygenase 2 was positive in 59 cases (52%), and Ki-67 was positive in more than 10% of tumor cells in 51 cases (44%). Univariate and multivariate survival analysis (correcting for stage, grade, and proliferation index) showed that c-FLIP is an independent prognostic factor. Specifically, c-FLIP negativity identifies 9% of patients with a highly aggressive disease course (P = 0.0001). **CONCLUSIONS:** Cellular FLICE inhibitory protein expression status is a valuable prognostic biomarker in pancreatic cancer.

TÍTULO / TITLE: - Risk-reducing laparoscopic cytoreductive surgery and hyperthermic intraperitoneal chemotherapy for low-grade appendiceal mucinous neoplasm: early outcomes and technique.

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

REVISTA / JOURNAL: - Surg Endosc. 2013 Sep 6.

●● Enlace al texto completo (gratis o de pago) [1007/s00464-013-3189-8](https://doi.org/10.1007/s00464-013-3189-8)

AUTORES / AUTHORS: - Fish R; Selvasekar C; Crichton P; Wilson M; Fulford P; Renehan A; O'Dwyer S

INSTITUCIÓN / INSTITUTION: - Peritoneal Tumour Service, The Christie NHS Foundation Trust, Wilmslow Road, Manchester, M20 4BX, UK, becca.j.fish@gmail.com.

RESUMEN / SUMMARY: - BACKGROUND: Low-grade appendiceal mucinous neoplasm (LAMN) is a precursor lesion of pseudomyxoma peritonei, which, if treated suboptimally, may later disseminate throughout the abdominal cavity. We previously demonstrated the role of cytoreductive surgery (CRS) and heated intraperitoneal chemotherapy (HIPEC) to reduce the dissemination risk. Here we describe the feasibility and safety of minimal access cytoreductive surgery (MACRS) and HIPEC as an alternative to the open approach. METHODS: We evaluated patients with LAMNs at risk of dissemination (known as LAMN II) who were referred to a national treatment centre between 2010 and 2012 and comparison is made between this group and patients undergoing open CRS and HIPEC for the same pathology over the same time period. RESULTS: Of the 39 patients with LAMN II, 10 patients were treated by MACRS and HIPEC and 7 were treated by an open approach. Among the MACRS procedures, there were no conversions to open surgery; median procedure length, median length of stay, and complication rates were similar between groups and there were no 30-day deaths. After 3- and 11-months median follow-up respectively, no patients have evidence of disease progression. CONCLUSIONS: The present series demonstrates that MACRS and HIPEC is a feasible and safe alternative to the open procedure with the advantage of smaller abdominal wounds and comparable morbidity and inpatient stay. Longer follow-up is needed to assess the impact on disease progression.

TÍTULO / TITLE: - Transplantation of bone marrow-derived mesenchymal stem cells after regional hepatic irradiation ameliorates thioacetamide-induced liver fibrosis in rats.

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

REVISTA / JOURNAL: - J Surg Res. 2013 Sep 11. pii: S0022-4804(13)00783-X. doi: 10.1016/j.jss.2013.08.016.

●● Enlace al texto completo (gratis o de pago) [1016/j.jss.2013.08.016](https://doi.org/10.1016/j.jss.2013.08.016)

AUTORES / AUTHORS: - Shao CH; Chen SL; Dong TF; Chai H; Yu Y; Deng L; Wang Y; Cheng F

INSTITUCIÓN / INSTITUTION: - Liver Transplantation Center, First Affiliated Hospital of Nanjing Medical University, Nanjing, Jiangsu Province, China; Key Laboratory of Living Donor Liver Transplantation, Ministry of Public Health, Nanjing, Jiangsu Province, China.

RESUMEN / SUMMARY: - BACKGROUND: Recent studies have demonstrated that bone marrow-derived mesenchymal stem cells (BM-MSCs) can potentially revert liver fibrosis, but it is not known if preparative hepatic irradiation (HIR) contributes to the therapeutic effect of transplanted BM-MSCs. In this study, we investigate the effects of

HIR on transplanted BM-MSCs in cirrhotic rats and the underlying mechanism by which mesenchymal stem cells (MSCs) relieve liver fibrosis. **MATERIALS AND METHODS:** The BM-MSCs from male rats were labeled with CM-Dil and injected via portal vein into two groups of thioacetamide-induced cirrhotic rats, and the controls were injected with the same volume of saline. The right hemiliver of one cirrhotic rat group was irradiated (15 Gy) 4 d before transplantation. Liver function tests and histologic experiments were performed, and the liver population of BM-MSCs was estimated. **RESULTS:** The transplantation of MSCs alleviated liver fibrosis and reduced expression of transforming growth factor-beta1, Smad2, collagen type , and alpha-SMA. HIR preconditioning promoted homing and repopulation of MSCs and resulted in better treatment outcomes. **CONCLUSIONS:** HIR preconditioning enhances the effect of BM-MSCs in improving thioacetamide-induced liver fibrosis in rats by promoting their homing and repopulation. BM-MSCs may function by inhibiting transforming growth factor-beta1-Smad signaling pathway in the liver.

TÍTULO / TITLE: - Oral chemoprevention with acetyl salicylic Acid, vitamin D and calcium reduces the risk of tobacco carcinogen-induced bladder tumors in mice.

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

REVISTA / JOURNAL: - Cancer Invest. 2013 Aug;31(7):490-3. doi: 10.3109/07357907.2013.820316.

●● Enlace al texto completo (gratis o de pago) [3109/07357907.2013.820316](https://doi.org/10.3109/07357907.2013.820316)

AUTORES / AUTHORS: - Pommergaard HC; Burcharth J; Rosenberg J; Raskov H

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Herlev Hospital, University of Copenhagen, Herlev, Denmark. hcpommergaard@gmail.com

RESUMEN / SUMMARY: - Bladder cancer is a common urological malignancy with high recurrence rate, which may be reduced by chemoprevention. The aim was to evaluate chemoprevention in a mouse model of tobacco carcinogen-induced bladder tumors. A total of 60 A/J mice were randomized to normal diet, diet with low calcium, and diet with chemoprevention (acetyl salicylic acid, 1-alpha 25(OH)₂-vitamin D₃ and calcium). There were significantly fewer tumors (0 (0-0) vs. 0 (0-2), p = .045) and fewer animals with tumors (0/20 vs. 5/20, p = .045) in the chemoprevention group compared with controls. Thus, chemoprevention diet effectively reduced the tumor promoting effect of tobacco carcinogens in the mouse bladder.

TÍTULO / TITLE: - A model of radiation-induced cell killing: insights into mechanisms and applications for hadron therapy.

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

REVISTA / JOURNAL: - Radiat Res. 2013 Sep;180(3):307-15. doi: 10.1667/RR3285.1. Epub 2013 Aug 14.

●● Enlace al texto completo (gratis o de pago) [1667/RR3285.1](https://arxiv.org/abs/1667/RR3285.1)

AUTORES / AUTHORS: - Ballarini F; Altieri S; Bortolussi S; Giroletti E; Protti N

INSTITUCIÓN / INSTITUTION: - University of Pavia, Physics Department, and INFN - Sezione di Pavia, via Bassi 6, I-27100 Pavia, Italy.

RESUMEN / SUMMARY: - A mechanism-based, two-parameter biophysical model of cell killing was developed with the aim of elucidating the mechanisms underlying radiation-induced cell death and predicting cell killing by different radiation types, including protons and carbon ions at energies and doses of interest for cancer therapy. The model assumed that certain chromosome aberrations (dicentric, rings and large deletions, called "lethal aberrations") lead to clonogenic inactivation, and that aberrations derive from micro-scale misjoining of chromatin fragments, which in turn are produced by "dirty" double-strand breaks called "cluster lesions" (CLs). The average numbers of CLs per Gy per cell were left as a semi-free parameter and the threshold distance for chromatin-fragment rejoining was defined the second parameter. The model was "translated" into Monte Carlo code and provided simulated survival curves, which were compared with survival data on V79 cells exposed to protons, carbon ions and X rays. The agreement was good between simulations and survival data and supported the assumptions of the model at least for doses up to a few Gy. Dicentric, rings and large deletions were found to be lethal not only for AG1522 cells exposed to X rays, as already reported by others, but also for V79 cells exposed to protons and carbon ions of different energies. Furthermore, the derived CL yields suggest that the critical DNA lesions leading to clonogenic inactivation are more complex than "clean" DSBs. After initial validation, the model was applied to characterize the particle and LET dependence of proton and carbon cell killing. Consistent with the proton data, the predicted fraction of inactivated cells after 2 Gy protons was 40-50% below 7.7 keV/mum, increased by a factor approximately 1.6 between 7.7-30.5 keV/mum, and decreased by a factor approximately 1.1 between 30.5-34.6 keV/mum. These LET values correspond to proton energies below a few MeV, which are always present in the distal region of hadron therapy spread-out Bragg peaks (SOBP). Consistent with the carbon data, the predicted fraction of inactivated cells after 2 Gy carbon was 40-50% between 13.7-32.4 keV/mum, it increased by a factor approximately 1.7 between 32.4-153.5 keV/mum, and decreased by a factor approximately 1.1 between 153.5-339.1 keV/mum. Finally, we applied the model to predict cell death at different depths along a carbon SOBP used for preclinical experiments at HIMAC in Chiba, Japan. The predicted fraction of inactivated cells was found to be roughly constant (less than 10%) along the SOBP, suggesting that this approach may be applied to predict cell killing of therapeutic carbon beams and that, more generally, dicentric, rings and deletions at the first mitosis may be regarded as a biological dose for these beams. This study advanced our understanding of the mechanisms of radiation-induced cell death and characterized the particle and LET dependence of proton and carbon cell killing along a carbon SOBP. The model does

not use RBE values, which can be a source of uncertainty. More generally, this model is a mechanism-based tool that in minutes can predict cell inactivation by protons or carbon ions of a given energy and dose, based on an experimental photon curve and in principle, a single (experimental) survival point for the considered ion type and energy.

TÍTULO / TITLE: - Assessment of survival and body size variation in *Culicoides imicola* (Diptera: Ceratopogonidae) as a function of *Cardinium* (Bacteriodes) infection status.

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

REVISTA / JOURNAL: - Appl Environ Microbiol. 2013 Aug 2.

- [Enlace al texto completo \(gratis o de pago\) 1128/AEM.01793-13](#)

AUTORES / AUTHORS: - Morag N; Mullens BA; Gottlieb Y

INSTITUCIÓN / INSTITUTION: - Koret School of Veterinary Medicine, The Robert H. Smith Faculty of Agriculture, Food and Environment, The Hebrew University of Jerusalem, Rehovot, Israel.

RESUMEN / SUMMARY: - *Candidatus Cardinium hertigii* (Bacteriodes) is a maternally inherited endosymbiont known from several arthropods. Its mechanisms for persistency in host populations are mostly by reproductive manipulation, though it has been occasionally reported to improve fitness parameters in several hosts. In *Culicoides* (Diptera: Ceratopogonidae) biting midges, prevalence of *Cardinium* infection was documented as moderate, with no detectable sex bias. We therefore investigated whether *Cardinium* affects important fitness parameters, such as survivorship and body size, in *Culicoides imicola*, a dominant vector species. Field collected midges were trapped and analyzed for survival under different environmental conditions and antibiotic treatment, taking into account *Cardinium* infection status and parity status (i.e. parous or nulliparous). Additionally, wing lengths were measured as a proxy parameter for body size and analyzed together with *Cardinium* infection data. Findings revealed no difference in survival of *Culicoides* infected with *Cardinium* when compared to uninfected in both parity states and in all tested conditions: optimal, starvation, heat and antibiotic treatment. Beyond survivorship, no wing length difference was found for *Cardinium* infected midges vs. uninfected. In aggregate, these findings support our conclusion that *Cardinium* does not have an overt effect on the survival and size of adult *C. imicola*. *Cardinium* may affect immature stages or may alter adult reproductive performance.

TÍTULO / TITLE: - Survival in stage II/III colorectal cancer is independently predicted by chromosomal and microsatellite instability, but not by specific driver mutations.

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

REVISTA / JOURNAL: - Am J Gastroenterol. 2013 Sep 17. doi: 10.1038/ajg.2013.292.

●● Enlace al texto completo (gratis o de pago) [1038/ajg.2013.292](https://doi.org/10.1038/ajg.2013.292)

AUTORES / AUTHORS: - Mouradov D; Domingo E; Gibbs P; Jorissen RN; Li S; Soo PY; Lipton L; Desai J; Danielsen HE; Oukrif D; Novelli M; Yau C; Holmes CC; Jones IT; McLaughlin S; Molloy P; Hawkins NJ; Ward R; Midgely R; Kerr D; Tomlinson IP; Sieber OM

INSTITUCIÓN / INSTITUTION: - 1] Ludwig Colon Cancer Initiative Laboratory, Ludwig Institute for Cancer Research, Parkville, Victoria, Australia [2] Faculty of Medicine, Dentistry and Health Sciences, Department of Medical Biology, University of Melbourne, Royal Melbourne Hospital, Parkville, Victoria, Australia.

RESUMEN / SUMMARY: - **OBJECTIVES:** Microsatellite instability (MSI) is an established marker of good prognosis in colorectal cancer (CRC). Chromosomal instability (CIN) is strongly negatively associated with MSI and has been shown to be a marker of poor prognosis in a small number of studies. However, a substantial group of “double-negative” (MSI-/CIN-) CRCs exists. The prognosis of these patients is unclear. Furthermore, MSI and CIN are each associated with specific molecular changes, such as mutations in KRAS and BRAF, that have been associated with prognosis. It is not known which of MSI, CIN, and the specific gene mutations are primary predictors of survival. **METHODS:** We evaluated the prognostic value (disease-free survival, DFS) of CIN, MSI, mutations in KRAS, NRAS, BRAF, PIK3CA, FBXW7, and TP53, and chromosome 18q loss-of-heterozygosity (LOH) in 822 patients from the VICTOR trial of stage II/III CRC. We followed up promising associations in an Australian community-based cohort (N=375). **RESULTS:** In the VICTOR patients, no specific mutation was associated with DFS, but individually MSI and CIN showed significant associations after adjusting for stage, age, gender, tumor location, and therapy. A combined analysis of the VICTOR and community-based cohorts showed that MSI and CIN were independent predictors of DFS (for MSI, hazard ratio (HR)=0.58, 95% confidence interval (CI) 0.36-0.93, and P=0.021; for CIN, HR=1.54, 95% CI 1.14-2.08, and P=0.005), and joint CIN/MSI testing significantly improved the prognostic prediction of MSI alone (P=0.028). Higher levels of CIN were monotonically associated with progressively poorer DFS, and a semi-quantitative measure of CIN was a better predictor of outcome than a simple CIN+/- variable. All measures of CIN predicted DFS better than the recently described Watanabe LOH ratio. **CONCLUSIONS:** MSI and CIN are independent predictors of DFS for stage II/III CRC. Prognostic molecular tests for CRC relapse should currently use MSI and a quantitative measure of CIN rather than specific gene mutations. *Am J Gastroenterol* advance online publication, 17 September 2013; doi:10.1038/ajg.2013.292.

TÍTULO / TITLE: - Changes of Reactive Oxygen and Nitrogen Species and Mitochondrial Functioning in Human K562 and HL60 Cells Exposed to Ionizing Radiation.

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

REVISTA / JOURNAL: - Radiat Res. 2013 Sep 13.

●● Enlace al texto completo (gratis o de pago) 1667/RR3247.1

AUTORES / AUTHORS: - Saenko Y; Cieslar-Pobuda A; Skonieczna M; Rzeszowska-Wolny J

INSTITUCIÓN / INSTITUTION: - a Biosystems Group, Institute of Automatic Control, Silesian University of Technology, Akademicka 16, 44-100, Gliwice, Poland; and.

RESUMEN / SUMMARY: - Free radicals generated by mitochondria are candidates for mediating long-lasting effects of radiation on cells, including genetic instability. To better understand the significance of reactive oxygen species (ROS) and reactive nitrogen species (RNS) in these long-term effects we assayed ROS and RNS levels, the mitochondrial membrane potential and mass, and the frequency of DNA strand breaks, apoptosis and necrosis in human leukemic cells (K562 and HL60) after 12 Gy of X irradiation. An increase in intracellular ROS level was observed immediately post-irradiation, and about 24 h later a second increase of ROS was accompanied by increased in nitrogen oxide, mitochondrial potential and mitochondrial mass in both cell types. The second peak of ROS level was partially inhibited by rotenone, an inhibitor of mitochondrial complex I, in K562 but not in HL60 cells suggesting that the sources of ROS differed in the two cell types. The frequency of DNA breaks showed kinetics similar to ROS levels, with a sharp peak immediately after irradiation and a second increase 24 and 48 h later, which was significantly higher in K562 cells. Forty-eight hours after irradiation an increase in the frequency of apoptotic cells was observed in both cell lines, which became larger and statistically significant in K562 cells after inhibition of mitochondrial complex I. Our results show that ionizing radiation activates cellular processes which produce long-lasting ROS and RNS radicals, which may have different sources in different cell types and could participate in cellular signaling networks important for radiosensitivity and mode of cell death.

TÍTULO / TITLE: - Radiation Enhances the Invasiveness of Irradiated and Nonirradiated Bystander Hepatoma Cells Through a VEGF-MMP2 Pathway Initiated by p53.

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

REVISTA / JOURNAL: - Radiat Res. 2013 Sep 23.

●● Enlace al texto completo (gratis o de pago) 1667/RR3355.1

AUTORES / AUTHORS: - He M; Dong C; Ren R; Yuan D; Xie Y; Pan Y; Shao C

INSTITUCIÓN / INSTITUTION: - Institute of Radiation Medicine, Fudan University, Shanghai 200032, China.

RESUMEN / SUMMARY: - Recent evidence has shown that irradiation can promote the invasiveness of hepatocellular carcinoma cells and have an impact on the invasive behavior of nonirradiated surrounding cancer cells, which may enhance overall tumor aggressiveness. However, the role of the TP53 tumor suppressor gene in the invasion of irradiated hepatoma cells and their nonirradiated bystanders remain largely unknown. In the present study, we found that irradiation increased the invasiveness of

human hepatoma HepG2 cells, and pretreatment of the cells with SU1498 (an inhibitor of vascular endothelial growth factor receptor 2, VEGFR2) and GM6001 (an inhibitor of matrix metalloproteinases 2, MMP2) demonstrated that radiation-enhanced invasiveness is associated with the interplay between MMP2 and VEGF signaling. In addition, while radiation-induced expression and phosphorylation of p53, inhibition of p53 function with pifithrin- α or transfection of cells with p53 siRNA significantly reduced the activation of both MMP2 and VEGF and resulted in a reduction of radiation-induced invasiveness. Interestingly, we also found that the invasiveness of the nonirradiated bystander cells was also elevated after co-culturing with irradiated cells and that bystander invasive potential was regulated paracrine in a manner by MMP2 and VEGF from the irradiated cells through a p53-dependent mechanism. Taken together, our data demonstrate that radiation-induced up-regulation of p53 is responsible for the promotion of VEGF-MMP2 pathway involved in the enhancement of invasiveness of both irradiated and bystander hepatoma cells.

TÍTULO / TITLE: - Mitigation of Radiation-Induced Damage by Targeting EGFR in Noncancerous Human Epithelial Cells.

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

REVISTA / JOURNAL: - Radiat Res. 2013 Sep;180(3):259-67. doi: 10.1667/RR3371.1. Epub 2013 Aug 6.

●● Enlace al texto completo (gratis o de pago) [1667/RR3371.1](#)

AUTORES / AUTHORS: - Kim SB; Ly P; Kaisani A; Zhang L; Wright WE; Shay JW

INSTITUCIÓN / INSTITUTION: - Department of Cell Biology, University of Texas Southwestern Medical Center, Dallas, Texas 75390.

RESUMEN / SUMMARY: - Methyl-2-cyano-3,12 dioxoolean-1,9 diene-28-oate (CDDO-Me) is an antioxidative, anti-inflammatory modulator, which activates the nuclear factor-erythroid 2-related factor 2 (Nrf2)/antioxidant response element (ARE) pathway. While CDDO-Me has radioprotective activity through Nrf2 activation in vitro and in vivo, its ability to mitigate radiation-induced damage when provided after irradiation has not been studied. Here we investigated whether CDDO-Me mitigates ionizing radiation (IR)-induced DNA damage in immortalized normal human colonic epithelial cells (HCECs) and bronchial epithelial cells (HBECs). DNA damage and clonogenic survival were assessed after treatment with CDDO-Me postirradiation. We observed that treatment with CDDO-Me within 30 min after irradiation improved both DNA damage repair and clonogenic survival independently of Nrf2. CDDO-Me activates the epidermal growth factor receptor (EGFR) related DNA repair responses. In the presence of CDDO-Me, EGFR is phosphorylated and translocates into the nucleus where it interacts with DNA-PKcs. CDDO-Me-mediated mitigation activity can be abrogated through depletion of EGFR, ectopic overexpression of mutant EGFR or inhibition of DNA-PKcs. While post-treatment of CDDO-Me protected noncancerous

HCECs and HBECs against IR, cancer cells (HCT116 and MCF7) were not protected by CDDO-Me. These results suggest that targeting EGFR using CDDO-Me is a promising radiation mitigator with potential utility for first responders to nuclear accidents.

TÍTULO / TITLE: - Determinants of the combined use of external beam radiotherapy and brachytherapy for low-risk, clinically localized prostate cancer.

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

REVISTA / JOURNAL: - Cancer. 2013 Jul 31. doi: 10.1002/cncr.28258.

●● [Enlace al texto completo \(gratis o de pago\) 1002/cncr.28258](#)

AUTORES / AUTHORS: - Quek RG; Master VA; Ward KC; Lin CC; Virgo KS; Portier KM; Lipscomb J

INSTITUCIÓN / INSTITUTION: - Statistics and Evaluation Center, Intramural Research Department, American Cancer Society and Department of Health Policy and Management, Emory University, Atlanta, Georgia.

RESUMEN / SUMMARY: - **BACKGROUND:** Prostate cancer treatment choices have been shown to vary by physician and patient characteristics. For patients with low-risk, clinically localized prostate cancer, the authors examined the impact of their clinical, sociodemographic, and radiation oncologists' (RO) characteristics on the likelihood that the patients would receive combined external beam radiotherapy and brachytherapy, a treatment regimen that is at variance with clinical guidelines. **METHODS:** The Surveillance, Epidemiology and End Results (SEER)-Medicare linked database and the American Medical Association Physician Masterfile were used in a retrospective analysis of 5531 patients with low-risk, clinically localized prostate cancer who were diagnosed between 2004 and 2007, and the 708 ROs who treated them. Hierarchical logistic regression analyses were used to evaluate the relationship between patient and RO characteristics and the use of combined therapy within 6 months of diagnosis. **RESULTS:** Overall, 356 patients (6.4%) received combined therapy. Nonclinical factors were found to be associated with combined therapy. After adjusting for patient and RO characteristics, the odds of receiving combined therapy for patients residing in Georgia were found to be significantly greater than for all other SEER regions. Black patients were significantly less likely to receive combined therapy (odds ratio, 0.62; 95% confidence interval, 0.40-0.96 [P = .03]) compared with white patients. In addition, ROs accounted for 36.6% of the variation in patients receiving combined therapy. **CONCLUSIONS:** Geographic and sociodemographic factors were found to be significantly associated with guideline-discordant combined therapy for patients diagnosed with low-risk, clinically localized prostate cancer. Which RO a patient consults is important in determining whether they receive combined therapy. Cancer 2013. © 2013 American Cancer Society.

TÍTULO / TITLE: - Clinical and pathologic prognostic factors that are influential in the survival and prognosis of lung adenocarcinomas and invasive predominant subtypes.

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

REVISTA / JOURNAL: - Int Surg. 2013 Jul-Sep;98(3):191-9. doi: 10.9738/INTSURG-D-13-00029.1.

●● Enlace al texto completo (gratis o de pago) [9738/INTSURG-D-13-00029.1](#)

AUTORES / AUTHORS: - Zeybek A; Toru S; Ozbudak IH; Sarper A; Oz N; Bozcuk H; Ozbilim G; Demircan A

INSTITUCIÓN / INSTITUTION: - 1 Department of Thoracic Surgery, School of Medicine, Mugla Sıtkı Kocman University, Mugla, Turkey.

RESUMEN / SUMMARY: - Abstract Therapeutic approaches to lung adenocarcinomas differ because of their heterogeneous morphologies, prognoses, and clinical features. For this reason, new histopathologic classifications for lung adenocarcinomas were done by the International Association for the Study of Lung Cancer/American Thoracic Society/European Respiratory Society to form subtypes with homogeneous prognoses. There are limited clinical data in the literature on the prognosis of the subgroups formed according to the new classification. A total of 86 patients with adenocarcinoma who had undergone pathologic stages I and II curative resection and mediastinal lymph node dissection were retrospectively analyzed according to the seventh TNM staging system revised by the Union for International Cancer Control/American Joint Committee on Cancer. Histologic subtyping was reassessed according to the dominant histopathologic morphology. When survival rates of lung adenocarcinomas were compared according to their localizations, it was observed that adenocarcinomas localized to the right hemithorax had a longer survival than the ones with left hemithorax localization ($P = 0.026$). When necrosis was taken into account, it was seen that necrosis rate was higher in solid predominant type compared with other types, whereas it was lower in acinary type ($P = 0.046$). When peritumoral lymphovascular invasion data were assessed, it was observed that disease-free survival was influenced in a negative fashion ($P = 0.018$). New histopathologic classification of adenocarcinomas has been a step forward to attaining homogeneous groups, but when the biologic heterogeneity of the adenocarcinomas is taken into account, the authors believe that considering the peritumoral lymphatic vascular invasion, left hemithorax localization, and tumoral necrosis entities in the upcoming TNM classification will contribute to evaluating the prognosis.

TÍTULO / TITLE: - Suspected survivor bias in case-control studies: stratify on survival time and use a negative control.

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

REVISTA / JOURNAL: - J Clin Epidemiol. 2013 Aug 16. pii: S0895-4356(13)00196-0. doi: 10.1016/j.jclinepi.2013.05.011.

●● Enlace al texto completo (gratuito o de pago) [1016/j.yclinepi.2013.05.011](https://doi.org/10.1016/j.yclinepi.2013.05.011)

AUTORES / AUTHORS: - van Rein N; Cannegieter SC; Rosendaal FR; Reitsma PH; Lijfering WM

INSTITUCIÓN / INSTITUTION: - Department of Thrombosis and Hemostasis, Leiden University Medical Center, Leiden, The Netherlands; Einthoven Laboratory for Experimental Vascular Medicine, Leiden University Medical Center, Leiden, The Netherlands. Electronic address: n.van_rein@lumc.nl.

RESUMEN / SUMMARY: - **OBJECTIVES:** Selection bias in case-control studies occurs when control selection is inappropriate. However, selection bias due to improper case sampling is less well recognized. We describe how to recognize survivor bias (i.e., selection on exposed cases) and illustrate this with an example study. **STUDY DESIGN AND SETTING:** A case-control study was used to analyze the effect of statins on major bleedings during treatment with vitamin K antagonists. A total of 110 patients who experienced such bleedings were included 18-1,018 days after the bleeding complication and matched to 220 controls. **RESULTS:** A protective association of major bleeding for exposure to statins (odds ratio [OR]: 0.56; 95% confidence interval: 0.29-1.08) was found, which did not become stronger after adjustment for confounding factors. These observations lead us to suspect survivor bias. To identify this bias, results were stratified on time between bleeding event and inclusion, and repeated for a negative control (an exposure not related to survival): blood group non-O. The ORs for exposure to statins increased gradually to 1.37 with shorter time between outcome and inclusion, whereas ORs for the negative control remained constant, confirming our hypothesis. **CONCLUSION:** We recommend the presented method to check for overoptimistic results, that is, survivor bias in case-control studies.

TÍTULO / TITLE: - Intra-arterial Infusion Chemotherapy for Advanced Non-Small-Cell Lung Cancer: Preliminary Experience on the Safety, Efficacy, and Clinical Outcomes.

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

REVISTA / JOURNAL: - J Vasc Interv Radiol. 2013 Oct;24(10):1521-1528.e4. doi: 10.1016/j.jvir.2013.05.065. Epub 2013 Jul 30.

●● Enlace al texto completo (gratuito o de pago) [1016/j.jvir.2013.05.065](https://doi.org/10.1016/j.jvir.2013.05.065)

AUTORES / AUTHORS: - Yuan Z; Li WT; Ye XD; Dong S; Peng WJ

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RESUMEN / SUMMARY: - **PURPOSE:** To investigate the effectiveness and toxicity of intra-arterial infusion chemotherapy as a therapeutic modality for advanced non-small-cell lung cancer (NSCLC). **MATERIALS AND METHODS:** In a retrospective study, 40 patients

with stage III NSCLC received intra-arterial infusion chemotherapy with gemcitabine and cisplatin. Tumor staining was graded based on angiography, and the number of NSCLC feeding arteries detected was recorded. Toxicity was assessed according to National Cancer Institute Common Toxicity Criteria for Adverse Events. The response to treatment was evaluated per Response Evaluation Criteria In Solid Tumors (RECIST). Efficacy was assessed based on time to tumor progression (TTP), and survival was estimated by Kaplan-Meier analysis. Prognostic factors influencing TTP and overall survival rate were evaluated by Cox regression analysis. RESULTS: The most frequent drug-related adverse events were cough (n = 17; 42.5%), anorexia (n = 14; 35%), and pain (n = 9; 22.5%). Evaluated per RECIST, a total of 47.5% of patients (n = 19) exhibited response to therapy after completion of the first three cycles of intra-arterial infusion chemotherapy. The median TTP was 5 months. Patients had a median life expectancy of 9 months. By Cox regression analysis, tumor staining was shown to be an independent prognostic factor for TTP (relative risk, 0.405; 95% confidence interval, 0.216-0.760) and overall survival (relative risk, 0.348; 95% confidence interval, 0.185-0.656). CONCLUSIONS: Intra-arterial infusion chemotherapy for advanced lung cancer has the potential to reduce the size of tumors and has no severe adverse effects.

TÍTULO / TITLE: - The association of ultraviolet radiation-B (305 nm), season of diagnosis, and latitude on the survival outcome of prostate cancer in the high UV environment of Australia.

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

REVISTA / JOURNAL: - Cancer Causes Control. 2013 Aug 24.

●● Enlace al texto completo (gratis o de pago) [1007/s10552-013-0277-y](#)

AUTORES / AUTHORS: - Nair-Shalliker V; Smith DP; Egger S; Clements MS; Rahman MB; Armstrong BK

INSTITUCIÓN / INSTITUTION: - Cancer Research Division, Cancer Council New South Wales, 153 Dowling Street, Woolloomooloo, Sydney, NSW, 2011, Australia, visalinin@nswcc.org.au.

RESUMEN / SUMMARY: - BACKGROUND: Positive associations between sun exposure and cancer survival have been observed in regions of high latitudes, where ambient solar ultraviolet (SUV) radiation is generally low. PURPOSE: We examined the effects of ambient ultraviolet-B radiation (UVB) at time of diagnosis, season of diagnosis and latitude of residence on survival outcome from prostate cancer. METHOD: Regression models for relative survival were used to estimate relative excess risks (RER) of death after diagnosis of prostate cancer from cancer registries in Eastern Australia (Queensland, New South Wales, Victoria and Tasmania). RESULTS: Relative excess risks was increased with diagnosis in summer (RER = 1.20; 95 % CI 1.14-1.26) relative to winter, high ambient UVB at the time of diagnosis (>60 mW/m²; RER = 1.10; 95 % CI 1.05-1.15) relative to low SUV (<30 mW/m²), and with residence in high latitudes (35

degrees S-43 degrees S; RER = 1.20; 95 % CI 1.14-1.26) relative to low latitudes (9 degrees S-29.9 degrees S). RER was highest for summer diagnosis in all three latitude bands, after adjusting for age, follow-up period, and socioeconomic status.

CONCLUSION: The contradictory outcome from season and latitude suggests that their use as surrogates for UV warrants validation. Our data suggest that high ambient solar ultraviolet radiation at the time of diagnosis of prostate cancer increases the risk of dying from this cancer.

TÍTULO / TITLE: - TGF-beta superfamily member activin A acts with BDNF and erythropoietin to improve survival of spiral ganglion neurons in vitro.

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

REVISTA / JOURNAL: - Neuropharmacology. 2013 Aug 22;75C:416-425. doi: 10.1016/j.neuropharm.2013.08.008.

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

[1016/j.neuropharm.2013.08.008](#)

AUTORES / AUTHORS: - Kaiser O; Paasche G; Stover T; Ernst S; Lenarz T; Kral A; Warnecke A

INSTITUCIÓN / INSTITUTION: - Department of Otolaryngology, Hannover Medical School, Carl-Neuberg-Str. 1, 30625 Hannover, Germany. Electronic address:

odettgenerlich@gmx.de.

RESUMEN / SUMMARY: - Activins are regulators of embryogenesis, osteogenesis, hormones and neuronal survival. Even though activin receptor type II has been detected in spiral ganglion neurons (SGN), little is known about the role of activins in the inner ear. An activin-mediated neuroprotection is of considerable clinical interest since SGN are targets of electrical stimulation with cochlear implants in hearing impaired patients. Thus, the presence of activin type-I and type-II receptors was demonstrated immunocytochemically and the individual and combined effects of activin A, erythropoietin (EPO) and brain-derived neurotrophic factor (BDNF) on SGN were examined in vitro. SGN isolated from neonatal rats (P 3-5) were cultured in serum-free medium supplemented with activin A, BDNF and EPO. Compared to the negative control, survival rates of SGN were significantly improved when cultivated individually with activin A ($p < 0.001$) and in combination with BDNF ($p < 0.001$). Neither neurite outgrowth nor neuronal survival was influenced by the addition of EPO to activin A-treated neurons. However, when all three factors were added, a significantly ($p < 0.001$) improved neuronal survival was observed (61.2 +/- 3.6%) compared to activin A (25.4 +/- 2.1%), BDNF (22.8 +/- 3.3%) and BDNF + EPO (19.2 +/- 1.5%). Under the influence of the EPO-inhibitors, this increase in neuronal survival was blocked. Acting with BDNF and EPO to promote neuronal survival in vitro, activin A presents an interesting factor for pharmacological intervention in the inner ear. The

present study demonstrates a synergetic effect of a combined therapy with several trophic factors.

TÍTULO / TITLE: - Increased intracellular oxygen radical production in neutrophils during febrile episodes of PFAPA syndrome.

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

REVISTA / JOURNAL: - Arthritis Rheum. 2013 Aug 27. doi: 10.1002/art.38134.

●● Enlace al texto completo (gratis o de pago) [1002/art.38134](#)

AUTORES / AUTHORS: - Sundqvist M; Wekell P; Osla V; Bylund J; Christenson K; Savman K; Foell D; Cabral DA; Fasth A; Berg S; Brown KL; Karlsson A

INSTITUCIÓN / INSTITUTION: - Department of Rheumatology and Inflammation Research, University of Gothenburg, Gothenburg, Sweden.

RESUMEN / SUMMARY: - Objective: Periodic Fever, Aphthous stomatitis, Pharyngitis, and cervical Adenitis (PFAPA) syndrome is an autoinflammatory disease of unknown etiology that primarily affects preschool children. PFAPA is characterized by recurrent attacks of fever and inflammatory symptoms consistent with the disease acronym. Since autoinflammatory diseases by definition are mediated by cells of the innate immune system, we aimed at evaluating functional features of neutrophils, the most abundant innate immune cell in circulation, in PFAPA syndrome. Methods: Blood neutrophils, obtained from PFAPA patients during both febrile and asymptomatic afebrile phases of disease, as well as from healthy children (afebrile controls) and children with fever and abdominal pain (febrile controls) were analysed for three key neutrophil characteristics: (i) apoptosis (measured by Annexin V/7AAD staining), (ii) production of reactive oxygen species (ROS; by luminol/isoluminol-amplified chemiluminescence), and (iii) priming status (as responsiveness to galectin-3 and upregulation of CD11b). Results: Compared to neutrophils from both PFAPA patients in an afebrile interval and from febrile controls, neutrophils obtained during a PFAPA flare produced elevated levels of intracellular NADPH-oxidase-derived ROS, had significantly diminished rates of spontaneous apoptosis, and displayed signatures of priming. In contrast, neutrophils from afebrile PFAPA patients had a significantly elevated rate of spontaneous apoptosis compared to neutrophils from afebrile controls. Conclusions: We demonstrate that three key aspects of neutrophil innate immune function, namely apoptosis, priming, and generation of an intracellular oxidative burst are altered, most prominently during febrile attacks in PFAPA syndrome. © 2013 American College of Rheumatology.

TÍTULO / TITLE: - Reply to the comment on 'The influence of dose heterogeneity on tumour control probability in fractionated radiation therapy'.

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

REVISTA / JOURNAL: - Phys Med Biol. 2013 Sep 21;58(18):6591-2. doi: 10.1088/0031-9155/58/18/6591. Epub 2013 Sep 4.

●● Enlace al texto completo (gratis o de pago) [1088/0031-9155/58/18/6591](https://doi.org/10.1088/0031-9155/58/18/6591)

AUTORES / AUTHORS: - Wiklund K; Toma-Dasu I; Lind BK

INSTITUCIÓN / INSTITUTION: - Savantic AB, Stockholm, Sweden.

TÍTULO / TITLE: - Comments on 'The influence of dose heterogeneity on tumor control probability in fractionated radiation therapy'.

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

REVISTA / JOURNAL: - Phys Med Biol. 2013 Sep 21;58(18):6585-9. doi: 10.1088/0031-9155/58/18/6585. Epub 2013 Sep 4.

●● Enlace al texto completo (gratis o de pago) [1088/0031-9155/58/18/6585](https://doi.org/10.1088/0031-9155/58/18/6585)

AUTORES / AUTHORS: - Grusell E

INSTITUCIÓN / INSTITUTION: - Department of medical physics, Uppsala University Hospital, Uppsala, Sweden.

RESUMEN / SUMMARY: - By analyzing the radiobiological model, and the equations derived from the model, it is shown that the main results of the article 'The influence of dose heterogeneity on tumor control probability in fractionated radiation therapy' by Wiklund et al (2011 Phys. Med. Biol. 56 7585-600) are valid only under the condition that the dose to any cell is statistically independent of the dose to any other cell in the same fraction. This condition is in practice not fulfilled for radiotherapy. Hence the main results and most of the discussion are not applicable to fractionated radiation therapy.

TÍTULO / TITLE: - Improving the UK's performance on survival after cardiac arrest.

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

REVISTA / JOURNAL: - BMJ. 2013 Jul 30;347:f4800. doi: 10.1136/bmj.f4800.

AUTORES / AUTHORS: - Malhotra A; Rakhit R

INSTITUCIÓN / INSTITUTION: - Royal Free Hospital, London.

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TÍTULO / TITLE: - TNM staging compared to a new clinicopathological model in predicting oral tongue squamous cell carcinoma survival.

RESUMEN / SUMMARY: -

[ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=23996811](https://pubmed.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=23996811)

●● Enlace al texto completo (gratis o de pago) [1002/hed.23486](https://doi.org/10.1002/hed.23486)

AUTORES / AUTHORS: - Okuyemi OT; Piccirillo JF; Spitznagel E

INSTITUCIÓN / INSTITUTION: - Department of Otolaryngology- Head and Neck Surgery, Washington University School of Medicine, Saint Louis, Missouri 63110.

RESUMEN / SUMMARY: - Background: To investigate the prognostic impact of comorbidity, demographic and pathological factors on Oral Tongue Squamous Cell Carcinoma (OTSCC) survival; and to compare the prognostic performance of a new clinicopathological model against the routinely-used Tumor-Node-Metastases (TNM) staging. Methods: A retrospective study of demographic, clinical, and pathological information of 166 OTSCC patients. Cox regression was used for multivariate analysis, model-building and model discriminatory analysis. Results: Comorbidity had the most significant impact on overall survival (log-rank test, $\chi^2 = 36.34$; $p < .0001$). Comorbidity, tumor dimension $> 2\text{cm}$, and presence of extracapsular spread or vascular invasion were independent predictors of survival. A clinicopathological model based on these 4 variables ($\chi^2 = 60.23$; $p < .0001$) was better (c-statistic = 0.736) at predicting survival compared to pathological TNM staging (c-statistic = 0.645). Conclusions: Comorbidity combined with tumor dimension, extracapsular spread and vascular invasion provide a better prediction of OTSCC survival than TNM staging alone. Head Neck, 2013.

TÍTULO / TITLE: - Impact of the number of cautionary and/or unsuitable risk factors on outcomes after accelerated partial breast irradiation.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Sep 1;87(1):134-8. doi: 10.1016/j.ijrobp.2013.05.030.

●● Enlace al texto completo (gratis o de pago) 1016/j.ijrobp.2013.05.030

AUTORES / AUTHORS: - Wobb J; Wilkinson JB; Shah C; Mitchell C; Wallace M; Ye H; Stromberg J; Grills I; Chen PY

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Beaumont Cancer Institute, Oakland University William Beaumont School of Medicine, Royal Oak, Michigan, USA.

RESUMEN / SUMMARY: - PURPOSE: To examine clinical outcomes of accelerated partial-breast irradiation (APBI) stratified by the number of American Society for Radiation Oncology consensus statement cautionary/unsuitable risk factors (RFs) present. METHODS AND MATERIALS: A total of 692 patients were treated with APBI at a single institution between April 1993 and January 2012 using interstitial (n=195), balloon (n=292), and 3-dimensional conformal radiation therapy (n=205) techniques. Clinical outcomes were evaluated by risk group and number of RFs. RESULTS: Median follow-up was 5.2 years (range, 0-18.3 years). Most patients were classified as suitable (n=240, 34%) or cautionary (n=343, 50%) risk, whereas 16% (n=109) were unsuitable. In patients with increasing total RFs (1 RF, 2 RF, 3+ RF), higher rates of grade 3 histology (10% vs 18% vs 32%, $P < .001$), estrogen receptor negativity (0 vs 12% vs 29%,

P<.001), close/positive margins (0 vs 6% vs 17%, P<.001), and use of adjuvant chemotherapy (3% vs 12% vs 33%, P<.001) were noted. When pooling cautionary and unsuitable patients, increased ipsilateral breast tumor recurrence/regional recurrence was most notable for patients with 3 or more combined RFs versus 2 or fewer combined RFs (P<.001). CONCLUSIONS: Patients with 3 or more cautionary or unsuitable RFs may be at risk for higher local, regional, and distant recurrence after breast-conserving therapy using APBI. Patients with 2 or fewer total RFs have 98% locoregional control at 5 years. Inclusion of total number of RFs in future risk stratification schemes for APBI may be warranted.

TÍTULO / TITLE: - Predictors of survival in hepatitis B virus related decompensated cirrhosis on tenofovir therapy: An Indian perspective.

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

REVISTA / JOURNAL: - Antiviral Res. 2013 Sep 5. pii: S0166-3542(13)00240-4. doi: 10.1016/j.antiviral.2013.08.020.

●● Enlace al texto completo (gratis o de pago) [1016/j.antiviral.2013.08.020](https://doi.org/10.1016/j.antiviral.2013.08.020)

AUTORES / AUTHORS: - Srivastava M; Rungta S; Dixit VK; Shukla SK; Singh TB; Jain AK

INSTITUCIÓN / INSTITUTION: - Department of Gastroenterology, Institute of Medical Sciences, Banaras Hindu University, Varanasi 221005, U.P., India.

RESUMEN / SUMMARY: - Decompensated cirrhosis has low survival rate compared to compensated state. Effective viral suppression due to antiviral therapy (tenofovir) has been shown to slow disease progression and may delay the burden of liver transplantation. We aimed to evaluate the usefulness of various prognostic indicators in predicting the 24-months survival in HBV related decompensated cirrhosis after tenofovir therapy and to evaluate the post-treatment outcome. Ninety-six HBV related decompensated patients on antiviral (tenofovir) therapy were prospectively studied for 24months survival and mortality. Cutoff levels for several prognostic indicators were generated by ROC. Prediction of overall probability of mortality was also calculated. The overall probability of survival observed at 12months was 0.947 whereas at 24months it was found to be 0.833. According to Cox proportional hazards model, the univariate analysis revealed cutoff of >7.4logcopies/ml for HBV DNA, >1.2mg/dl for serum creatinine, >3.7mg/dl for total bilirubin, 0.75 for platelets count, >10 for CTP and >20 for MELD as predictors of poor survival. Multivariate analysis showed MELD score of >20 was the most robust predictor of mortality, with 58 times higher risk (HR: 58.73, p<0.001). Post-treatment response with tenofovir for 24months significantly improved the hepatic functions and reverses decompensation and showed incredible efficacy in improvement of hepatic functional status with reduced viremia in a great majority of decompensated cirrhosis subjects having high MELD and HBV DNA level.

TÍTULO / TITLE: - Transarterial chemoembolization of unresectable systemic chemotherapy-refractory liver metastases from colorectal cancer: Long-term results over a 10-year period.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Aug 19. doi: 10.1002/ijc.28443.

●● [Enlace al texto completo \(gratis o de pago\) 1002/ijc.28443](#)

AUTORES / AUTHORS: - Gruber-Rouh T; Naguib NN; Eichler K; Ackermann H; Zangos S; Trojan J; Beeres M; Harth M; Schulz B; Nour-Eldin A NE; Vogl TJ

INSTITUCIÓN / INSTITUTION: - Institute for Diagnostic and Interventional Radiology, Johann Wolfgang Goethe-University Frankfurt, Frankfurt, Germany.

RESUMEN / SUMMARY: - The aims of the study were to evaluate therapeutic efficacy and to determine the prognostic factors for treatment success in patients with liver metastases from colorectal cancer (CRC) treated with transarterial chemoembolization (TACE). A total of 564 patients (mean age, 60.3 years) with liver metastases of CRC were repeatedly treated with TACE. In total, 3,384 TACE procedures were performed (mean, six sessions per patient). The local chemotherapy protocol consisted of mitomycin C alone (43.1%), mitomycin C with gemcitabine (27.1%), mitomycin C with irinotecan (15.6%) or mitomycin C with irinotecan and cisplatin (15.6%). Embolization was performed with lipiodol and starch microspheres. Tumor response was evaluated using magnetic resonance imaging or computed tomography. The change in tumor size was calculated and the response was evaluated according to the RECIST-Criteria. Survival rates were calculated according to the Kaplan-Meier method. Prognostic factors for patient's survival were evaluated using log-rank test. Evaluation of local tumor control showed partial response in 16.7%, stable disease in 48.2% and progressive disease in 16.7%. The 1-year survival rate after chemoembolization was 62%, the 2-year survival rate was 28% and the 3-year survival rate was 7%. Median survival from the start of chemoembolization treatment was 14.3 months. The indication ($p = 0.001$) and initial tumor response ($p = 0.015$) were statistically significant factors for patient's survival. TACE is a minimally invasive therapy option for controlling local metastases and improving survival time in patients with hepatic metastases from CRC. TN stage, extrahepatic metastases, number of lesions, tumor location within the liver and choice of chemotherapy protocol of TACE are none significant factors for patient's survival.

TÍTULO / TITLE: - Clinical Response of Pelvic and Para-aortic Lymphadenopathy to a Radiation Boost in the Definitive Management of Locally Advanced Cervical Cancer.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Oct 1;87(2):317-22. doi: 10.1016/j.ijrobp.2013.06.2031. Epub 2013 Jul 29.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijrobp.2013.06.2031](https://doi.org/10.1016/j.ijrobp.2013.06.2031)

AUTORES / AUTHORS: - Rash DL; Lee YC; Kashefi A; Durbin-Johnson B; Mathai M; Valicenti R; Mayadev JS

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of California Davis Medical Center, Sacramento, California.

RESUMEN / SUMMARY: - PURPOSE: Optimal treatment with radiation for metastatic lymphadenopathy in locally advanced cervical cancer remains controversial. We investigated the clinical dose response threshold for pelvic and para-aortic lymph node boost using radiographic imaging and clinical outcomes. METHODS AND MATERIALS: Between 2007 and 2011, 68 patients were treated for locally advanced cervical cancer; 40 patients had clinically involved pelvic and/or para-aortic lymph nodes. Computed tomography (CT) or 18F-labeled fluorodeoxyglucose-positron emission tomography scans obtained pre- and postchemoradiation for 18 patients were reviewed to assess therapeutic radiographic response of individual lymph nodes. External beam boost doses to involved nodes were compared to treatment response, assessed by change in size of lymph nodes by short axis and change in standard uptake value (SUV). Patterns of failure, time to recurrence, overall survival (OS), and disease-free survival (DFS) were determined. RESULTS: Sixty-four lymph nodes suspicious for metastatic involvement were identified. Radiation boost doses ranged from 0 to 15 Gy, with a mean total dose of 52.3 Gy. Pelvic lymph nodes were treated with a slightly higher dose than para-aortic lymph nodes: mean 55.3 Gy versus 51.7 Gy, respectively. There was no correlation between dose delivered and change in size of lymph nodes along the short axis. All lymph nodes underwent a decrease in SUV with a complete resolution of abnormal uptake observed in 68%. Decrease in SUV was significantly greater for lymph nodes treated with ≥ 54 Gy compared to those treated with < 54 Gy ($P=.006$). Median follow-up was 18.7 months. At 2 years, OS and DFS for the entire cohort were 78% and 50%, respectively. Locoregional control at 2 years was 84%. CONCLUSIONS: A biologic response, as measured by the change in SUV for metastatic lymph nodes, was observed at a dose threshold of 54 Gy. We recommend that involved lymph nodes be treated to this minimum dose.

TÍTULO / TITLE: - Should patients with extrapulmonary small-cell carcinoma receive prophylactic cranial irradiation?

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

REVISTA / JOURNAL: - J Thorac Oncol. 2013 Sep;8(9):1215-21. doi: 10.1097/JTO.0b013e31829f6b03.

●● Enlace al texto completo (gratis o de pago) [1097/JTO.0b013e31829f6b03](https://doi.org/10.1097/JTO.0b013e31829f6b03)

AUTORES / AUTHORS: - Naidoo J; Teo MY; Deady S; Comber H; Calvert P

INSTITUCIÓN / INSTITUTION: - * Department of Medical Oncology, Waterford Regional Hospital, Waterford, Ireland; daggerDepartment of Medical Oncology, The Adelaide

and Meath Hospital Tallaght, Dublin, Ireland; and double daggerDepartment of Research and Data Analysis, National Cancer Registry of Ireland, Cork, Ireland.

RESUMEN / SUMMARY: - INTRODUCTION: Extrapulmonary small-cell carcinoma (EPSCC) is a rare disease. Management is based on small-cell lung carcinoma. Prophylactic cranial irradiation (PCI) is not routinely administered in EPSCC. This study investigates the role of PCI in EPSCC, by analyzing the incidence, treatment, and survival of patients with brain metastases in a national cohort. Disease biology and epidemiology are also investigated. METHODS: Patients diagnosed with primary EPSCC from the National Cancer Registry of Ireland from 1995 to 2007 were identified. The number of patients who developed brain metastases, their survival, and treatment data were documented. Patients who received PCI were investigated. Patient and disease characteristics, treatment, and survival data were stratified by stage and primary site. RESULTS: Two hundred eighty patients were identified; 141 (50.4%) were men and 139 (49.6%) were women. One hundred eighty six patients (66.4%) had extensive-stage disease, 65 (23.2%) had limited-stage disease, and in 29 patients (10.3%) the stage was unknown. Eighteen patients (6.4%) developed brain metastases, with a median overall survival of 10.1 months. Eleven (61%) received cranial irradiation, and 12 (67%) received palliative chemotherapy. Two patients in the entire cohort (0.17%) received PCI. The most common primary sites included the esophagus (n = 43; 15.4%), cervix uteri (n = 17; 6.0%), bladder (n = 13; 4.6%), and prostate (n = 10; 3.6%). Median overall survival was 15.2 months (10.2-20.6) for limited-stage disease, 2.3 months (1.7-3.1) for extensive-stage EPSCC, and 3.7 months (1.3-8.3) for disease of unknown stage. CONCLUSION: Brain metastases were uncommon in EPSCC compared with small-cell lung carcinoma. PCI is thus probably not warranted in this disease.

TÍTULO / TITLE: - Activation of local and systemic anti-tumor immune responses by ablation of solid tumors with intratumoral electrochemical or alpha radiation treatments.

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

REVISTA / JOURNAL: - Cancer Immunol Immunother. 2013 Aug 17.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s00262-013-1462-2](#)

AUTORES / AUTHORS: - Keisari Y; Hochman I; Confino H; Korenstein R; Kelson I

INSTITUCIÓN / INSTITUTION: - The Roberts-Guthman Chair in Immunopharmacology, Department of Clinical Microbiology and Immunology, Sackler Faculty of Medicine, Tel Aviv University, Ramat Aviv, P.O. Box 39040, Tel Aviv, 69978, Israel, ykeisari@post.tau.ac.il.

RESUMEN / SUMMARY: - Cancer, the most devastating chronic disease affecting humankind, is treated primarily by surgery, chemotherapy, and radiation therapy. Surgery and radiotherapy are mainly used for debulking the primary tumor, while chemotherapy is the most efficient anti-metastatic treatment. To control better

metastatic cancer, the host immune system should be stimulated. Yet, successful specific stimulation of the immune system against tumors was seldom achieved even in antigenic tumors. Our working hypothesis is that aggressive in situ tumor ablation can release tumor antigens and danger signals, which will enhance anti-tumor T cell responses resulting in the destruction of residual malignant cells in primary tumors and distant metastases. We developed two efficient in situ ablation treatments for solid cancer, which can be used to destroy the primary tumors and stimulate anti-tumor immune responses. The first treatment, electrochemical ablation, is applied through intratumoral electrodes, which deliver unipolar-pulsed electric currents. The second treatment, diffusing alpha-emitters radiation therapy (DaRT), is based on intratumoral ²²⁴Ra-loaded wire(s) that release by recoil its daughter atoms. These short-lived alpha-emitting atoms spread in the tumor and spray it with lethal alpha particles. It was confirmed that these treatments effectively destroy various malignant animal and human primary solid tumors. As a consequence of such tumor ablation, tumor-derived antigenic material was released and provoked systemic T cell-dependent anti-tumor immunological reactions. These reactions conferred protection against a secondary tumor challenge and destroyed remaining malignant cells in the primary tumor as well as in distant metastases. Such anti-tumor immune responses could be further amplified by the immune adjuvant, CpG. Electrochemical ablation or DaRT together with chemotherapy and immunostimulatory agents can serve as treatment protocols for solid metastatic tumors and can be applied instead of or in combination with surgery.

TÍTULO / TITLE: - Prostate-Specific Antigen Velocity Risk Count Predicts Biopsy Reclassification for Men with Very-Low-Risk Prostate Cancer.

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

REVISTA / JOURNAL: - J Urol. 2013 Sep 20. pii: S0022-5347(13)05468-2. doi: 10.1016/j.juro.2013.09.029.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.09.029](#)

AUTORES / AUTHORS: - Patel HD; Feng Z; Landis P; Trock BJ; Epstein JI; Carter HB

INSTITUCIÓN / INSTITUTION: - James Buchanan Brady Urological Institute, Johns Hopkins Medical Institutions, Baltimore, MD. Electronic address: hitenpatel@jhmi.edu.

RESUMEN / SUMMARY: - PURPOSE: Prostate-specific antigen velocity (PSAV) has been found to be an unreliable predictor of adverse pathology for patients on active surveillance for low-risk prostate cancer. However, a new concept called PSAV risk count (RC), recently validated in a screening cohort, has not been investigated in an active surveillance cohort. MATERIALS AND METHODS: We evaluated a cohort of men (1995-2012) with prostate cancer on active surveillance (stage T1c disease, PSA density < 0.15 ng/mL, Gleason score ≤ 6, ≤ 2 biopsy cores and ≤ 50% involvement of any core with cancer). Men were observed by semiannual PSA measurements, digital

rectal examinations, and an annual surveillance biopsy. Treatment was recommended for biopsy reclassification. Patients with ≥ 30 months follow-up and three serial PSAVs constituted the primary analysis using logistic regression, Cox proportional hazards, Kaplan-Meier analysis, and performance parameters including area under the receiver operating characteristic curve (AUC). RESULTS: Primary analysis included 275 of 668 men meeting very-low-risk inclusion criteria with 83(30.2%) reclassified at 57.1 months (median). Reclassification risk increased with RC with associations for a RC of three [HR4.63 (95%CI 1.54-13.87)] and two [HR3.73 (95%CI 1.75-7.97)] compared to zero, and similarly for Gleason score reclassification (RC of three [HR7.45 (95%CI 1.60-34.71)] and two [HR3.96 (95%CI 1.35-11.62)]). Negative predictive value (RC \leq 1) was 91.5% for reclassification in the next year on secondary analysis. Addition of PSAV RC improved AUC for a model including baseline PSA density (0.7423vs.0.6818,p=0.025) and outperformed addition of overall PSAV (0.7423vs.0.6960,p=0.037). CONCLUSION: PSAV RC may be useful to monitor patients on active surveillance and reduce the frequency of biopsies needed in the long-term.

TÍTULO / TITLE: - Ventriculoperitoneal shunt survival in children who require additional abdominal surgery - are our estimations of the additional risk accurate?

RESUMEN / SUMMARY: -

ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=24024873

●● Enlace al texto completo (gratis o de pago) [3109/02688697.2013.815322](https://doi.org/10.3109/02688697.2013.815322)

AUTORES / AUTHORS: - Li Ching A; Humphrey G; Kamaly-Asl ID

INSTITUCIÓN / INSTITUTION: - The University of Manchester , Manchester , United Kingdom.

RESUMEN / SUMMARY: - Objective. Ventriculoperitoneal shunt (VPS)-dependent children require abdominal surgery for many reasons. Our objective was to quantify the risk of abdominal surgery on VPS survival and to determine whether timing of abdominal intervention impacts on shunt outcome. Methods. Retrospective data collection was performed on all children undergoing primary VPS insertion or revision over 2 years (1/1/08-31/12/10). All shunt interventions were categorised into two groups: those undergoing additional “Abdominal surgery” (AS) versus those undergoing “Shunt-only” (SO). Kaplan-Meier survival curves were devised and analysed using log-rank. In the AS group, we compared shunt survival for shunts inserted at various “Time from abdominal surgery” (TAS). We conducted a control analysis to compare shunt survival in AS, SO and a control “clean general surgery” (SG) group. Chi-squared test was used to determine the cause of shunt failure in these three groups. Results. Three hundred and forty two shunts from 109 patients were included. Twenty patients contributed 118 shunts to the AS group. Median shunt survival was 3.68 months (95% CI = 1.01-6.47) and 22.6 months (95% CI = 8.76-36.4) in the AS and SO groups, respectively (log-rank = 16.6, p < 0.001). For each additional abdominal intervention, the risk of shunt

failure increased by 55.4% ($p < 0.001$). Median shunt survival was 1.48 months (95% CI = 0.00-3.09, $p < 0.001$), if shunt insertion occurred within 1 year of abdominal surgery. Beyond 1 year, median shunt survival increased five-fold to 7.65 months (95% CI = 0.00-20.1, log-rank = 23.2, $p < 0.001$). There was a 29% reduction in risk of shunt failure per year interval between a shunt and an abdominal surgery (95% CI = 0.11-0.44, $p < 0.005$). Our control analysis confirmed that shunts in the AS group had worst survival and infection ($p < 0.001$). Conclusion. Additional abdominal surgery shortens VPS lifetime and increases risk of infection. Delaying abdominal surgery from a shunt intervention or vice versa by at least 1 year may prolong shunt survival.

TÍTULO / TITLE: - Culture of Mouse Amniotic Fluid-Derived Cells on Irradiated STO Feeders Results in the Generation of Primitive Endoderm Cell Lines Capable of Self-Renewal in vitro.

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

REVISTA / JOURNAL: - Cells Tissues Organs. 2013 Sep 21.

- [Enlace al texto completo \(gratis o de pago\) 1159/000353942](#)

AUTORES / AUTHORS: - Babic AM; Jang S; Nicolov E; Voicu H; Luckey CJ

INSTITUCIÓN / INSTITUTION: - Department of Pathology and Genomic Medicine, The Methodist Hospital, Houston, Tex., USA.

RESUMEN / SUMMARY: - The cells present in amniotic fluid (AF) are currently used for prenatal diagnosis of fetal anomalies but are also a potential source of cells for cell therapy. To better characterize putative progenitor cell populations present in AF, we used culture conditions that support self-renewal to determine if these promoted the generation of stable cell lines from AF-derived cells (AFC). Cells isolated from E11.5 mouse were cultured on irradiated STO fibroblast feeder layers in human embryonic germ cell derivation conditions. The cultures grew multicellular epithelial colonies that could be repropagated from single cells. Reverse transcription semiquantitative polymerase chain reaction of established cell lines revealed that they belonged to the extraembryonic endoderm (ExEn) expressing high levels of Gata6, Gata4, Sox17, Foxa2 and Sox7 mRNA. Hierarchical clustering based on the whole transcriptome expression profile of the AFC lines (AFCL) shows significant correlation between transcription profiles of AFCL and blastocyst-derived XEN, an ExEn cell line. In vitro differentiation of AFCL results in the generation of cells expressing albumin and alpha-fetoprotein (AFP), while intramuscular injection of AFCL into immunodeficient mice produced AFP-positive tumors with primitive endodermal appearance. Hence, E11.5 mouse AF contains cells that efficiently produce XEN lines. These AF-derived XEN lines do not spontaneously differentiate into embryonic-type cells but are phenotypically stable and have the capacity for extensive expansion. The lack of requirement for reprogramming factors to turn AF-derived progenitor cells into stable cell lines capable of massive expansion together with the known ability of ExEn to contribute to

embryonic tissue suggests that this cell type may be a candidate for banking for cell therapies. © 2013 S. Karger AG, Basel.

TÍTULO / TITLE: - The effect of postoperative myocardial ischemia on long-term survival after vascular surgery.

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

REVISTA / JOURNAL: - J Vasc Surg. 2013 Aug 1. pii: S0741-5214(13)01246-9. doi: 10.1016/j.jvs.2013.06.062.

●● Enlace al texto completo (gratis o de pago) 1016/j.jvs.2013.06.062

AUTORES / AUTHORS: - Simons JP; Baril DT; Goodney PP; Bertges DJ; Robinson WP; Cronenwett JL; Messina LM; Schanzer A

INSTITUCIÓN / INSTITUTION: - Division of Vascular and Endovascular Surgery, University of Massachusetts Medical School, Worcester, Mass.

RESUMEN / SUMMARY: - INTRODUCTION: The impact of a postoperative troponin elevation on long-term survival after vascular surgery is not well-defined. We hypothesize that a postoperative troponin elevation is associated with significantly reduced long-term survival. METHODS: The Vascular Study Group of New England registry identified all patients who underwent carotid revascularization, open abdominal aortic aneurysm repair (AAA), endovascular AAA repair, or infrainguinal lower extremity bypass (2003-2011). The association of postoperative troponin elevation and myocardial infarction (MI) with 5-year survival was evaluated. Multivariable models identified predictors of survival and of postoperative myocardial ischemia. RESULTS: In the entire cohort (n = 16,363), the incidence of postoperative troponin elevation was 1.3% (n = 211) and for MI was 1.6% (n = 264). Incidences differed across procedures (P < .0001) with the highest incidences after open AAA: troponin elevation, 3.9% (n = 74); MI, 5.1% (n = 96). On Kaplan-Meier analysis, any postoperative myocardial ischemia predicted reduced survival over 5 years postoperatively: no ischemia, 73% (standard error [SE], 0.5%); troponin elevation, 54% (SE, 4%); MI, 33% (SE, 4%) (P < .0001). This pattern was observed for each procedure subgroup analysis (P < .0001). Troponin elevation (hazard ratio, 1.45; 95% confidence interval, 1.1-2.0; P = .02) and MI (hazard ratio, 2.9; 95% confidence interval, 2.3-3.8; P < .0001) were independent predictors of reduced survival at 5 years. CONCLUSIONS: Postoperative troponin elevation and MI predict a 26% or a 55% relatively lower survival in the 5 years following a vascular surgical procedure, respectively, compared with patients who do not experience myocardial ischemia. This highlights the need to better characterize factors leading to postoperative myocardial ischemia. Postoperative troponin elevation, either alone, or in combination with an MI, may be a useful marker for identifying high-risk patients who might benefit from more aggressive optimization in hopes of reducing adverse long-term outcomes.

TÍTULO / TITLE: - The Medical Emergency Team Call: A Sentinel Event That Triggers Goals of Care Discussion.

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

REVISTA / JOURNAL: - Crit Care Med. 2013 Aug 28.

- Enlace al texto completo (gratis o de pago)

[1097/CCM.0b013e3182a27413](#)

AUTORES / AUTHORS: - Smith RL; Hayashi VN; Lee YI; Navarro-Mariazeta L; Felner K

INSTITUCIÓN / INSTITUTION: - 1Pulmonary and Critical Care Sections of the VA NY Harbor Healthcare System, New York, NY. 2Division of Pulmonary and Critical Care Medicine of the New York University School of Medicine, New York, NY. 3Primary Care Section of the VA NY Harbor Healthcare System, New York, NY. 4Division of General Internal Medicine of the New York University School of Medicine, New York, NY. 5Patient Services of the VA NY Harbor Healthcare System, New York, NY.

RESUMEN / SUMMARY: - **OBJECTIVE::** Several studies have questioned the effectiveness of rapid-response systems when measured by outcomes such as decreased overall hospital mortality or cardiac arrest rates. We studied an alternative outcome of rapid-response system implementation, namely, its effect on goals of care and designation of do not resuscitate. **DESIGN::** Retrospective chart review. **SETTING::** Veterans Administration Hospital in New York City. **SUBJECTS::** All patients requiring a medical emergency team call. **INTERVENTIONS::** None **MEASUREMENTS AND MAIN RESULTS::** Monthly hospital census and discharge data, death occurrences, and do-not-resuscitate order placements were collected over an 8-year pre-medical emergency team and 5-year post-medical emergency team period. All medical emergency team calls and subsequent transfers to a critical care unit were reviewed and correlated to the placement and timing of do-not-resuscitate orders. Interrupted time-series analysis was used to evaluate the impact of the medical emergency team implementation on the change in trend of do-not-resuscitate orders and the hospital mortality. A total of 390 medical emergency team calls were associated with 109 do-not-resuscitate orders (28%). Of the 209 medical emergency team calls (54%) resulting in transfer to a critical care unit, 66 were associated with do-not-resuscitate orders, 73% of which were obtained after transfer. The odds of becoming do not resuscitate for a patient going to the ICU after the medical emergency team call were 2.9 (95% CI, 1.6-5.5; $p = 0.001$) times greater than for patients staying on the floors after the medical emergency team call. The medical emergency team implementation significantly changed the trend of do-not-resuscitate orders ($p < 0.001$) but had no impact on hospital mortality rate ($p = 0.638$). **CONCLUSION::** Implementation of a rapid-response system was associated with an increase in do-not-resuscitate order placement. As a sentinel event, medical emergency team activation and transfer to a critical care unit foster consideration of goals of care and frequently results in a transition to a palliative care strategy.

TÍTULO / TITLE: - Gene expression profiles for the prediction of progression-free survival in diffuse large B cell lymphoma: results of a DASL assay.

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

REVISTA / JOURNAL: - Ann Hematol. 2013 Aug 24.

●● Enlace al texto completo (gratis o de pago) [1007/s00277-013-1884-0](#)

AUTORES / AUTHORS: - Kim SJ; Sohn I; Do IG; Jung SH; Ko YH; Yoo HY; Paik S; Kim WS

INSTITUCIÓN / INSTITUTION: - Division of Hematology-Oncology, Department of Medicine, Samsung Medical Center Sungkyunkwan University School of Medicine, 50 Irwon-dong, Gangnam-gu, Seoul, 135-710, South Korea.

RESUMEN / SUMMARY: - We performed the whole genome cDNA-mediated annealing, selection and ligation assay with 164 formalin-fixed paraffin-embedded (FFPE) tumor samples to develop robust prognostic gene expression profiles in patients with diffuse large B cell lymphoma. The prognostic gene expression profiles were developed and validated by a gradient lasso and leave-one-out cross-validation process. We identified a set of genes whose expression provided prognostic indicators from whole data set (PRKCD, CASP10, FAM3C, KCNK12, MAN1A2, PRND, RAB1A, TMEM39B, SLC6A6, MMP12, FEM1B, C3orf37, RBP1, HK1, LOC400464, KIAA0746, and SLC25A23). This gene expression profile-based risk model could classify patients into two cross-validated risk groups with a significant difference in 5-year progression-free survival rates (71.1 vs. 45.5 %) and with a hazard ratio for recurrence of 2.45 (95 % CI, 1.44-4.16, P = 0.001). This model provided prognostic information independent of the International Prognostic Index (IPI), and discriminated high-risk group from patients belong to high/high-intermediate risk of IPI and activated B cell-like type. Thus, gene expression profiling from FFPE could provide additional prognostic information for diffuse large B cell lymphoma and our data underscore the need for development of risk-adapted treatment strategies based on gene expression profiles.

TÍTULO / TITLE: - Acute chemotherapy-induced cardiomyopathy treated with intracorporeal left ventricular assist device in an 8-year-old child.

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

REVISTA / JOURNAL: - ASAIO J. 2013 Sep-Oct;59(5):520-2. doi: 10.1097/MAT.0b013e3182a0d242.

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

[1097/MAT.0b013e3182a0d242](#)

AUTORES / AUTHORS: - Schweiger M; Dave H; Lemme F; Cavigelli-Brunner A; Romanchenko O; Heineking B; Hofmann M; Burki C; Stiasny B; Hubler M

INSTITUCIÓN / INSTITUTION: - From the *Department of Congenital Cardiovascular Surgery, daggerDepartment of Pediatric Cardiology, double daggerDepartment of

Anesthesiology, and section signDepartment of Intensive Care and Neonatology, University Children's Hospital Zurich, Zurich, Switzerland.

RESUMEN / SUMMARY: - Evolution of ventricular assist devices (VADs) leading to miniaturization has made intracorporeal implantation in children feasible. Ventricular assist device therapy for anthracycline-induced cardiomyopathy (CMP) in adults has been reported. We report the case of an 8-year-old child (body surface area 0.97 m) presenting with anthracycline-induced CMP being successfully treated with an intracorporeal left ventricular assist device (LVAD) as a bridge to candidacy/recovery. We present our institutional algorithm, which advises intracorporeal LVAD implantation for long-term ventricular assist, in children with a body surface area >0.6 m. Advantages are better mobilization and the possibility to discharge home, leading to enhanced quality of life.

TÍTULO / TITLE: - Barrel index of bulky cervical tumours and intrauterine fluid determined by MRI as additional prognostic factors for survival.

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

REVISTA / JOURNAL: - Eur J Gynaecol Oncol. 2013;34(3):208-12.

AUTORES / AUTHORS: - van den Tillaart SA; Sramek A; Wasser MN; Trimbos JB

INSTITUCIÓN / INSTITUTION: - Department of Gynaecology, Leiden University Medical Center, Leiden, The Netherlands. s.a.h.m.van_den_tillaart@lumc.nl

RESUMEN / SUMMARY: - **OBJECTIVE:** to investigate whether morphologic characteristics determined by magnetic resonance imaging (MRI) can discriminate between bulky cervical tumours with a favourable or worse prognosis. **MATERIALS AND METHODS:** MRI examinations were performed in 24 patients with cervical cancer Stage \geq 1B2. The ratio between tumour width and length (barrel index: BI) and the presence of intrauterine fluid retention were related to survival in a multivariate regression analysis. **RESULTS:** BI and intracavitary fluid were predictors of survival, independent from tumour diameter and other known important factors for survival. A cut-off value of 1.40 for the BI proved to be the best prognostic factor with respect to recurrence and death: the hazard ratios of BI > 1.40 as compared to BI \leq 1.40 were 18.9 (95% CI 2.8 to 125.6) for recurrent disease and 16.4 (95% CI 2.9 to 93.9) for death by cervical cancer. The hazard ratios of intracavitary fluid retention were 73.6 (95% CI 5.3 to 1,016.4) and 48.1 (95% CI 4.7 to 491.6) for recurrence and death, respectively. **CONCLUSION:** The morphologic characteristic BI and the presence or absence of intracavitary fluid as determined by MRI might have predictive value for survival in patients with bulky cervical tumours.

TÍTULO / TITLE: - Increased expression of glutamate transporter GLT-1 in peritumoral tissue associated with prolonged survival and decreases in tumor growth in a rat model of experimental malignant glioma.

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

REVISTA / JOURNAL: - J Neurosurg. 2013 Oct;119(4):878-886. Epub 2013 Aug 2.

●● Enlace al texto completo (gratis o de pago) [3171/2013.6.JNS122319](#)

AUTORES / AUTHORS: - Sattler R; Tyler B; Hoover B; Coddington LT; Recinos V; Hwang L; Brem H; Rothstein JD

INSTITUCIÓN / INSTITUTION: - Department of Neurology.

RESUMEN / SUMMARY: - Object Gliomas are known to release excessive amounts of glutamate, inducing glutamate excitotoxic cell death in the peritumoral region and allowing the tumor to grow and to expand. Glutamate transporter upregulation has been shown to be neuroprotective by removing extracellular glutamate in a number of preclinical animal models of neurodegenerative diseases, including amyotrophic lateral sclerosis and Parkinson disease as well as psychiatric disorders such as depression. The authors therefore hypothesized that the protective mechanism of glutamate transporter upregulation would be useful for the treatment of gliomas as well.

Methods In this study 9L gliosarcoma cells were treated with a glutamate transporter upregulating agent, thiamphenicol, an antibiotic approved in Europe, which has been shown previously to increase glutamate transporter expression and has recently been validated in a human Phase I biomarker trial for glutamate transporter upregulation. Cells were monitored in vitro for glutamate transporter levels and cell proliferation. In vivo, rats were injected intracranially with 9L cells and were treated with increasing doses of thiamphenicol. Animals were monitored for survival. In addition, postmortem brain tissue was analyzed for tumor size, glutamate transporter levels, and neuron count. Results Thiamphenicol showed little effects on proliferation of 9L gliosarcoma cells in vitro and did not change glutamate transporter levels in these cells. However, when delivered locally in an experimental glioma model in rats, thiamphenicol dose dependently (10-5000 µM) significantly increased survival up to 7 days and concomitantly decreased tumor size from 46.2 mm² to 10.2 mm² when compared with lesions in nontreated controls. Furthermore, immunohistochemical and biochemical analysis of peritumoral tissue confirmed an 84% increase in levels of glutamate transporter protein and a 72% increase in the number of neuronal cells in the tissue adjacent to the tumor. **Conclusions** These results show that increasing glutamate transporter expression in peritumoral tissue is neuroprotective. It suggests that glutamate transporter upregulation for the treatment of gliomas should be further investigated and potentially be part of a combination therapy with standard chemotherapeutic agents.

TÍTULO / TITLE: - Risk factors for ICU admission and ICU survival after allogeneic hematopoietic SCT.

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

REVISTA / JOURNAL: - Bone Marrow Transplant. 2013 Sep 23. doi: 10.1038/bmt.2013.141.

●● Enlace al texto completo (gratis o de pago) [1038/bmt.2013.141](#)

AUTORES / AUTHORS: - Benz R; Schanz U; Maggiorini M; Seebach JD; Stussi G

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, Kantonsspital Munsterlingen, Munsterlingen, Switzerland.

RESUMEN / SUMMARY: - A considerable number of patients undergoing allogeneic hematopoietic SCT (HSCT) develop post-transplant complications requiring intensive care unit (ICU) treatment. Whereas the indications and the outcome of ICU admission are well known, the risk factors leading to ICU admission are less well understood. We performed a retrospective single-center study on 250 consecutive HSCT patients analyzing the indications, risk factors and outcome of ICU admission. Of these 250 patients, 33 (13%) were admitted to the ICU. The most common indications for admission to the ICU were pulmonary complications (11, 33%), sepsis (8, 24%), neurological disorders (6, 18%) and cardiovascular problems (2, 6%). Acute GvHD and HLA mismatch were the only significant risk factors for ICU admission in multivariate analysis. Among patients admitted to the ICU, the number of organ failures correlated negatively with survival. Twenty-one (64%) patients died during the ICU stay and the 6-month mortality was 85% (27 out of 33). SAPS II score underestimated the mortality rate. In conclusion, acute GvHD and HLA mismatch were identified as risk factors for ICU admission following allogeneic HSCT. Both, short- and long-term survival of patients admitted to the ICU remains dismal and depends on the number of organ failures. Bone Marrow Transplantation advance online publication, 23 September 2013; doi:10.1038/bmt.2013.141.

TÍTULO / TITLE: - Loss of PTEN expression is an independent predictor of favourable survival in endometrial carcinomas.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Sep 17;109(6):1703-10. doi: 10.1038/bjc.2013.455. Epub 2013 Aug 15.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.455](#)

AUTORES / AUTHORS: - Akiyama-Abe A; Minaguchi T; Nakamura Y; Michikami H; Shikama A; Nakao S; Sakurai M; Ochi H; Onuki M; Matsumoto K; Satoh T; Oki A; Yoshikawa H

INSTITUCIÓN / INSTITUTION: - Department of Obstetrics and Gynecology, Faculty of Medicine, University of Tsukuba, 1-1-1 Tennoudai, Tsukuba, Ibaraki 305-8575, Japan.

RESUMEN / SUMMARY: - Background: We and others previously reported the prognostic significance of PTEN mutational status on favourable survival in endometrial

carcinomas. Here, we demonstrate that loss of PTEN expression in immunohistochemistry is an independent prognostic marker for favourable survival in endometrial carcinomas. Methods: We conducted immunohistochemical analyses of PTEN, PIK3CA, phosphorylated Akt (p-Akt), and p27 in primary endometrial carcinomas from 221 patients. Mutation of PTEN was analysed further. Results: Expression of PTEN was lost in 56 patients (25%), and PIK3CA was overexpressed in 159 patients (72%). Overexpression of PIK3CA was associated with p-Akt overexpression ($P < 0.001$), which was in turn associated with loss of nuclear p27 expression ($P = 0.028$). Loss of PTEN expression was found to be associated with endometrioid histology ($P = 0.03$), and was inversely associated with the presence of lymphovascular space invasion ($P = 0.03$). Univariate and multivariate survival analyses revealed that factors of PTEN loss, age < 70 , histological grade 1, early International Federation of Gynecology and Obstetrics (FIGO) stage, and absence of lymphovascular invasion were independent prognostic indicators for better overall survival ($P = 0.03, 0.04, 0.01, < 0.001, \text{ and } 0.03$, respectively). The subset analysis showed a stronger tendency of PTEN loss towards favourable survival in advanced-stage (III and IV) disease than in early-stage (I and II) disease ($P = 0.05$ vs 0.14). Moreover, our mutational analysis demonstrated that PTEN expression loss was associated with PTEN-truncating mutations ($P = 0.03$). Conclusion: The current observations further support the prognostic significance of PTEN aberration on favourable outcome in endometrial carcinomas, providing useful implications for the individualised management of the disease.

TÍTULO / TITLE: - Outcome of 6 fractions of 5.3Gray HDR brachytherapy in combination with external beam radiotherapy for treatment of cervical cancer.

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

REVISTA / JOURNAL: - Gynecol Oncol. 2013 Jul 29. pii: S0090-8258(13)01022-6. doi: 10.1016/j.ygyno.2013.07.102.

●● Enlace al texto completo (gratis o de pago) 1016/j.ygyno.2013.07.102

AUTORES / AUTHORS: - Koh WY; Lim K; Tey J; Lee KM; Lim GH

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, National University Cancer Institute of Singapore, National University Health System, Singapore. Electronic address: wee_yao_koh@nuhs.edu.sg.

RESUMEN / SUMMARY: - OBJECTIVE: To review the characteristics, outcomes and toxicities of cervical cancer patients treated with 6 fractions of brachytherapy after external beam radiotherapy (EBRT). METHODS: All patients diagnosed with cervical cancer from 2000 to 2009 who were referred for radical treatment and who received 6 fractions of brachytherapy were retrospectively reviewed. Overall survival (OS), disease free survival (DFS), local control (LC), distant control (DC) rate, acute and late toxicities were the primary endpoints. RESULTS: Thirty-two patients with mainly advanced stage squamous cell carcinoma were identified and reviewed. Patients

received EBRT of 45 to 50.4Gy in 1.8Gy daily fractions followed by 6 sessions of 3 channel brachytherapy of 5.3Gy prescribed to point H. Response rates to treatment were good, with no residual disease in 84% six weeks after the completion of treatment. With a median follow up time of 8.1years, the five-year OS, DFS, LC and distant control rates were 75%, 68.5%, 92.8% and 76.9% respectively. None of the patients developed any G3-4 acute toxicity but one patient who had advanced disease developed G3-4 proctitis with a fistula formation. CONCLUSIONS: HDR brachytherapy utilizing 6 fractions of 5.3Gy prescribed to point H with concurrent chemo-radiation is superior in terms of OS and LC to regimens that deliver a lower EQD2 dose to point A/H and is associated with very low rates of toxicities.

TÍTULO / TITLE: - Long-term prognosis of childhood acute promyelocytic leukaemia with arsenic trioxide administration in induction and consolidation chemotherapy phases: a single-centre experience.

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

REVISTA / JOURNAL: - Eur J Haematol. 2013 Aug 23. doi: 10.1111/ejh.12194.

●● [Enlace al texto completo \(gratis o de pago\) 1111/ejh.12194](#)

AUTORES / AUTHORS: - Cheng Y; Zhang L; Wu J; Lu A; Wang B; Liu G

INSTITUCIÓN / INSTITUTION: - Department of Paediatrics, Medical School, Peking University, The Affiliated People's Hospital of Peking University, Beijing, China.

RESUMEN / SUMMARY: - OBJECTIVES: The efficacy of all-trans retinoic acid (ATRA) and arsenic trioxide (As₂O₃) as induction therapy for adult acute promyelocytic leukaemia (APL) has been documented in several clinical trials. However, the role of ATRA/As₂O₃ combination in induction and consolidation therapy in children remains unclear. Here, we report the efficacy of combined treatment with As₂O₃ and ATRA as induction and consolidation chemotherapy to treat newly diagnosed childhood APL. METHODS: From 1998 to 2011, 43 children with newly diagnosed APL received induction and consolidation chemotherapy with ATRA and As₂O₃ (Protocol B). Rates of complete remission (CR), event-free survival (EFS), disease-free survival (DFS), and overall survival (OS) and drug toxicity were compared between children treated with Protocol B and 25 others treated previously with ATRA alone as induction chemotherapy (Protocol A). RESULTS: Of 43 patients treated with Protocol B, 41 (95.4%) achieved CR (two died of intracranial haemorrhage on day 10 and 14). In contrast, only 20 (80%) of 25 patients treated with Protocol A achieved CR. Thus, the CR rate was significantly lower in patients receiving induction chemotherapy with Protocol A than in those treated with Protocol B (P = 0.045, chi² = 6.508). Of the 41 patients who achieved CR on induction therapy with Protocol B, 40 also received consolidation therapy. Molecular relapse, but no overt morphological relapse, occurred in one patient at 25 months after diagnosis; this patient regained CR status with As₂O₃ treatment. With a median follow-up period of 75 months, estimated EFS,

DFS and OS rates were 92.5 +/- 4.2%, 97.1 +/- 2.9% and 95.3 +/- 3.2%, respectively, for Protocol B. In contrast, with a median follow-up of 127 months, the EFS, DFS and OS rates at 75 months were 70.4 +/- 9.4%, 76.4 +/- 9.2% and 70.4 +/- 9.4%, respectively, for Protocol A. Thus, patients treated with Protocol A showed significantly lower EFS (P = 0.021) and OS (P = 0.007) rates than those treated with Protocol B. CONCLUSIONS: Application of As2 O3 and ATRA as induction and consolidation chemotherapy resulted in excellent outcomes and improved long-term prognosis in children with newly diagnosed APL.

TÍTULO / TITLE: - Pharmacologic suppression of inflammation by a dipheyldifluoroketone, EF24, in a rat model of fixed-volume hemorrhage improves survival.

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

REVISTA / JOURNAL: - J Pharmacol Exp Ther. 2013 Aug 30.

●● [Enlace al texto completo \(gratis o de pago\) 1124/jpet.113.208009](#)

AUTORES / AUTHORS: - Yadav VR; Sahoo K; Roberts PR; Awasthi V

INSTITUCIÓN / INSTITUTION: - University of Oklahoma Health Sciences Center.

RESUMEN / SUMMARY: - An exaggerated release of pro-inflammatory cytokines and accompanying inflammation contributes to the development of multiple organ failure after hemorrhagic shock. Here, we tested the nuclear factor kappa-light-chain-enhancer of activated B cell (NF- κ B)-mediated transcriptional control of inflammatory pathways as a target in the management of hemorrhage-induced inflammation. We performed a study in a rat model of fixed-volume hemorrhage to investigate the anti-inflammatory effects of a diphenyldifluoroketone EF24, an NF- κ B inhibitor, in lung tissue. EF24 treatment (0.4 mg/Kg) significantly prevented the upregulation of inflammatory biomarkers in rats subjected to 50% hemorrhage, and preserved the pulmonary histology in hemorrhaged rats. The lung tissue from treated rats showed marked suppression of the hemorrhage-mediated induction of Toll-like receptor 4, phospho-p65 NF- κ B, inducible nitric oxide synthase, heme oxygenase-1 and cyclooxygenase-2 (COX-2). The hemorrhage-induced COX-2 activity was also significantly inhibited by the EF24 treatment. At the same time, EF24 induced the nuclear factor (erythroid-derived 2)-like 2-mediated protective mechanisms against oxidative stress. EF24 also reduced the hemorrhage-induced lung myeloperoxidase activity. The plasma levels of pro-inflammatory tumor necrosis factor-alpha, interleukin (IL)-6, IL-1alpha and IL-1beta were lower in EF24-treated rats as compared to those in untreated rats. Moreover, there was a significant reduction in the pulmonary expression of high-mobility group B1 protein. These biochemical effects were accompanied by a significant improvement in the survival of rats administered with EF24 as compared to the rats receiving vehicle control (p < 0.05). Overall, the

results suggest that EF24 attenuates hemorrhage-induced inflammation, and could serve as a salutary anti-inflammatory agent in resuscitation strategies.

TÍTULO / TITLE: - Donor-specific anti-HLA antibodies detected by Luminex: predictive for short-term but not long-term survival after heart transplantation.

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

REVISTA / JOURNAL: - Transpl Int. 2013 Jul 26. doi: 10.1111/tri.12170.

●● Enlace al texto completo (gratis o de pago) [1111/tri.12170](#)

AUTORES / AUTHORS: - Raess M; Frohlich G; Roos M; Rusi B; Wilhelm MJ; Noll G; Ruschitzka F; Fehr T; Enseleit F

INSTITUCIÓN / INSTITUTION: - Division of Nephrology, University Hospital Zurich, Zurich, Switzerland.

RESUMEN / SUMMARY: - In heart transplantation, the clinical significance of pretransplant donor-specific antibodies (DSA) detected by solid phase assay (SPA), which is more sensitive than the conventional complement-dependent cytotoxicity (CDC) assays, is unclear. The aim was to evaluate SPA performed on pretransplant sera for survival after heart transplantation. Pretransplant sera of 272 heart transplant recipients were screened for anti-HLA antibodies using CDC and SPA. For determination of pretransplant DSA, a single-antigen bead assay was performed. The presence of anti-HLA antibodies was correlated with survival. Secondary outcome parameters were acute cellular rejection, graft coronary vasculopathy and ejection fraction. In Kaplan-Meier analysis, SPA-screening did not predict survival ($P = 0.494$), this in contrast to CDC screening ($P = 0.002$). However, the presence of pretransplant DSA against HLA class I was associated with decreased short-term survival compared to non-DSA ($P = 0.038$). ROC curve analysis showed a sensitivity of 76% and specificity of 73% at a cutoff of 2000 MFI. In contrast, the presence of anti-HLA antibodies had no influence on long-term survival, rejection incidence, and graft function. Thus, detection of DSA class I in pretransplant serum is a strong predictor of short-term, but not long-term survival and may help in the early management of heart transplant patients.

TÍTULO / TITLE: - Pathological and oncologic outcomes for men with positive lymph nodes at radical prostatectomy: The Johns Hopkins Hospital 30-year experience.

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

REVISTA / JOURNAL: - Prostate. 2013 Nov;73(15):1673-80. doi: 10.1002/pros.22702. Epub 2013 Sep 9.

●● Enlace al texto completo (gratis o de pago) [1002/pros.22702](#)

AUTORES / AUTHORS: - Pierorazio PM; Gorin MA; Ross AE; Feng Z; Trock BJ; Schaeffer EM; Han M; Epstein JI; Partin AW; Walsh PC; Bivalacqua TJ

INSTITUCIÓN / INSTITUTION: - The James Buchanan Brady Urological Institute, Johns Hopkins Medical Institutions, Baltimore, Maryland.

RESUMEN / SUMMARY: - **BACKGROUND:** We report the 30-year institutional experience of radical prostatectomy (RP) for men with clinically localized prostate cancer (PC) found to have lymph node (LN) metastases at surgery. **METHODS:** The Johns Hopkins RP Database (1982-2011) was queried for 505 (2.5%) men with node-positive (N1) PC. Survival analysis was completed using the Kaplan-Meier method and proportional hazard regression models. **RESULTS:** The proportion of men with N1PC was 8.3%, 3.5%, and 1.4% in the pre- (1982-1990), early- (1991-2000), and contemporary-PSA eras (2001-2011), respectively. A trend toward decreasing PSA, less palpable disease but more advanced Gleason sum was noted in the most contemporary era. Median total and positive nodes were 13.2 (1-41) and 1.7 (1-12), respectively. Of 135 patients with a unilateral tumor, 80 (59.3%), 28 (20.7%), and 15 (11.1%) had ipsilateral, contralateral, and bilateral positive LN. 15-year biochemical-recurrence free, metastases-free and cancer-specific survival was 7.1%, 41.5%, and 57.5%, respectively. Predictors of biochemical-recurrence, metastases and death from PC in multivariate analysis included Gleason sum at RP, the number and percent of positive LN; notably total number of LN dissected did not predict outcome. **CONCLUSIONS:** In this highly-selected RP cohort, men found to have N1PC disease at RP can experience a durable long-term metastases-free and cancer-specific survival. Predictors of survival include Gleason sum, number, and percentage of positive LN. While total number of LN dissected was not predictive, approximately 30% of men with N1PC will have positive LN contralateral to the primary prostatic lesion highlighting the importance of a thorough, bilateral pelvic LN dissection. Prostate 73: 1673-1680, 2013. © 2013 Wiley Periodicals, Inc.

TÍTULO / TITLE: - Inhibition of Hypoxia-Inducible Factor Prolyl Hydroxylase Domain Oxygen Sensors: Tricking the Body into Mounting Orchestrated Survival and Repair Responses.

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

REVISTA / JOURNAL: - J Med Chem. 2013 Aug 27.

●● Enlace al texto completo (gratis o de pago) [1021/jm400386j](#)

AUTORES / AUTHORS: - Rabinowitz MH

INSTITUCIÓN / INSTITUTION: - Janssen Pharmaceutical Research & Development, LLC , 3210 Merryfield Row, San Diego, California 92121, United States.

RESUMEN / SUMMARY: - Hypoxia-inducible factor (HIF) is an oxygen-sensitive dimeric transcription factor that responds to pathophysiologically low O₂ tensions via up-regulation, which leads to an orchestrated biological response to hypoxia. The HIF prolyl hydroxylase domain (PHD) enzymes are non-heme, iron-containing dioxygenases requiring for activity both molecular oxygen and 2-oxoglutarate that, under normoxia,

selectively hydroxylate proline residues of HIF, initiating proteosomal degradation of the latter. The dependence of HIF protein levels on the concentration of O₂ present, mediated by the PHD enzymes, forms the basis for one of the most significant biological sensor systems of tissue oxygenation in response to ischemic and inflammatory events. Consequently, pharmacological inhibition of PHD enzymes, leading to stabilization of HIF, may be of considerable therapeutic potential in treating conditions of tissue stress and injury. This Perspective reviews the PHDs and small molecule drug discovery efforts. A critical view of this challenging field is offered, which addresses potential concerns and highlights exciting possibilities for the future.

TÍTULO / TITLE: - Dysregulated STAT1-SOCS1 control of JAK2 promotes mammary luminal progenitor cell survival and drives ERalpha tumorigenesis.

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

REVISTA / JOURNAL: - Cell Death Differ. 2013 Sep 13. doi: 10.1038/cdd.2013.116.

●● [Enlace al texto completo \(gratis o de pago\) 1038/cdd.2013.116](#)

AUTORES / AUTHORS: - Chan SR; Rickert CG; Vermi W; Sheehan KC; Arthur C; Allen JA; White JM; Archambault J; Lonardi S; McDevitt TM; Bhattacharya D; Lorenzi MV; Allred DC; Schreiber RD

INSTITUCIÓN / INSTITUTION: - Department of Pathology and Immunology, Washington University School of Medicine, 425S Euclid Avenue, St. Louis, MO 63110, USA.

RESUMEN / SUMMARY: - We previously reported that STAT1 expression is frequently abrogated in human estrogen receptor-alpha-positive (ERalpha+) breast cancers and mice lacking STAT1 spontaneously develop ERalpha+ mammary tumors. However, the precise mechanism by which STAT1 suppresses mammary gland tumorigenesis has not been fully elucidated. Here we show that STAT1-deficient mammary epithelial cells (MECs) display persistent prolactin receptor (PrIR) signaling, resulting in activation of JAK2, STAT3 and STAT5A/5B, expansion of CD61+ luminal progenitor cells and development of ERalpha+ mammary tumors. A failure to upregulate SOCS1, a STAT1-induced inhibitor of JAK2, leads to unopposed oncogenic PrIR signaling in STAT1-/- MECs. Prophylactic use of a pharmacological JAK2 inhibitor restrains the proportion of luminal progenitors and prevents disease induction. Systemic inhibition of activated JAK2 induces tumor cell death and produces therapeutic regression of pre-existing endocrine-sensitive and refractory mammary tumors. Thus, STAT1 suppresses tumor formation in mammary glands by preventing the natural developmental function of a growth factor signaling pathway from becoming pro-oncogenic. In addition, targeted inhibition of JAK2 may have significant therapeutic potential in controlling ERalpha+ breast cancer in humans. Cell Death and Differentiation advance online publication, 13 September 2013; doi:10.1038/cdd.2013.116.

TÍTULO / TITLE: - Cost comparison and economic implications of commonly used originator and generic chemotherapy drugs in India.

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

REVISTA / JOURNAL: - Ann Oncol. 2013 Sep;24 Suppl 5:v13-v16. doi: 10.1093/annonc/mdt323.

●● Enlace al texto completo (gratis o de pago) [1093/annonc/mdt323](#)

AUTORES / AUTHORS: - Lopes Gde L

INSTITUCIÓN / INSTITUTION: - The Johns Hopkins Singapore International Medical Centre, The Johns Hopkins University School of Medicine, Singapore, Singapore.

RESUMEN / SUMMARY: - Cancer treatments have improved outcomes but access to medications is an issue around the world and especially so in low- and middle-income countries, such as India. Generic substitution may lead to significant cost savings. The author aimed to compare the cost and estimate potential cost savings per cycle, per patient, and for the country as a whole with generic substitution of frequently used chemotherapy drugs in the treatment of common cancers in India. Generic paclitaxel (Taxol), docetaxel (Taxotere), gemcitabine, oxaliplatin and irinotecan cost from 8.9% to 36% of their equivalent branded originator drug, resulting in cost savings of approximately Indian Rupees (INR) 11 000 to >INR 90 000 (USD 200-1600, Euro 160-1300) per cycle; and approximately INR 50 000 to >INR 240 000 (USD 900-4300, Euro 700-3400) per patient. Overall, potential yearly savings for health systems in India were nearly INR 47 billion (approximately USD 843 million, Euro 670 million). In conclusion, generic substitution for frequently used chemotherapy drugs in the treatment of common cancers has an enormous potential to generate significant cost savings and increase access to cancer treatments in India and other low- and middle-income countries.

TÍTULO / TITLE: - Gamma tocotrienol, a potent radioprotector, preferentially upregulates expression of anti-apoptotic genes to promote intestinal cell survival.

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

REVISTA / JOURNAL: - Food Chem Toxicol. 2013 Oct;60:488-96. doi: 10.1016/j.fct.2013.08.011. Epub 2013 Aug 11.

●● Enlace al texto completo (gratis o de pago) [1016/j.fct.2013.08.011](#)

AUTORES / AUTHORS: - Suman S; Datta K; Chakraborty K; Kulkarni SS; Doiron K; Fornace AJ Jr; Sree Kumar K; Hauer-Jensen M; Ghosh SP

INSTITUCIÓN / INSTITUTION: - Department of Biochemistry and Molecular & Cell Biology, Georgetown University Medical Center and Lombardi Comprehensive Cancer Center, Georgetown University, Washington, DC 20057, USA.

RESUMEN / SUMMARY: - Gamma tocotrienol (GT3) has been reported as a potent ameliorator of radiation-induced gastrointestinal (GI) toxicity when administered prophylactically. This study aimed to evaluate the role of GT3 mediated pro- and anti-

apoptotic gene regulation in protecting mice from radiation-induced GI damage. Male 10- to 12-weeks-old CD2F1 mice were administered with a single dose of 200mg/kg of GT3 or equal volume of vehicle (5% Tween-80) 24h before exposure to 11Gy of whole-body gamma-radiation. Mouse jejunum was surgically removed 4 and 24h after radiation exposure, and was used for PCR array, histology, immunohistochemistry, and immunoblot analysis. Results were compared among vehicle pre-treated no radiation, vehicle pre-treated irradiated, and GT3 pre-treated irradiated groups. GT3 pretreated irradiated groups, both 4h and 24h after radiation, showed greater upregulation of anti-apoptotic gene expression than vehicle pretreated irradiated groups. TUNEL staining and intestinal crypt analysis showed protection of jejunum after GT3 pre-treatment and immunoblot results were supportive of PCR data. Our study demonstrated that GT3-mediated protection of intestinal cells from a GI-toxic dose of radiation occurred via upregulation of antiapoptotic and downregulation of pro-apoptotic factors, both at the transcript as well as at the protein levels.

TÍTULO / TITLE: - In vitro and in vivo toxicities of sediment and surface water in an area near a major steel industry of Korea: Endocrine disruption, reproduction, or survival effects combined with instrumental analysis.

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

REVISTA / JOURNAL: - Sci Total Environ. 2013 Sep 7. pii: S0048-9697(13)00924-8. doi: 10.1016/j.scitotenv.2013.08.010.

●● Enlace al texto completo (gratis o de pago) 1016/j.scitotenv.2013.08.010

AUTORES / AUTHORS: - Kim S; Lee S; Kim C; Liu X; Seo J; Jung H; Ji K; Hong S; Park J; Khim JS; Yoon S; Lee W; Park J; Choi K

INSTITUCIÓN / INSTITUTION: - School of Public Health, Seoul National University, Seoul, Republic of Korea.

RESUMEN / SUMMARY: - The influence of industrial and/or municipal contaminant inputs on the aquatic environment of Pohang, Korea was investigated, with a focus on bioassay combined with instrumental analysis. Pohang is the most heavily populated city in Gyeongsangbuk-do province of Korea, with more than half a million residents, and also hosts the nation's biggest steel manufacturer and related industries. Sediment (n=15) and surface water samples (n=17) were collected from Hyeongsan River which runs across the Pohang city, in two separate events, i.e., June 2010 and February 2011. Sediment samples were first Soxhlet-extracted (raw extract) and were measured for estrogenicity using H295R cell line, and also analyzed for alkylphenols (APs), bisphenol A (BPA), PAHs, and PCBs. For sediment samples which exhibited greatest effects in the cell line, further fractionation was performed into non-polar, mid-polar, and polar portions. In surface water samples, heavy metals were also analyzed. Among 15 sediment samples, station S2 near the steel industry complex and station M3 near the municipal area showed the greatest sex hormone changes, and

these changes were generally explained by the fractions which contained APs and BPA. Principal component analysis (PCA) however suggests that chemicals that were not analyzed in the present study would better explain endocrine disruption capacity of sediments. In water samples, adverse effects on hatchability and growth of Japanese medaka fish, and on Daphnia reproduction were noted following exposure to six water samples collected from stations near industrial and municipal areas. Several heavy metals and nonylphenol (NP) concentrations exceeded surface water quality guidelines, suggesting adverse effects of contamination inputs from both industrial and municipal activities. Observed estrogenicities in stations such as S2 and M3 warrant further investigations on longer term ecosystem impacts near industrial and municipal areas. The levels of major organic chemicals in sediments are quite comparable to those reported in ~10years ago, emphasizing a need for source control.

TÍTULO / TITLE: - Dynamic prognostication using conditional survival estimates.

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

REVISTA / JOURNAL: - Cancer. 2013 Aug 1. doi: 10.1002/cncr.28273.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28273](#)

AUTORES / AUTHORS: - Zabor EC; Gonen M; Chapman PB; Panageas KS

INSTITUCIÓN / INSTITUTION: - Department of Epidemiology and Biostatistics, Memorial Sloan-Kettering Cancer Center, New York, New York.

RESUMEN / SUMMARY: - Measures of prognosis are typically estimated from the time of diagnosis. However, these estimates become less relevant as the time from diagnosis increases for a patient. Conditional survival measures the probability that a cancer patient will survive some additional number of years, given that the patient has already survived for a certain number of years. In the current study, the authors analyzed data regarding patients with stage III melanoma to demonstrate that survival estimates from the time of diagnosis underestimate long-term survival as the patient is followed over time. The probability of surviving to year 5 for patients at the time of presentation compared with patients who had already survived for 4 years increased from 72% to 95%, 48% to 90%, and 29% to 86%, respectively, for patients with substage IIIA, IIIB, and IIIC disease. Considering the major role played by survival estimates during follow-up in patient counseling and the development of survivorship programs, the authors strongly recommend the routine use of conditional survival estimates. Cancer 2013. © 2013 American Cancer Society.

TÍTULO / TITLE: - Caspase-3 and RasGAP: a stress-sensing survival/demise switch.

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

REVISTA / JOURNAL: - Trends Cell Biol. 2013 Sep 2. pii: S0962-8924(13)00135-9. doi: 10.1016/j.tcb.2013.08.002.

●● Enlace al texto completo (gratuito o de pago) [1016/j.tcb.2013.08.002](https://doi.org/10.1016/j.tcb.2013.08.002)

AUTORES / AUTHORS: - Khalil H; Bertrand MJ; Vandenabeele P; Widmann C

INSTITUCIÓN / INSTITUTION: - Department of Physiology, University of Lausanne, Lausanne, Switzerland.

RESUMEN / SUMMARY: - The final decision on cell fate, survival versus cell death, relies on complex and tightly regulated checkpoint mechanisms. The caspase-3 protease is a predominant player in the execution of apoptosis. However, recent progress has shown that this protease paradoxically can also protect cells from death. Here, we discuss the underappreciated, protective, and prosurvival role of caspase-3 and detail the evidence showing that caspase-3, through differential processing of p120 Ras GTPase-activating protein (RasGAP), can modulate a given set of proteins to generate, depending on the intensity of the input signals, opposite outcomes (survival vs death).

TÍTULO / TITLE: - Novel diagnostic procedure for determining metastasis to sentinel lymph nodes in breast cancer using a semi-dry dot-blot (SDB) method.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Aug 1. doi: 10.1002/ijc.28408.

●● Enlace al texto completo (gratuito o de pago) [1002/ijc.28408](https://doi.org/10.1002/ijc.28408)

AUTORES / AUTHORS: - Otsubo R; Oikawa M; Hirakawa H; Shibata K; Abe K; Hayashi T; Kinoshita N; Shigematsu K; Hatachi T; Yano H; Matsumoto M; Tsuchiya T; Tomoshige K; Nakashima M; Taniguchi H; Omagari T; Itoyanagi N; Nagayasu T

INSTITUCIÓN / INSTITUTION: - Departments of Surgical Oncology, Nagasaki University Hospital.

RESUMEN / SUMMARY: - We developed an easy, quick, and cost-effective detection method for lymph node metastasis called the semi-dry dot-blot (SDB) method, which visualizes the presence of cancer cells with washing of sectioned lymph nodes by anti-pancytokeratin antibody, modifying dot-blot technology. We evaluated the validity and efficacy of the SDB method for the diagnosis of lymph node metastasis in a clinical setting. (Trial 1). To evaluate the validity of the SDB method in clinical specimens, 180 dissected lymph nodes from 29 cases, including breast, gastric, and colorectal cancer, were examined. Each lymph node was sliced at the maximum diameter and the sensitivity, specificity, and accuracy of the SDB method were determined and compared with the final pathology report. Metastasis was detected in 32 lymph nodes (17.8%), and the sensitivity, specificity, and accuracy of the SDB method were 100%, 98.0%, and 98.3%, respectively. (Trial 2). To evaluate the efficacy of the SDB method in sentinel lymph node (SLN) biopsy, 174 SLNs from 100 cases of clinically node-negative breast cancer were analyzed. Each SLN was longitudinally sliced at 2-mm intervals and the sensitivity, specificity, accuracy, and time required for the SDB method were determined and compared with the intraoperative pathology report. Metastasis was detected in 15 SLNs (8.6%), and the sensitivity, specificity, accuracy, and mean

required time of the SDB method were 93.3%, 96.9%, 96.6%, and 43.3 minutes, respectively. The SDB method is a novel and reliable modality for the intraoperative diagnosis of SLN metastasis. © 2013 Wiley Periodicals, Inc.

TÍTULO / TITLE: - Value of Forceps Biopsy and Kyphoplasty in Kummell's Disease.

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

REVISTA / JOURNAL: - Orthopedics. 2013 Aug 1;36(8):e1014-9. doi: 10.3928/01477447-20130724-16.

●● Enlace al texto completo (gratis o de pago) [3928/01477447-20130724-16](#)

AUTORES / AUTHORS: - Wang D; Wang L; Xu J; Zen Y; Zheng S; Wang G

RESUMEN / SUMMARY: - The diagnosis of Kummell's disease mainly depends on clinical and radiologic findings. However, these are not the gold standards for diagnosing this disease; bone biopsy is required. The authors performed modified bone biopsy and cement-filling techniques during kyphoplasty and investigated the feasibility and efficacy of kyphoplasty for the treatment of Kummell's disease. This study included 28 patients (9 men and 19 women; average age, 71.9 years) with Kummell's disease. All patients underwent the modified biopsy procedure and kyphoplasty with the modified cement-filling technique. Treatment efficacy was evaluated using visual analog scale pain scores, Oswestry Disability Index scores, vertebral height, and Cobb angles pre- and postoperatively and at final follow-up. All patients tolerated the procedure well and had immediate back pain relief after kyphoplasty. Biopsy examination revealed necrotic bone in 24 patients and sparse cancellous bone in 2; it was unsuccessful in 2 patients. No severe complication occurred in any patient. Two patients had cement leakage but no clinical symptoms. All efficacy measures were significantly better at the postoperative assessments than the preoperative assessments ($P < .05$) but were similar at the postoperative and final follow-up assessments. Kyphoplasty is a relatively effective and safe method for treating Kummell's disease when modified techniques are performed to prevent cement leakage, and forceps biopsy can be used in the differential diagnosis of this condition.

TÍTULO / TITLE: - Defective expression of Protein 4.1N is correlated to tumor progression, aggressive behaviors and chemotherapy resistance in epithelial ovarian cancer.

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

REVISTA / JOURNAL: - Gynecol Oncol. 2013 Aug 27. pii: S0090-8258(13)01100-1. doi: 10.1016/j.ygyno.2013.08.015.

●● Enlace al texto completo (gratis o de pago) [1016/j.ygyno.2013.08.015](#)

AUTORES / AUTHORS: - Xi C; Ren C; Hu A; Lin J; Yao Q; Wang Y; Gao Z; An X; Liu C

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Peking University Health Science Center, Beijing 100191, China.

RESUMEN / SUMMARY: - **OBJECTIVE:** Protein 4.1N (4.1N) is a member of the Protein 4.1 family that is involved in cellular processes such as cell adhesion, migration and signaling. In this study, we evaluated the expression of 4.1N protein and its potential roles in epithelial ovarian cancer (EOC) tumorigenesis and progression. **METHODS:** 4.1N protein expression was investigated in a total of 280 samples including 74 normal tissues, 35 benign, 30 borderline and 141 malignant epithelial ovarian tumors by immunohistochemistry. Correlation between 4.1N expression levels and clinicopathologic features was statistically analyzed. The expression of 4.1N in EOC cell lines was examined by western blotting. **RESULTS:** Immunohistochemistry analysis revealed that, although there was no loss of 4.1N expression in normal tissues and benign tumors, absence of Protein 4.1N was significantly more common in EOCs (44.0%) than in borderline tumors (3.3%) ($p < 0.001$). Furthermore, loss or decreased expression of 4.1N protein expression was correlated with malignant potential of the tumors (14.3% in benign tumors, 56.7% in borderline tumors and 92.9% in malignancy) ($p < 0.001$). In EOC samples, loss of 4.1N protein was significantly associated with advanced-stage ($p = 0.004$), ascites ($p = 0.009$), omental metastasis ($p = 0.018$), suboptimal debulking ($p = 0.024$), poorly histological differentiation ($p = 0.009$), high-grade serous carcinoma ($p = 0.001$), short progression-free-survival ($p = 0.018$) and poor chemosensitivity to first-line chemotherapy ($p = 0.029$). Moreover, western blotting analysis revealed that expression of 4.1N protein was lost in 4/8 (50%) EOC cell lines. **CONCLUSIONS:** 4.1N protein expression level was significantly decreased during malignant transformation of epithelial ovarian tumors and that loss of 4.1N expression was closely correlated to poorly differentiated and biologically aggressive EOCs.

TÍTULO / TITLE: - Improved neonatal survival after participatory learning and action with women's groups: a prospective study in rural eastern India.

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

REVISTA / JOURNAL: - Bull World Health Organ. 2013 Jun 1;91(6):426-433B. doi: 10.2471/BLT.12.105171. Epub 2013 Apr 4.

●● Enlace al texto completo (gratis o de pago) [2471/BLT.12.105171](#)

AUTORES / AUTHORS: - Roy SS; Mahapatra R; Rath S; Bajpai A; Singh V; Rath S; Nair N; Tripathy P; Gope RK; Sinha R; Costello A; Pagel C; Prost A

RESUMEN / SUMMARY: - **OBJECTIVE:** To determine whether a women's group intervention involving participatory learning and action has a sustainable and replicable effect on neonatal survival in rural, eastern India. **METHODS:** From 2004 to 2011, births and neonatal deaths in 36 geographical clusters in Jharkhand and Odisha were monitored. Between 2005 and 2008, these clusters were part of a randomized controlled trial of how women's group meetings involving participatory learning and

action influence maternal and neonatal health. Between 2008 and 2011, groups in the original intervention clusters (zone 1) continued to meet to discuss post-neonatal issues and new groups in the original control clusters (zone 2) met to discuss neonatal health. Logistic regression was used to examine neonatal mortality rates after 2008 in the two zones. FINDINGS: Data on 41 191 births were analysed. In zone 1, the intervention's effect was sustained: the cluster-mean neonatal mortality rate was 34.2 per 1000 live births (95% confidence interval, CI: 28.3-40.0) between 2008 and 2011, compared with 41.3 per 1000 live births (95% CI: 35.4-47.1) between 2005 and 2008. The effect of the intervention was replicated in zone 2: the cluster-mean neonatal mortality rate decreased from 61.8 to 40.5 per 1000 live births between two periods: 2006-2008 and 2009-2011 (odds ratio: 0.69, 95% CI: 0.57-0.83). Hygiene during delivery, thermal care of the neonate and exclusive breastfeeding were important factors. CONCLUSION: The effect of participatory women's groups on neonatal survival in rural India, where neonatal mortality is high, was sustainable and replicable.

TÍTULO / TITLE: - One-Electron Oxidation of an Organic Molecule by B(CF)₃; Isolation and Structures of Stable Non-para-substituted Triarylamine Cation Radical and Bis(triarylamine) Dication Diradicaloid.

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

REVISTA / JOURNAL: - J Am Chem Soc. 2013 Sep 26.

●● [Enlace al texto completo \(gratis o de pago\) 1021/ja407318h](#)

AUTORES / AUTHORS: - Zheng X; Wang X; Qiu Y; Li Y; Zhou C; Sui Y; Li Y; Ma J; Wang X

INSTITUCIÓN / INSTITUTION: - State Key Laboratory of Coordination Chemistry and double daggerTheoretical and Computational Chemistry Institute, School of Chemistry and Chemical Engineering, Nanjing University, Nanjing 210093, China.

RESUMEN / SUMMARY: - The methylene-bridged triphenylamine **2** has been oxidized to planar radical cation **2**^{•+} by B(C₆F₅)₃ or Ag⁺. Further reaction of **2**^{•+}[Al(ORF)₄]⁻ and **2** with trace amounts of silver salt resulted in dication **3**²⁺, providing a rare example of structurally characterized bis(triarylamine) "bipolarons". **3**²⁺ can be directly prepared by the reaction of **3** with 2 equiv of Ag⁺. X-ray structural analysis together with theoretical calculation shows that **3**²⁺ has singlet diradical character and is analogous to Chichibabin's hydrocarbons.

TÍTULO / TITLE: - Esophageal Cancer Associated with Multiple Primary Cancers: Surgical Approaches and Long-term Survival.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Aug 1.

●● [Enlace al texto completo \(gratis o de pago\) 1245/s10434-013-3183-3](#)

AUTORES / AUTHORS: - Lee GD; Kim YH; Kim JB; Choi SH; Kim HR; Kim DK; Park SI

INSTITUCIÓN / INSTITUTION: - Department of Thoracic and Cardiovascular Surgery, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Republic of Korea.

RESUMEN / SUMMARY: - **BACKGROUND:** The presence of multiple primary cancers (MPCs) in patients with esophageal cancer often presents physicians with a difficult therapeutic decision, because little is known about the appropriate treatment and long-term survival. The purpose of this study was to evaluate appropriate surgical approaches and long-term survival after surgery for esophageal cancer associated with MPCs. **METHODS:** Data from 622 patients who underwent surgery for primary esophageal cancer between 1989 and 2008 were reviewed retrospectively to identify the presence of MPCs. **RESULTS:** A total of 96 MPCs were identified in 90 (14.5 %) patients. The three leading MPCs were stomach cancer (n = 36, 37.5 %), head and neck cancer (n = 18, 18.8 %), and lung cancer (n = 18, 18.8 %). The rate of curative resections for both esophageal cancer and MPCs was 87.5 % (28/32) in patients with stomach cancer, 47.1 % (8/17) in head and neck cancer, and 52.9 % (9/17) in lung cancer (P = 0.006). The 5-year survival rates after surgery for esophageal cancer in patients associated with stomach, lung, and head and neck cancer were 52.7, 27.0, and 9.2 %, respectively (P = 0.011). **CONCLUSIONS:** A range of surgical approaches for esophageal cancer is available in patients associated with MPCs. However, curative resections for primary esophageal cancer associated with MPCs are feasible in highly selected patients. Therefore, a multidisciplinary team management approach is essential for customized treatment strategies in patients with esophageal cancer associated with MPCs.

TÍTULO / TITLE: - A phase II study evaluating the toxicity and efficacy of single-agent temsirolimus in chemotherapy-naive castration-resistant prostate cancer.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Oct 1;109(7):1711-1716. doi: 10.1038/bjc.2013.530. Epub 2013 Sep 5.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.530](#)

AUTORES / AUTHORS: - Kruczek K; Ratterman M; Tolzien K; Sulo S; Lestingi TM; Nabhan C
INSTITUCIÓN / INSTITUTION: - Department of Medicine, Advocate Lutheran General Hospital, Park Ridge, IL, USA.

RESUMEN / SUMMARY: - **Background:**The mammalian target of rapamycin (mTOR) pathway is deregulated in castration-resistant prostate cancer (CRPC). We investigated the efficacy and toxicity of temsirolimus, an mTOR inhibitor, in chemotherapy-naive CRPC. **Methods:**In this phase II open label study, eligible patients received IV temsirolimus at 25 mg weekly until objective disease progression, unacceptable toxicity or investigator's discretion. Toxicity was assessed every 4 weeks and responses every 8 weeks. Primary end point was calculating the overall response (OR) rate as well as measuring stable disease (SD) to assess the overall clinical benefit calculated as

OR+SD. Secondary end points included prostatic-specific antigen (PSA) changes and time to progression biochemically and radiographically. Correlative studies included prospective assessment of quality of life (QoL) using two previously validated scales. Results: Although the sponsor halted the study early, 21 patients were enrolled of which, 15 were evaluable for efficacy and OR. Median age was 74 (range: 57-89), median PSA was 237.5 ng ml⁻¹ (range: 8.2-2360), visceral disease present in 11 patients (52%), and 17 patients (81%) patients had Gleason score (7-10). Two patients had a partial response (PR) and eight had SD. The OR was 13% (2/15) and the overall clinical benefit (OR+SD) was 67% (10/15). Median time to radiographic disease progression was 2 months (range 2-10 months). Biochemical response assessment was available for 14/15 patients. Any PSA decline was observed in four patients (28.5%; 4/14) with one patient (7%) having >50% PSA decline. Median time to progression by PSA was 2 months (range 1-10 months). With a median follow-up of 32 months, median overall survival (OS) was 13 months (range: 2-37) and three patients remain alive at the data cutoff (5/2013) for an OS of 14% at 4 years on an intent-to-treat analysis. Major non-haematologic toxicities included fatigue (19%) and pneumonia (14%). Main laboratory toxicities included hyperglycaemia (24%) and hypophosphatemia (14%). Also, 52% of enrolled patients had serious adverse events. Other toxicities were consistent with previously reported adverse events with temsirolimus. Despite these observed adverse events, temsirolimus did not adversely impact QoL. Conclusion: Temsirolimus monotherapy has minimal activity in chemotherapy-naive CRPC.

TÍTULO / TITLE: - Validation of association of genetic variants at 10q with prostate-specific antigen (PSA) levels in men at high risk for prostate cancer.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jun 5. doi: 10.1111/bju.12264.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12264](#)

AUTORES / AUTHORS: - Chang BL; Hughes L; Chen DY; Gross L; Ruth K; Giri VN

INSTITUCIÓN / INSTITUTION: - Center for Applied Genomics, Children's Hospital of Philadelphia, Philadelphia, PA, USA.

RESUMEN / SUMMARY: - OBJECTIVE: To validate six previously identified markers among men at increased risk of prostate cancer (African-American men and those with a family history of prostate cancer) enrolled in the Prostate Cancer Risk Assessment Program (PRAP), a prostate cancer screening study. PATIENTS AND METHODS: Eligibility criteria for PRAP include age 35-69 years with a family history of prostate cancer, African-American ethnicity regardless of family history, and known BRCA gene mutations. The genome-wide association study markers assessed included rs2736098 (5p15.33), rs10993994 (10q11), rs10788160 (10q26), rs11067228 (12q24), rs4430796 (17q12) and rs17632542 (19q13.33). Genotyping methods included either the

Taqman® single nucleotide polymorphism (SNP) genotyping assay (Applied Biosystems, Foster City, CA, USA) or pyrosequencing. Linear regression models were used to evaluate the association between individual markers and log-transformed baseline PSA levels, while adjusting for potential confounders. RESULTS: A total of 707 participants (37% Caucasian, 63% African-American) with clinical and genotype data were included in the analysis. Rs10788160 (10q26) was strongly associated with PSA levels among Caucasian participants in the high-risk group ($P < 0.01$), with a 33.2% increase in PSA level with each A-allele carried. Furthermore, rs10993994 (10q11) was found to be associated with PSA level ($P = 0.03$) in Caucasian men in the high-risk group, with a 15% increase in PSA level with each T-allele carried. A PSA adjustment model based on allele carrier status at rs10788160 and rs10993994 was proposed, specific to high-risk Caucasian men. CONCLUSIONS: Genetic variation at 10q may be particularly important in personalizing the interpretation of PSA level for Caucasian men in the high-risk group. Such information may have clinical relevance in shared decision-making and individualized prostate cancer screening strategies for Caucasian men in the high-risk group, although further study is warranted.

TÍTULO / TITLE: - Irradiated and activated autologous PBMCs induce expansion of highly cytotoxic human NK cells in vitro.

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

REVISTA / JOURNAL: - J Immunother. 2013 Sep;36(7):373-81. doi: 10.1097/CJI.0b013e3182a3430f.

●● Enlace al texto completo (gratis o de pago) [1097/CJI.0b013e3182a3430f](#)

AUTORES / AUTHORS: - Ahn YO; Kim S; Kim TM; Song EY; Park MH; Heo DS

INSTITUCIÓN / INSTITUTION: - Cancer Research Institute, Seoul National University College of Medicine and Hospital, Seoul, Korea.

RESUMEN / SUMMARY: - Adoptive cell transfer of ex vivo-activated natural killer (NK) cells is a promising therapy for cancer treatment. Because of inhibitory signaling through killer immunoglobulin-like receptor (KIR)-KIR ligands, KIR-mismatched allogeneic NK cell transfer is considered to be a more effective strategy than is autologous transfer. However, purified NK cells do not expand well enough in vitro with good manufacturing practice-compliant components for clinical use. Some investigators have developed selective expansion of NK cells from peripheral blood mononuclear cells, but these cells have the risk of graft-versus-host disease in allogeneic settings because of T cells contamination. In this study, we developed a novel method for NK cell activation and expansion. Using only good manufacturing practice-compliant components and autologous feeder cells, once purified NK cells were effectively expanded (2500-fold at day 17). The expanded cells were highly purified NK cells, and the use of these cells is suitable for allogeneic transfer without the risk of graft-versus-host disease induction. Importantly, the expanded NK cells also

showed enhanced cytotoxicity compared with NK cells conventionally expanded by recombinant human interleukin 2. Finally, induction of NKG2D ligand expression on feeder cells implies that the NKG2D-NKG2DL interaction may play a role in NK cell expansion. In conclusion, this method can be used to obtain NK cells for more successful allogeneic NK cell adoptive transfer for use in antitumor immune therapy.

TÍTULO / TITLE: - Catalytic Mechanism of the Glycyl Radical Enzyme 4-Hydroxyphenylacetate Decarboxylase from Continuum Electrostatic and QC/MM Calculations.

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

REVISTA / JOURNAL: - J Am Chem Soc. 2013 Oct 2;135(39):14574-14585. Epub 2013 Sep 24.

●● Enlace al texto completo (gratis o de pago) [1021/ja402379g](#)

AUTORES / AUTHORS: - Feliks M; Martins BM; Ullmann GM

INSTITUCIÓN / INSTITUTION: - Computational Biochemistry, University of Bayreuth , Universitätsstrasse 30, BGI, 95447 Bayreuth, Germany.

RESUMEN / SUMMARY: - Using continuum electrostatics and QC/MM calculations, we investigate the catalytic cycle of the glycyl radical enzyme 4-hydroxyphenylacetate decarboxylase, an enzyme involved in the fermentative production of p-cresol from tyrosine in clostridia. On the basis of our calculations, we propose a five-step mechanism for the reaction. In the first step, the substrate 4-hydroxyphenylacetate is activated by an unusual concerted abstraction of an electron and a proton. Namely, Cys503 radical abstracts an electron from the substrate and Glu637 abstracts a proton. Thus in total, a hydrogen atom is abstracted from the substrate. In the second step, the carboxylic group readily splits off from the phenoxy-acetate radical anion to give carbon dioxide. This decarboxylation step is coupled to a proton transfer from Glu637 back to the phenolic hydroxyl group which leads to a p-hydroxybenzyl radical. The remaining steps of the reaction involve a rotation of the Cys503 side chain followed by a proton transfer from Glu505 to Cys503 and a hydrogen atom transfer from Cys503 to the p-hydroxybenzyl radical to form p-cresol. The calculated mechanism agrees with experimental data suggesting that both Cys503 and Glu637 are essential for the catalytic function of 4-hydroxyphenylacetate decarboxylase and that the substrate requires a hydroxyl group in para-position to the acetate moiety.

TÍTULO / TITLE: - Near-Infrared Light-Sensitive Liposomes for the Enhanced Photothermal Tumor Treatment by the Combination with Chemotherapy.

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

REVISTA / JOURNAL: - Pharm Res. 2013 Sep 11.

●● Enlace al texto completo (gratis o de pago) [1007/s11095-013-1180-7](#)

AUTORES / AUTHORS: - You J; Zhang P; Hu F; Du Y; Yuan H; Zhu J; Wang Z; Zhou J; Li C

INSTITUCIÓN / INSTITUTION: - College of Pharmaceutical Sciences, Zhejiang University, Hangzhou, 310058, People's Republic of China, youjiandoc@zju.edu.cn.

RESUMEN / SUMMARY: - PURPOSE: To develop a near-infrared (NIR) light-sensitive liposome, which contains hollow gold nanospheres (HAuNS) and doxorubicin (DOX), and evaluate their potential utility for enhancing antitumor activity and controlling drug release. METHODS: The liposomes (DOX&HAuNS-TSL) were designed based on a thermal sensitive liposome (TSL) formulation, and hydrophobically modified HAuNS were attached onto the membrane of the liposomes. The behavior of DOX release from the liposomes was investigated by the dialysis, diffusion in agarose gel and cellular uptake of the drug. The biodistribution of DOX&HAuNS-TSL was assessed by i.v. injection in tumor-bearing nude mice. Antitumor efficacy was evaluated both histologically using excised tissue and intuitively by measuring the tumor size and weight. RESULTS: Rapid and repetitive DOX release from the liposomes (DOX&HAuNS-TSL), could be readily achieved upon NIR laser irradiation. The treatment of tumor cells with DOX&HAuNS-TSL followed by NIR laser irradiation showed significantly greater cytotoxicity than the treatment with DOX&HAuNS-TSL alone, DOX-TSL alone (chemotherapy alone) and HAuNS-TSL plus NIR laser irradiation (Photothermal ablation, PTA, alone). In vivo antitumor study indicated that the combination of simultaneous photothermal and chemotherapeutic effect mediated by DOX&HAuNS-TSL plus NIR laser presented a significantly higher antitumor efficacy than the PTA alone mediated by HAuNS-TSL plus NIR laser irradiation. CONCLUSIONS: Our study could be as the valuable reference and direction for the clinical application of PTA in tumor therapy.

TÍTULO / TITLE: - Re: preservation of sexual function with the prostatic urethral lift: a novel treatment for lower urinary tract symptoms secondary to benign prostatic hyperplasia.

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

REVISTA / JOURNAL: - J Urol. 2013 Oct;190(4):1342. doi: 10.1016/j.juro.2013.06.073. Epub 2013 Jun 26.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.06.073](https://doi.org/10.1016/j.juro.2013.06.073)

AUTORES / AUTHORS: - Kaplan SA

TÍTULO / TITLE: - Encapsulation of mesenchymal stemcells by bio-scaffolds protects cell survival and attenuates neuroinflammatory reaction in injured brain tissue after transplantation.

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

REVISTA / JOURNAL: - Cell Transplant. 2013 Sep 10.

●● Enlace al texto completo (gratis o de pago) [3727/096368913X672172](https://doi.org/10.1186/1745-6216-13-672)

AUTORES / AUTHORS: - Sarnowska A; Jablonska A; Jurga M; Dainiak M; Strojek L; Drela K; Wright K; Kumar A; Jungvid H; Lukomska B; Forraz N; McGuckin C; Domanska-Janik K

RESUMEN / SUMMARY: - Since the brain is naturally inefficient in regenerating functional tissue after injury or disease, novel restorative strategies including stem cell transplantation and tissue engineering have to be considered. We have investigated the use of such strategies in order to achieve better functional repair outcomes. One of the fundamental challenges of successful transplantation is the delivery of cells to the injured site while maintaining cell viability. Classical cell delivery methods of intravenous or intraparenchymal injections are plagued by low engraftment and poor survival of transplanted stem cells. Novel implantable devices such as 3D bioactive scaffolds can provide the physical and metabolic support required for successful progenitor cell engraftment, proliferation and maturation. In this study, we performed in situ analysis of laminin-linked dextran and gelatin macroporous scaffolds. We revealed the protective action of gelatin-laminin (GL) scaffolds seeded with mesenchymal stem cells derived from donated human Wharton's jelly (hUCMSCs) against neuroinflammatory reactions of injured mammalian brain tissue. These bioscaffolds have been implanted into (i) intact and (ii) ischaemic rat hippocampal organotypic slices, and into the striatum of (iii) normal and (iv) focally injured brains of adult Wistar rats. We found that transplantation of hUCMSCs encapsulated in GL scaffolds had a significant impact on the prevention of glial scar formation (low glial acidic fibrillary protein) and in the reduction of neuroinflammation (low interleukin-6, and the microglial markers ED1 and Iba1) in the recipient tissue. Moreover, implantation of hUCMSCs encapsulated within GL scaffolds induced matrix metalloproteinase-2 and -9 proteolytic activities in the surrounding brain tissue. This facilitated scaffold biodegradation while leaving the remaining grafted hUCMSCs untouched. In conclusion: Transplanting GL scaffolds pre-seeded with hUCMSCs into mammalian brain tissue escaped the host's immune system and protected neural tissue from neuroinflammatory injury. This manuscript is published as part of the International Association of Neurorestoratology (IANR) special issue of Cell Transplantation.

TÍTULO / TITLE: - Pediatric CT: Implementation of ASIR for Substantial Radiation Dose Reduction while Maintaining Pre-ASIR Image Noise.

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

REVISTA / JOURNAL: - Radiology. 2013 Jul 30.

●● Enlace al texto completo (gratis o de pago) [1148/radiol.13122578](https://doi.org/10.1148/radiol.13122578)

AUTORES / AUTHORS: - Brady SL; Moore BM; Yee BS; Kaufman RA

INSTITUCIÓN / INSTITUTION: - Department of Radiological Sciences, St Jude Children's Research Hospital, 262 Danny Thomas Pl, Memphis, TN 38139.

RESUMEN / SUMMARY: - Purpose: To determine a comprehensive method for the implementation of adaptive statistical iterative reconstruction (ASIR) for maximal radiation dose reduction in pediatric computed tomography (CT) without changing the magnitude of noise in the reconstructed image or the contrast-to-noise ratio (CNR) in the patient. Materials and Methods: The institutional review board waived the need to obtain informed consent for this HIPAA-compliant quality analysis. Chest and abdominopelvic CT images obtained before ASIR implementation (183 patient examinations; mean patient age, 8.8 years +/- 6.2 [standard deviation]; range, 1 month to 27 years) were analyzed for image noise and CNR. These measurements were used in conjunction with noise models derived from anthropomorphic phantoms to establish new beam current-modulated CT parameters to implement 40% ASIR at 120 and 100 kVp without changing noise texture or magnitude. Image noise was assessed in images obtained after ASIR implementation (492 patient examinations; mean patient age, 7.6 years +/- 5.4; range, 2 months to 28 years) the same way it was assessed in the pre-ASIR analysis. Dose reduction was determined by comparing size-specific dose estimates in the pre- and post-ASIR patient cohorts. Data were analyzed with paired t tests. Results: With 40% ASIR implementation, the average relative dose reduction for chest CT was 39% (2.7/4.4 mGy), with a maximum reduction of 72% (5.3/18.8 mGy). The average relative dose reduction for abdominopelvic CT was 29% (4.8/6.8 mGy), with a maximum reduction of 64% (7.6/20.9 mGy). Beam current modulation was unnecessary for patients weighing 40 kg or less. The difference between 0% and 40% ASIR noise magnitude was less than 1 HU, with statistically nonsignificant increases in patient CNR at 100 kVp of 8% (15.3/14.2; P = .41) for chest CT and 13% (7.8/6.8; P = .40) for abdominopelvic CT. Conclusion: Radiation dose reduction at pediatric CT was achieved when 40% ASIR was implemented as a dose reduction tool only; no net change to the magnitude of noise in the reconstructed image or the patient CNR occurred. © RSNA, 2012 Supplemental material: <http://radiology.rsna.org/lookup/suppl/doi:10.1148/radiol.13122578/-/DC1>.

TÍTULO / TITLE: - When do we need competing risks methods for survival analysis in nephrology?

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

REVISTA / JOURNAL: - Nephrol Dial Transplant. 2013 Aug 24.

●● Enlace al texto completo (gratis o de pago) [1093/ndt/gft355](#)

AUTORES / AUTHORS: - Noordzij M; Leffondre K; van Stralen KJ; Zoccali C; Dekker FW; Jager KJ

INSTITUCIÓN / INSTITUTION: - ERA-EDTA Registry, Department of Medical Informatics, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands.

RESUMEN / SUMMARY: - Survival analyses are commonly applied to study death or other events of interest. In such analyses, so-called competing risks may form an important

problem. A competing risk is an event that either hinders the observation of the event of interest or modifies the chance that this event occurs. For example, when studying death on dialysis, receiving a kidney transplant is an event that competes with the event of interest. Conventional methods for survival analysis ignoring the competing event(s), such as the Kaplan-Meier method and standard Cox proportional hazards regression, may be inappropriate in the presence of competing risks, and alternative methods specifically designed for analysing competing risks data should then be applied. This problem deserves more attention in nephrology research and in the current article, we therefore explain the problem of competing risks in survival analysis and how using different techniques may affect study results.

TÍTULO / TITLE: - A phase II study of neoadjuvant docetaxel, oxaliplatin, and S-1 (DOS) chemotherapy followed by surgery and adjuvant S-1 chemotherapy in potentially resectable gastric or gastroesophageal junction adenocarcinoma.

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

REVISTA / JOURNAL: - Cancer Chemother Pharmacol. 2013 Oct;72(4):815-23. doi: 10.1007/s00280-013-2257-z. Epub 2013 Aug 7.

●● Enlace al texto completo (gratis o de pago) [1007/s00280-013-2257-z](#)

AUTORES / AUTHORS: - Park I; Ryu MH; Choi YH; Kang HJ; Yook JH; Park YS; Kim HJ; Jung HY; Lee GH; Kim KC; Kim BS; Kang YK

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Asan Medical Center, University of Ulsan College of Medicine, 88 Olympic-ro 43-gil, Songpa-gu, Seoul, 138-736, Korea.

RESUMEN / SUMMARY: - PURPOSE: Adjuvant chemotherapy trial of TS-1 for gastric cancer study demonstrated that postoperative S-1 chemotherapy for 1 year improved overall survival of locally advanced gastric cancer (LAGC) patients. The goals of this study were to evaluate the feasibility and efficacy of neoadjuvant docetaxel, oxaliplatin, and S-1 (DOS) chemotherapy followed by surgery and adjuvant S-1 chemotherapy. METHODS: In this single-center, open-label, phase II study, patients with potentially resectable adenocarcinoma of the stomach or gastroesophageal junction were eligible. For neoadjuvant chemotherapy, docetaxel 50 mg/m² on day (D) 1, oxaliplatin 100 mg/m² on D1, and S-1 40 mg/m² bid orally on D1-14 were administered every 3 weeks for three cycles. After DOS chemotherapy, gastrectomy was performed, and then, adjuvant S-1 40 mg/m² bid was given on D1-28 every 6 weeks for 1 year. The primary endpoints were the proportion of patients who did not experience grade 3 or 4 toxicities (except grade 3 neutropenia) and R0 resection rates. RESULTS: A total of 41 patients were enrolled. All patients completed three planned cycles of neoadjuvant chemotherapy without disease progression. Eighteen patients (43.9 %) did not experience any grade 3-4 toxicity (except grade 3 neutropenia) during the neoadjuvant chemotherapy. All patients underwent surgery, and R0 resection was achieved in 40 patients (97.6 %). CONCLUSION: Neoadjuvant DOS chemotherapy could

be performed safely with a high R0 resection rate in LAGC patients. A phase III trial is currently underway.

TÍTULO / TITLE: - Efficacy of Chemotherapy in BRCA1/2 Mutation Carrier Ovarian Cancer in the Setting of PARP Inhibitor Resistance: A Multi-Institutional Study.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Oct 1;19(19):5485-5493. Epub 2013 Aug 6.

●● Enlace al texto completo (gratis o de pago) [1158/1078-0432.CCR-13-1262](#)

AUTORES / AUTHORS: - Ang JE; Gourley C; Powell CB; High H; Shapira-Frommer R; Castonguay V; De Greve J; Atkinson T; Yap TA; Sandhu S; Banerjee S; Chen LM; Friedlander ML; Kaufman B; Oza AM; Matulonis U; Barber LJ; Kozarewa I; Fenwick K; Assiotis I; Campbell J; Chen L; de Bono JS; Gore ME; Lord CJ; Ashworth A; Kaye SB

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: The Royal Marsden NHS Foundation Trust and The Institute of Cancer Research, Sutton; Edinburgh Cancer Research UK Center, Medical Research Council Institute of Genetics and Molecular Medicine, University of Edinburgh, Western General Hospital, Edinburgh; The Cancer Research UK Gene Function Laboratory; Breakthrough Breast Cancer Research Center; Tumour Profiling Unit, The Institute of Cancer Research, London, United Kingdom; University of California San Francisco, San Francisco, California; Department of Medical Oncology, Prince of Wales Clinical School, Prince of Wales Hospital, Sydney, Australia; The Chaim Sheba Medical Center, Tel Hashomer, Israel; Princess Margaret Hospital, Toronto, Canada; Oncologisch Centrum Vrije Universiteit Brussel, Brussels, Belgium; and Dana Farber Cancer Center, Boston, Massachusetts.

RESUMEN / SUMMARY: - PURPOSE: Preclinical data suggest that exposure to PARP inhibitors (PARPi) may compromise benefit to subsequent chemotherapy, particularly platinum-based regimens, in patients with BRCA1/2 mutation carrier ovarian cancer (PBMCO), possibly through the acquisition of secondary BRCA1/2 mutations. The efficacy of chemotherapy in the PARPi-resistant setting was therefore investigated. EXPERIMENTAL DESIGN: We conducted a retrospective review of PBMCO who received chemotherapy following disease progression on olaparib, administered at ≥ 200 mg twice daily for one month or more. Tumor samples were obtained in the post-olaparib setting where feasible and analyzed by massively parallel sequencing. RESULTS: Data were collected from 89 patients who received a median of 3 (range 1-11) lines of pre-olaparib chemotherapy. The overall objective response rate (ORR) to post-olaparib chemotherapy was 36% (24 of 67 patients) by Response Evaluation Criteria in Solid Tumors (RECIST) and 45% (35 of 78) by RECIST and/or Gynecologic Cancer InterGroup (GIG) CA125 criteria with median progression-free survival (PFS) and overall survival (OS) of 17 weeks [95% confidence interval (CI), 13-21] and 34 weeks (95% CI, 26-42), respectively. For patients receiving platinum-based chemotherapy, ORRs were 40% (19 of 48) and 49% (26/53), respectively, with a

median PFS of 22 weeks (95% CI, 15-29) and OS of 45 weeks (95% CI, 15-75). An increased platinum-to-platinum interval was associated with an increased OS and likelihood of response following post-olaparib platinum. No evidence of secondary BRCA1/2 mutation was detected in tumor samples of six PARPi-resistant patients [estimated frequency of such mutations adjusted for sample size: 0.125 (95%-CI: 0-0.375)]. CONCLUSIONS: Heavily pretreated PBMCOG who are PARPi-resistant retain the potential to respond to subsequent chemotherapy, including platinum-based agents. These data support the further development of PARPi in PBMCOG. Clin Cancer Res; 19(19); 5485-93. ©2013 AACR.

TÍTULO / TITLE: - The role of metabolic imaging in radiation therapy of prostate cancer.

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

REVISTA / JOURNAL: - NMR Biomed. 2013 Aug 12. doi: 10.1002/nbm.3007.

●● [Enlace al texto completo \(gratis o de pago\) 1002/nbm.3007](#)

AUTORES / AUTHORS: - Zhang VY; Westphalen A; Delos Santos L; Tabatabai ZL; Shinohara K; Vigneron DB; Kurhanewicz J

INSTITUCIÓN / INSTITUTION: - Department of Radiology and Biomedical Imaging, University of California San Francisco (UCSF), CA, USA.

RESUMEN / SUMMARY: - The goal of this study was to correlate prostatic metabolite concentrations from snap-frozen patient biopsies of recurrent cancer after failed radiation therapy with histopathological findings, including Ki-67 immunohistochemistry and pathologic grade, in order to identify quantitative metabolic biomarkers that predict for residual aggressive versus indolent cancer. A total of 124 snap-frozen transrectal ultrasound (TRUS)-guided biopsies were acquired from 47 men with untreated prostate cancer and from 39 men with a rising prostate-specific antigen and recurrent prostate cancer following radiation therapy. Biopsy tissues with Ki-67 labeling index $\leq 5\%$ were classified as indolent cancer, while biopsy tissues with Ki-67 labeling index $> 5\%$ were classified as aggressive cancer. The majority (15 out of 17) of cancers classified as aggressive had a primary Gleason 4 pattern (Gleason score $\geq 4 + 3$). The concentrations of choline-containing phospholipid metabolites (PC, GPC, and free Cho) and lactate were significantly elevated in recurrent cancer relative to surrounding benign tissues. There was also a significant increase in [PC] and reduction in [GPC] between untreated and irradiated prostate cancer biopsies. The concentration of the choline-containing phospholipid metabolites was significantly higher in recurrent aggressive (approximately twofold) than in recurrent indolent cancer biopsies, and the receiver operating characteristic (ROC) curve analysis of total choline to creatine ratio (tCho/Cr) demonstrated an accuracy of 95% (confidence interval = 0.88-1.00) for predicting aggressive recurrent disease. The tCho/Cr was significantly higher for identifying recurrent aggressive versus indolent cancer (tCho/Cr = 2.4 \pm 0.4 versus 1.5 \pm 0.2), suggesting that use of a higher

threshold tCho/Cr ratio in future in vivo ¹H MRSI studies could improve the selection and therapeutic planning for patients who would benefit most from salvage focal therapy after failed radiation therapy. Copyright © 2013 John Wiley & Sons, Ltd.

TÍTULO / TITLE: - Targeting monocarboxylate transporter by alpha-cyano-4-hydroxycinnamate modulates apoptosis and cisplatin resistance of Colo205 cells: implication of altered cell survival regulation.

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

REVISTA / JOURNAL: - Apoptosis. 2013 Aug 18.

●● Enlace al texto completo (gratis o de pago) 1007/s10495-013-0894-7

AUTORES / AUTHORS: - Kumar A; Kant S; Singh SM

INSTITUCIÓN / INSTITUTION: - School of Biotechnology, Banaras Hindu University, Varanasi, 221005, India.

RESUMEN / SUMMARY: - The present investigation was undertaken to study the effect of in vitro exposure of Colo205, colonadenocarcinoma cells, to monocarboxylate transporter inhibitor alpha-cyano-4-hydroxycinnamate (alphaCHC) on cell survival and evolution of resistance to chemotherapeutic drug cisplatin. alphaCHC-treated Colo205 cells showed inhibition of survival accompanied by an augmented induction of apoptosis. Changes in cell survival properties were associated with alterations in lactate efflux, pH homeostasis, expression of glucose transporters, glucose uptake, HIF-1alpha, generation of nitric oxide, expression pattern of some key cell survival regulatory molecules: Bcl2, Bax, active caspase-3 and p53. Pretreatment of Colo205 cells with alphaCHC also altered their susceptibility to the cytotoxicity of cisplatin accompanied by altered expression of multidrug resistance regulating MDR1 and MRP1 genes. This study for the first time deciphers some of the key molecular events underlying modulation of cell survival of cancer cells of colorectal origin by alphaCHC and its contribution to chemosensitization against cisplatin. Thus these findings will be of immense help in further research for optimizing the use of alphaCHC for improving the chemotherapeutic efficacy of anticancer drugs like cisplatin.

TÍTULO / TITLE: - Association of CXCL12 and CXCR4 gene polymorphisms with the susceptibility and prognosis of renal cell carcinoma.

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

REVISTA / JOURNAL: - Tissue Antigens. 2013 Sep;82(3):165-70. doi: 10.1111/tan.12170.

●● Enlace al texto completo (gratis o de pago) 1111/tan.12170

AUTORES / AUTHORS: - Cai C; Wang LH; Dong Q; Wu ZJ; Li MY; Sun YH

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

RESUMEN / SUMMARY: - CXCL12 and its unique receptor CXCR4, play important roles in inflammation and cancer metastasis. This study was undertaken to investigate the association of CXCL12 and CXCR4 polymorphisms with risk and prognosis of renal cell carcinoma (RCC) in the Chinese population. Blood was collected from 322 RCC patients and 402 healthy controls. The CXCL12 rs1801157G/A polymorphism and CXCR4 rs2228014C/T polymorphism were genotyped by polymerase chain reaction-restriction fragment length polymorphism. Results showed that prevalence of CXCL12 rs1801157AA genotype was significantly increased in RCC cases than in controls [odds ratio (OR) = 3.07, 95% confidence interval (CI), 1.98-5.46, P = 6.1 x 10⁽⁻⁶⁾ ; data were adjusted for age and sex]. Similarly, subjects carrying CXCR4 rs2228014CT or TT genotypes showed significantly high risk of RCC (OR = 1.77, 95% CI, 1.28-2.71, P = 0.0003; OR = 4.01, 95% CI, 1.87-9.12, P = 7.8 x 10⁽⁻⁴⁾ , respectively; data were adjusted for age and sex). When analyzing the survival time of RCC, patients with CXCL12 rs1801157AA genotype revealed significantly shorter survival time compared to cases with CXCL12 rs1801157GG and GA genotypes (P = 0.001), whereas RCC patients carrying CXCR4 rs2228014CT and TT genotypes showed shorter survival time than the wild type (P = 0.002). These data indicated that CXCL12 and CXCR4 may be new risk factors for RCC and could be used as prognostic markers for this malignancy.

TÍTULO / TITLE: - Palliative radiotherapy and chemotherapy instead of surgery in symptomatic rectal cancer with synchronous unresectable metastases: a phase II study.

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

REVISTA / JOURNAL: - Ann Oncol. 2013 Sep 6.

●● Enlace al texto completo (gratis o de pago) [1093/annonc/mdt363](#)

AUTORES / AUTHORS: - Tyc-Szczepaniak D; Wyrwicz L; Kepka L; Michalski W; Olszyna-Serementa M; Palucki J; Pietrzak L; Rutkowski A; Bujko K

INSTITUCIÓN / INSTITUTION: - Department of Radiotherapy.

RESUMEN / SUMMARY: - BACKGROUND: In stage IV rectal cancer, palliative surgery is often carried out upfront. This study investigated whether the surgery can be avoided. PATIENTS AND METHODS: Forty patients with symptomatic primary rectal adenocarcinoma and synchronous distant metastases deemed to be unresectable received 5 x 5 Gy irradiation and then oxaliplatin-based chemotherapy. Before treatment, 38% of patients had a near-obstructing lesion. The palliative effect was evaluated by questionnaires completed by the patients. RESULTS: The median follow-up for living patients was 26 months (range 19-34). The median overall survival was 11.5 months. Eight patients (20%) required surgery during the course of their disease: seven patients required stoma creation and one had local excision. Thirty percent of patients had a complete resolution of pelvic symptoms during the whole course of the disease, and 35% had significant improvement. In the subgroup with a near-

obstructing lesion, 23% of patients required stoma creation. In all patients, the probability of requiring palliative surgery at 2 years was 17.5% [95% confidence interval (CI) 13% to 22%), and the probability of sustained good palliative effect after radiotherapy and chemotherapy was 67% (95% CI 58% to 76%). CONCLUSION: Short-course radiotherapy and chemotherapy allowed most patients to avoid surgery, even those with a near-obstructing lesion. CLINICALTRIALS: The trial is registered with ClinicalTrials.gov: number NCT01157806.

TÍTULO / TITLE: - Value of Preoperative Ultrasound-Guided Axillary Lymph Node Biopsy for Preventing Completion Axillary Lymph Node Dissection in Breast Cancer: A Systematic Review and Meta-Analysis.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Sep 6.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3229-6](#)

AUTORES / AUTHORS: - Diepstraten SC; Sever AR; Buckens CF; Veldhuis WB; van Dalen T; van den Bosch MA; Mali WP; Verkooijen HM

INSTITUCIÓN / INSTITUTION: - Department of Radiology, University Medical Center Utrecht, Utrecht, The Netherlands, s.c.e.diepstraten@umcutrecht.nl.

RESUMEN / SUMMARY: - PURPOSE: This meta-analysis was designed to evaluate the utility of preoperative axillary ultrasound combined with US-guided lymph node biopsy if indicated (AUS +/- biopsy), in terms of staging the axilla and preventing two-step axillary surgery in the form of sentinel node biopsy (SNB) followed by completion axillary lymph node (ALN) dissection. METHODS: We systematically searched electronic databases for studies that addressed preoperative assessment of ALN status by AUS +/- biopsy. A pooled estimate was calculated for the false-negative rate (FNR) of AUS +/- biopsy (defined as the proportion of women with a negative AUS +/- biopsy result subsequently proven to have a positive axilla) and sensitivity (defined as the proportion of women with a positive AUS +/- biopsy result among all women with a tumor positive axilla). RESULTS: The pooled FNR was 25 % (95 % confidence interval [CI] = 24-27) and the pooled sensitivity was 50 % (95 % CI = 43-57). There was substantial heterogeneity across studies for both FNR ($I^2 = 69.42$) and sensitivity ($I^2 = 93.25$), which was not explained by between-study differences in biopsy technique, mean/median tumor size, biopsy indication, or study design. Sensitivity was increased in studies with a high prevalence of ALN metastases. CONCLUSIONS: Preoperative axillary ultrasound-guided biopsy is a useful step in the process of axillary staging. Approximately 50 % of women with axillary involvement can be identified preoperatively. Still, one in four women with an ultrasound-guided biopsy-“proven” negative axilla has a positive SNB.

TÍTULO / TITLE: - Hydrogen sulfide augments the proliferation and survival of human induced pluripotent stem cell-derived mesenchymal stem cells through inhibition of BK

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

REVISTA / JOURNAL: - Cytotherapy. 2013 Aug 28. pii: S1465-3249(13)00588-4. doi: 10.1016/j.jcyt.2013.06.004.

●● Enlace al texto completo (gratis o de pago) 1016/j.jcyt.2013.06.004

AUTORES / AUTHORS: - Zhao Y; Wei H; Kong G; Shim W; Zhang G

INSTITUCIÓN / INSTITUTION: - Research and Development Unit, National Heart Centre Singapore, Singapore, Republic of Singapore; Department of Clinical Pharmacy, China Pharmaceutical University, Nanjing, China.

RESUMEN / SUMMARY: - BACKGROUND: Hydrogen sulfide (H₂S) is an endogenously generated gaseous transmitter known for its cytoprotective effect mediated by the PI3K-Akt signaling pathway. Human induced pluripotent stem cell (hiPSC)-derived mesenchymal stromal cells (MSCs), or hiPSC-MSCs, represent an alternative source of MSCs for autologous cell therapy. The big-conductance Ca²⁺-activated outward K⁺ currents (BKCa), known to mediate cell proliferation, have been detected in >80% of hiPSC-MSCs. The present study aimed to explore the effect of H₂S on survival and proliferation of hiPSC-MSCs and investigate the mediatory role of BKCa. METHODS: Effects of H₂S on proliferation and survival of hiPSC-MSCs were measured by 5-bromo-2-deoxyuridine incorporation, population doubling and cell cycle assays, and by 3-(4,5)-dimethylthiazoliazolium (-z-y1)-3,5-di-phenyltetrazolium bromide assay and 4'-6-diamidino-2-phenylindole staining, respectively. BKCa was recorded by means of the whole-cell patch-clamp technique. The expressions of KCa 1.1 (encoding BKCa) and apoptosis-related genes were measured by reverse transcriptase-polymerase chain reaction. The phosphorylation of Akt was assessed by Western blot analysis. RESULTS: Exogenously administered NaHS (an H₂S donor, 50-300 μmol/L) significantly promoted proliferation of hiPSC-MSCs. NaHS prevented the hypoxia-induced apoptosis and suppressed BKCa currents without altering the expression levels of alpha- and beta-KCa 1.1. In addition, NaHS increased the phosphorylation of Akt and decreased the expression of Caspase 8 and Bax in hiPSC-MSCs. Paxilline (1 μmol/L), a BKCa blocker, showed similar effects on promoting cell proliferation and phosphorylation of Akt and suppression of apoptotic genes in hiPSC-MSCs. CONCLUSIONS: Our data confirmed that H₂S augments the proliferation and survival of hiPSC-MSCs through activation of the PI3K-Akt pathway and that such effects could be mediated through inhibition of BKCa.

TÍTULO / TITLE: - Re: long-term oncologic outcomes after radiofrequency ablation for t1 renal cell carcinoma.

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

REVISTA / JOURNAL: - J Urol. 2013 Oct;190(4):1205-6. doi: 10.1016/j.juro.2013.06.049. Epub 2013 Jun 27.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.06.049](https://doi.org/10.1016/j.juro.2013.06.049)

AUTORES / AUTHORS: - Laguna MP

TÍTULO / TITLE: - A comparative study of space radiation organ doses and associated cancer risks using PHITS and HZETRN.

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

REVISTA / JOURNAL: - Phys Med Biol. 2013 Oct 21;58(20):7183-7207. Epub 2013 Sep 24.

●● Enlace al texto completo (gratis o de pago) [1088/0031-9155/58/20/7183](https://doi.org/10.1088/0031-9155/58/20/7183)

AUTORES / AUTHORS: - Bahadori AA; Sato T; Slaba TC; Shavers MR; Semones EJ; Van Baalen M; Bolch WE

INSTITUCIÓN / INSTITUTION: - Biomedical Engineering, University of Florida, Gainesville, FL 32611, USA. NASA Johnson Space Center, Houston, TX 77058, USA.

RESUMEN / SUMMARY: - NASA currently uses one-dimensional deterministic transport to generate values of the organ dose equivalent needed to calculate stochastic radiation risk following crew space exposures. In this study, organ absorbed doses and dose equivalents are calculated for 50th percentile male and female astronaut phantoms using both the NASA High Charge and Energy Transport Code to perform one-dimensional deterministic transport and the Particle and Heavy Ion Transport Code System to perform three-dimensional Monte Carlo transport. Two measures of radiation risk, effective dose and risk of exposure-induced death (REID) are calculated using the organ dose equivalents resulting from the two methods of radiation transport. For the space radiation environments and simplified shielding configurations considered, small differences (<8%) in the effective dose and REID are found. However, for the galactic cosmic ray (GCR) boundary condition, compensating errors are observed, indicating that comparisons between the integral measurements of complex radiation environments and code calculations can be misleading. Code-to-code benchmarks allow for the comparison of differential quantities, such as secondary particle differential fluence, to provide insight into differences observed in integral quantities for particular components of the GCR spectrum.

TÍTULO / TITLE: - Predicting Risk of Prostate Cancer in Men Receiving Finasteride: Effect of Prostate Volume, Number of Biopsy Cores, and American Urological Association Symptom Score.

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

REVISTA / JOURNAL: - Urology. 2013 Sep 19. pii: S0090-4295(13)00964-3. doi: 10.1016/j.urology.2013.07.041.

●● Enlace al texto completo (gratis o de pago) [1016/j.urology.2013.07.041](https://doi.org/10.1016/j.urology.2013.07.041)

AUTORES / AUTHORS: - Ankerst DP; Till C; Boeck A; Goodman PJ; Tangen CM; Thompson IM

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Texas Health Science Center at San Antonio, San Antonio, TX; Departments of Mathematics, Technical University Munich, Garching, Germany; Department of Life Sciences, Technical University Munich, Garching, Germany. Electronic address: ankerst@uthscsa.edu.

RESUMEN / SUMMARY: - OBJECTIVE: To examine the effect of prostate volume, number of biopsy cores, and American Urological Association symptom score (AUASS) for prostate cancer risk assessment among men receiving finasteride in the Prostate Cancer Prevention Trial. METHODS: Data from 4509 men on the finasteride arm of the Prostate Cancer Prevention Trial who were on treatment at the time of their AUASS and prostate-specific antigen (PSA) measurement before biopsy were included in multivariable logistic regression analyses. RESULTS: Six hundred eighty-two (15.1%) participants had prostate cancer; 257 (37.7%) of these had high-grade disease. For prostate cancer risk, the model included PSA (odds ratio corresponding to a 2-fold increase in PSA: 2.70; $P < .0001$), digital rectal examination (2.53; $P < .0001$), age (1.03; $P = .001$), and prostate volume (odds ratio 0.54 for a 2-fold increase in volume; $P < .0001$). For high-grade disease, PSA (3.39; $P < .0001$), digital rectal examination (2.75; $P < .0001$), age (1.05; $P = .001$), and volume (0.55; $P < .0001$) were statistically significant. AUASS was not statistically significant in any of the models that included prostate volume, but was in models in which volume was not included. The number of biopsy cores did not significantly improve risk assessment in any of the models considered. CONCLUSION: Although in the general population, obtaining a cancer diagnosis is improved by assessing prostate volume and increasing the number of biopsy cores, neither steps are required in men receiving finasteride. Obtaining fewer biopsy cores in men receiving finasteride preserves biopsy sensitivity and will likely reduce cost and morbidity.

TÍTULO / TITLE: - The roles of cyclic AMP-ERK-Bad signaling pathways on 6-hydroxydopamine-induced cell survival and death in PC12 cells.

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

REVISTA / JOURNAL: - Toxicol In Vitro. 2013 Sep 20. pii: S0887-2333(13)00223-3. doi: 10.1016/j.tiv.2013.09.014.

●● Enlace al texto completo (gratis o de pago) [1016/j.tiv.2013.09.014](https://doi.org/10.1016/j.tiv.2013.09.014)

AUTORES / AUTHORS: - Park HJ; Park KH; Shin KS; Lee MK

INSTITUCIÓN / INSTITUTION: - College of Pharmacy and Research Center for Bioresource and Health, Chungbuk National University, 52, Naesudong-ro, Heungduk-gu, Cheongju 361-763, Republic of Korea.

RESUMEN / SUMMARY: - The roles of cyclic AMP (cAMP)-ERK-Bad signaling pathways in 6-hydroxydopamine (6-OHDA)-induced cell survival and death were investigated. In

PC12 cells, 6-OHDA (10-100µM) concentration-dependently increased the intracellular levels of cAMP mediated by the Ca²⁺-CaMKII-adenylyl cyclase system. 6-OHDA at the non-toxic level (10µM) induced transient ERK1/2 phosphorylation and BadSer112 phosphorylation, which maintained cell survival. In contrast, the high levels of cAMP induced by toxic levels (50 and 100µM) of 6-OHDA induced sustained ERK1/2 phosphorylation and BadSer155 phosphorylation. The cells then moved to cell death process through Bcl2 phosphorylation and caspase-3 activation. BadSer155 phosphorylation by 6-OHDA was inhibited by PKA (H89) and MEK (U0126) inhibitors, indicating that it was mediated via the cAMP-PKA-sustained ERK1/2 system. In SK-N-BE(2)C cells, the non-toxic level of 6-OHDA also showed transient ERK1/2 phosphorylation and BadSer112 phosphorylation, and toxic levels of 6-OHDA exhibited sustained ERK1/2 phosphorylation and BadSer155 phosphorylation. These results suggest that ERK1/2 phosphorylation by 6-OHDA shows biphasic functions on cell survival and death in PC12 cells. It is, therefore, proposed that the cAMP-ERK1/2-Bad signaling pathways incurred by toxic levels of 6-OHDA play a role in dopamine neuron death of animal models of Parkinson's disease.

TÍTULO / TITLE: - IglE is an outer membrane-associated lipoprotein essential for intracellular survival and murine virulence of Type A Francisella tularensis.

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

REVISTA / JOURNAL: - Infect Immun. 2013 Aug 19.

●● [Enlace al texto completo \(gratis o de pago\) 1128/IAI.00595-13](#)

AUTORES / AUTHORS: - Robertson GT; Child R; Ingle C; Celli J; Norgard MV

INSTITUCIÓN / INSTITUTION: - Department of Microbiology, University of Texas Southwestern Medical Center, Dallas, Texas 75390.

RESUMEN / SUMMARY: - IglE is a small, hypothetical protein encoded by the duplicated Francisella Pathogenicity Island (FPI). Inactivation of both copies of iglE rendered F. tularensis SchuS4 avirulent and incapable of intracellular replication, owing to an inability to escape the phagosome. This defect was fully reversed following single copy expression of iglE in trans from attTn7 under the control of the Francisella rpsL promoter, thereby establishing that the loss of iglE, and not polar effects on downstream vgrG gene expression, was responsible for the defect. IglE is exported to the Francisella outer membrane as a approximately 13.9-kDa lipoprotein based on a combination of selective Triton X-114 solubilization, radiolabelling with 3H-palmitic acid, and sucrose density gradient membrane partitioning studies. Lastly, a genetic screen using the LVS iglE null strain resulted in the identification of key regions in the carboxyl terminus of IglE that are required for intracellular replication of Francisella tularensis in J774 macrophages. Thus, IglE is essential for Francisella tularensis virulence. Our data support a model that likely includes here-to-date unknown protein-protein interactions at or near the bacterial cell surface.

TÍTULO / TITLE: - Skeletal Muscle Biopsy Analysis in Reducing Body Myopathy and Other FHL1-Related Disorders.

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

REVISTA / JOURNAL: - J Neuropathol Exp Neurol. 2013 Sep;72(9):833-845.

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

[1097/NEN.0b013e3182a23506](#)

AUTORES / AUTHORS: - Malfatti E; Olive M; Taratuto AL; Richard P; Brochier G; Bitoun M; Gueneau L; Laforet P; Stojkovic T; Maisonobe T; Monges S; Lubieniecki F; Vasquez G; Streichenberger N; Lacene E; Saccoliti M; Prudhon B; Alexianu M; Figarella-Branger D; Schessl J; Bonnemann C; Eymard B; Fardeau M; Bonne G; Romero NB

INSTITUCIÓN / INSTITUTION: - From the Unite de Morphologie Neuromusculaire, Institut de Myologie, Groupe Hospitalier Universitaire La Pitie-Salpetriere, Paris, France (EM, MO, GB, EL, MF, NBR); Department of Neurological, Neurosurgical, and Behavioral Sciences, University of Siena, Siena, Italy (EM); INSERM, Paris, France (EM, MB, LG, BP, GB, NBR); Universite Pierre et Marie Curie, Institut de Myologie, Paris, France (EM, MB, LG, BP, GB, NBR); Centre de reference de Pathologie Neuromusculaire Paris-Est, Institut de Myologie, Paris, France (EM, PL, TS, BE, NBR); Institut de Neuropatologia, IDIBELL-Hospital de Bellvitge, Barcelona, España (MO); Hospital Nacional de Pediatria J.P. Garrahan, and Instituto de Investigaciones Neurologicas, FLENI, Buenos Aires, Argentina (ALT, SM, FL, GV, MS); AP-HP, GHU La Pitie-Salpetriere, U.F. Cardiogenetique et Myogenetique, Service de Biochimie Metabolique, Paris, France (PR, GB); Departement de Neurophysiologie Clinique, Assistance Publique-Hopitaux de Paris, Paris, France TM; Hospices Civils de Lyon, Centre de Pathologie Est, Universite Claude Bernard Lyon, Lyon, France (NS); Bucharest, Romania (MA); AP-HM, CHU Timone, Neuro-oncology Team, Aix-Marseille University, Marseille, France (DFB); INSERM, Aix-Marseille University, Marseille, France (DFB); Friedrich-Baur-Institute, Department of Neurology, Ludwig-Maximilians University of Munich, Munich, Germany (JS); and Neurogenetics Branch, National Institute of Neurological Disorders and Stroke, National Institutes of Health, Bethesda, Maryland (CB).

RESUMEN / SUMMARY: - FHL1 mutations have been associated with various disorders that include reducing body myopathy (RBM), Emery-Dreifuss-like muscular dystrophy, isolated hypertrophic cardiomyopathy, and some overlapping conditions. We report a detailed histochemical, immunohistochemical, electron microscopic, and immunoelectron microscopic analyses of muscle biopsies from 18 patients carrying mutations in FHL1: 14 RBM patients (Group 1), 3 Emery-Dreifuss muscular dystrophy patients (Group 2), and 1 patient with hypertrophic cardiomyopathy and muscular hypertrophy (Group 2). Group 1 muscle biopsies consistently showed RBs associated with cytoplasmic bodies. The RBs showed prominent FHL1 immunoreactivity whereas desmin, alphaB-crystallin, and myotilin immunoreactivity surrounded RBs. By electron

microscopy, RBs were composed of electron-dense tubulofilamentous material that seemed to spread progressively between the myofibrils and around myonuclei. By immunoelectron microscopy, FHL1 protein was found exclusively inside RBs. Group 2 biopsies showed mild dystrophic abnormalities without RBs; only minor nonspecific myofibrillar abnormalities were observed under electron microscopy. Molecular analysis revealed missense mutations in the second FHL1 LIM domain in Group 1 patients and ins/del or missense mutations within the fourth FHL1 LIM domain in Group 2 patients. Our findings expand the morphologic features of RBM, clearly demonstrate the localization of FHL1 in RBs, and further illustrate major morphologic differences among different FHL1-related myopathies.

TÍTULO / TITLE: - Re: Prediagnostic circulating adipokine concentrations and risk of renal cell carcinoma in male smokers.

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

REVISTA / JOURNAL: - J Urol. 2013 Sep;190(3):863. doi: 10.1016/j.juro.2013.05.073. Epub 2013 Jun 6.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.05.073

AUTORES / AUTHORS: - Laguna MP

TÍTULO / TITLE: - Cyclic AMP promotes axon regeneration, lesion repair and neuronal survival in lampreys after spinal cord injury.

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

REVISTA / JOURNAL: - Exp Neurol. 2013 Sep 13. pii: S0014-4886(13)00272-0. doi: 10.1016/j.expneurol.2013.09.004.

●● Enlace al texto completo (gratis o de pago) 1016/j.expneurol.2013.09.004

AUTORES / AUTHORS: - Lau BY; Fogerson SM; Walsh RB; Morgan JR

INSTITUCIÓN / INSTITUTION: - The University of Texas at Austin, Section of Molecular Cell and Developmental Biology, Institute for Cell and Molecular Biology, Austin, TX 78712, USA.

RESUMEN / SUMMARY: - Axon regeneration after spinal cord injury in mammals is inadequate to restore function, illustrating the need to design better strategies for improving outcomes. Increasing the levels of the second messenger cyclic adenosine monophosphate (cAMP) after spinal cord injury enhances axon regeneration across a wide variety of species, making it an excellent candidate molecule that has therapeutic potential. However, several important aspects of the cellular and molecular mechanisms by which cAMP enhances axon regeneration are still unclear, such as how cAMP affects axon growth patterns, the molecular components within growing axon tips, the lesion scar, and neuronal survival. To address these points, we took advantage of the large, identified reticulospinal (RS) neurons in lamprey, a vertebrate that

exhibits robust axon regeneration after a complete spinal cord transection. Application of a cAMP analog, db-cAMP, at the time of spinal cord transection increased the number of axons that regenerated across the lesion site. Db-cAMP also promoted axons to regenerate in straighter paths, prevented abnormal axonal growth patterns, increased the levels of synaptotagmin within axon tips, and increased the number of axotomized neurons that survived after spinal cord injury, increasing the pool of neurons available for regeneration. There was also a transient increase in the number of microglia/macrophages and improved repair of the lesion site. Taken together, these data reveal several new features of the cellular and molecular mechanisms underlying cAMP-mediated enhancement of axon regeneration, further emphasizing the positive roles for this conserved pathway.

TÍTULO / TITLE: - Total Synthesis of Maoecrystal V: Early-Stage C-H Functionalization and Lactone Assembly by Radical Cyclization.

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

REVISTA / JOURNAL: - J Am Chem Soc. 2013 Oct 2;135(39):14552-14555. Epub 2013 Sep 23.

●● Enlace al texto completo (gratis o de pago) [1021/ja408231t](#)

AUTORES / AUTHORS: - Lu P; Gu Z; Zakarian A

INSTITUCIÓN / INSTITUTION: - Department of Chemistry and Biochemistry, University of California, Santa Barbara, California 93110-9510, United States.

RESUMEN / SUMMARY: - A total synthesis of the unusual ent-kaurane maoecrystal V is described. The synthesis strategy features a counterintuitive early disconnection of the lactone subunit to a polycyclic enol ether intermediate in order to preserve the central tetrahydrofuran ring until the beginning stages of the synthesis. This strategy enables an application of C-H functionalization at the early phase of the synthesis during the construction of a dihydrobenzofuran intermediate.

TÍTULO / TITLE: - Early post-transplant immune monitoring can predict long-term kidney graft survival; Soluble CD30 levels, Anti-HLA antibodies and IgA-anti-fab autoantibodies.

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

REVISTA / JOURNAL: - Hum Immunol. 2013 Sep 17. pii: S0198-8859(13)00531-4. doi: 10.1016/j.humimm.2013.09.010.

●● Enlace al texto completo (gratis o de pago) [1016/j.humimm.2013.09.010](#)

AUTORES / AUTHORS: - Amirzargar MA; Amirzargar A; Basiri A; Hajilooi M; Roshanaei G; Rajabi G; Mohammadiazar S; Solgi G

INSTITUCIÓN / INSTITUTION: - Department of Urology, Medical School, Hamadan University of Medical Sciences, Hamadan, IRAN.

RESUMEN / SUMMARY: - This study aimed to investigate the predictive power of anti-HLA antibodies, sCD30 levels and IgA-anti-Fab autoantibody before and early after transplantation in relation to long-term kidney allograft survival. Pre- and post-transplant sera samples of 59 living-unrelated donor kidney recipients were tested for above risk factors by enzyme-linked immunosorbent assay. Fifteen out of 59 cases experienced rejection episodes (failure group). Pre- and post-transplant high sCD30 levels were significantly associated with graft failure ($P=0.02$ and $P=0.004$) and decreased 4-year graft survival ($P=0.009$ and $P=0.001$). Higher frequency of post-transplant HLA class-II antibody in the absence of class-I antibody was observed in failure group ($P=0.007$). Patients with post-transplant HLA class-I and class-II antibodies either alone or in combination showed significant lower 4-year graft survival. Recipients with high sCD30 levels in the presence of HLA class-I or class-II antibodies within 2 weeks post-transplant had poor graft survival ($P=0.004$ and $P=0.002$ respectively). High levels of post-transplant IgA-anti-Fab antibody was more frequent in functioning-graft patients ($P=0.00001$), correlated with decreased serum creatinine levels ($P=0.01$) and associated with improved graft survival ($P=0.008$). Our findings indicate the deleterious effect of early post-transplant HLA antibodies and increased sCD30 levels dependently and protective effect of IgA-anti-Fab antibodies on long-term renal graft outcomes.

TÍTULO / TITLE: - Survival after resection of liver and lung colorectal metastases in the era of modern multidisciplinary therapy.

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

REVISTA / JOURNAL: - Int J Colorectal Dis. 2013 Jul 31.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s00384-013-1752-3](#)

AUTORES / AUTHORS: - Tsukamoto S; Kinugasa Y; Yamaguchi T; Shiomi A

INSTITUCIÓN / INSTITUTION: - Division of Colon and Rectal Surgery, Shizuoka Cancer Center, 1007 Shimonagakubo, Nagaizumi-cho, Sunto-gun, Shizuoka, 411-8777, Japan, shtsukam@ncc.go.jp.

RESUMEN / SUMMARY: - **PURPOSE:** Despite recent improvement of the outcomes of colorectal cancer (CRC), the benefits of resection and appropriate selection criteria in patients with both liver and lung metastases remain controversial. The aim of this study was to analyze the outcomes and prognostic factors for survival in patients who underwent both hepatic and pulmonary resection for CRC metastases in the era of modern multidisciplinary therapy. **METHODS:** A retrospective analysis of 43 consecutive patients who underwent both liver and lung resections for metastatic CRC at our institute from 2003 to 2011 was performed. All patients in this study had achieved cancer-free status after resection of the second metastatic site. **RESULTS:** Of the patients, 24 (56 %) had synchronous metastatic disease with their primary tumor. Twenty-seven patients had developed recurrence after resection of the second

metastatic site. In 14 cases, re-metastasectomy was performed for recurrence. Fourteen patients received palliative chemotherapy after recurrence, and all of these patients received oxaliplatin and/or irinotecan-based chemotherapy. After resection of the second metastatic organ, the 5-year relapse-free and overall survival rates were 29.6 and 70.0 %, respectively. Patients with multiple lung metastases had worse relapse-free survival than patients with solitary lung metastases at first lung resection ($p = 0.046$). CONCLUSIONS: Aggressive surgical resection and a combination of modern chemotherapeutic agents improve the survival of patients with lung and liver metastases from CRC. The presence of multiple lung metastases at resection suggests a poor prognosis.

TÍTULO / TITLE: - Differential Response to Neoadjuvant Chemotherapy Among 7 Triple-Negative Breast Cancer Molecular Subtypes.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Oct 1;19(19):5533-5540. Epub 2013 Aug 15.

●● Enlace al texto completo (gratis o de pago) [1158/1078-0432.CCR-13-0799](#)

AUTORES / AUTHORS: - Masuda H; Baggerly KA; Wang Y; Zhang Y; Gonzalez-Angulo AM; Meric-Bernstam F; Valero V; Lehmann BD; Pietersen JA; Hortobagyi GN; Symmans WF; Ueno NT

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Morgan Welch Inflammatory Breast Cancer Research Program and Clinic; Departments of Breast Medical Oncology, Bioinformatics and Computational Biology, Pathology, and Surgical Oncology, The University of Texas MD Anderson Cancer Center, Houston, Texas; and Department of Biochemistry, Vanderbilt-Ingram Cancer Center, Vanderbilt University School of Medicine, Nashville, Tennessee.

RESUMEN / SUMMARY: - PURPOSE: The clinical relevancy of the 7-subtype classification of triple-negative breast cancer (TNBC) reported by Lehmann and colleagues is unknown. We investigated the clinical relevancy of TNBC heterogeneity by determining pathologic complete response (pCR) rates after neoadjuvant chemotherapy, based on TNBC subtypes. EXPERIMENTAL DESIGN: We revalidated the Lehmann and colleagues experiments using Affymetrix CEL files from public datasets. We applied these methods to 146 patients with TNBC with gene expression microarrays obtained from June 2000 to March 2010 at our institution. Of those, 130 had received standard neoadjuvant chemotherapy and had evaluable pathologic response data. We classified the TNBC samples by subtype and then correlated subtype and pCR status using Fisher exact test and a logistic regression model. We also assessed survival and compared the subtypes with PAM50 intrinsic subtypes and residual cancer burden (RCB) index. RESULTS: TNBC subtype and pCR status were significantly associated ($P = 0.04379$). The basal-like 1 (BL1) subtype had the highest pCR rate (52%); basal-like 2 (BL2) and luminal androgen receptor had the lowest (0%

and 10%, respectively). TNBC subtype was an independent predictor of pCR status ($P = 0.022$) by a likelihood ratio test. The subtypes better predicted pCR status than did the PAM50 intrinsic subtypes (basal-like vs. non basal-like). CONCLUSIONS: Classifying TNBC by 7 subtypes predicts high versus low pCR rate. We confirm the clinical relevancy of the 7 subtypes of TNBC. We need to prospectively validate whether the pCR rate differences translate into long-term outcome differences. The 7-subtype classification may spur innovative personalized medicine strategies for patients with TNBC. Clin Cancer Res; 19(19); 5533-40. ©2013 AACR.

TÍTULO / TITLE: - Positron emission tomography in radiation treatment planning: the potential of metabolic imaging.

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

REVISTA / JOURNAL: - Radiol Clin North Am. 2013 Sep;51(5):913-25. doi: 10.1016/j.rcl.2013.05.007. Epub 2013 Jul 9.

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

AUTORES / AUTHORS: - Chino J; Das S; Wong T

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Duke University Medical Center, DUMC 3085, Durham, NC 27710, USA. Electronic address: junzo.chino@duke.edu.

RESUMEN / SUMMARY: - Treatment planning and delivery of radiation therapy has benefited from new technology and techniques. Given the convergence of the improved ability to image active tumor and the delivery of radiation to very specific targets, the implications for a tighter integration of positron emission tomography (PET) imaging with radiation treatment planning are apparent. This article summarizes developments in radiation therapy technology and the application of various PET tracers in diseases treated by radiation therapy, and looks to future possibilities of combining them.

TÍTULO / TITLE: - TAK1 promotes cell survival by TNFAIP3 and IL-8 dependent and NF-kappaB independent pathway in HeLa cells exposed to heat stress.

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

REVISTA / JOURNAL: - Int J Hyperthermia. 2013 Sep 12.

●● Enlace al texto completo (gratis o de pago) [3109/02656736.2013.828104](#)

AUTORES / AUTHORS: - Li P; Furusawa Y; Wei ZL; Sakurai H; Tabuchi Y; Zhao QL; Saiki I; Kondo T

INSTITUCIÓN / INSTITUTION: - Department of Radiological Sciences, Graduate School of Medicine and Pharmaceutical Sciences, University of Toyama, Sugitani, Toyama, Japan.

RESUMEN / SUMMARY: - Abstract Purpose: Transforming growth factor-beta-activated kinase 1 (TAK1) plays a role in inhibiting apoptosis in response to multiple stresses. In the present study, we investigated the role of TAK1 in cell death induced by heat stress (HS). Materials and methods: TAK1 knockdown HeLa cells and their parental cells were exposed to HS at 44 degrees C for 15, 30, 45 min followed by colony formation assay. Heat shock proteins (HSPs) induction, NF-kappaB phosphorylation, and caspase-3 cleavage were estimated by western blotting using specific antibodies. Global gene expression analysis was performed using the GeneChip® system. The anti-apoptotic roles of the identified genes were elucidated using small interfering RNAs targeting those genes. Results: Heat sensitivity estimated by colony formation assay and caspase-3 cleavage increased in TAK1 knockdown cells. This sensitisation was not due to alterations in HSP induction or NF-kappaB phosphorylation as the expression levels of these proteins did not differ significantly between the TAK1 knockdown and the parent cells after HS exposure. The GeneChip® analysis revealed differences in gene expression between both cell variants after HS exposure and defined the genetic network associated with cell death. TNF-alpha interacting protein 3 (TNFAIP3) and Interleukin 8 (IL-8) are two of the identified genes. RNA interference against these genes increased the cleavage of caspase-3 and cell death after HS exposure. Conclusion: Our findings reveal the role of TAK1 in thermoresistance and show that the mediation is independent of NF-kappaB phosphorylation but is dependent on TNFAIP3 and IL-8 induction.

TÍTULO / TITLE: - Anatomic Extent of Pelvic Lymph Node Dissection: Impact on Long-term Cancer-specific Outcomes in Men With Positive Lymph Nodes at Time of Radical Prostatectomy.

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

REVISTA / JOURNAL: - Urology. 2013 Sep;82(3):653-9. doi: 10.1016/j.urology.2013.03.086.

●● Enlace al texto completo (gratis o de pago) [1016/j.urology.2013.03.086](https://doi.org/10.1016/j.urology.2013.03.086)

AUTORES / AUTHORS: - Bivalacqua TJ; Pierorazio PM; Gorin MA; Allaf ME; Carter HB; Walsh PC

INSTITUCIÓN / INSTITUTION: - The James Buchanan Brady Urological Institute, Johns Hopkins Medical Institutions, Baltimore, MD. Electronic address: tbivala1@jhmi.edu.

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate the impact of an extended pelvic lymph node (LN) dissection (EPLND) on the oncologic outcomes of men with LN-positive prostate cancer. METHODS: Patients were identified who underwent an open radical prostatectomy by one of two surgeons at the Johns Hopkins Hospital between 1992 and 2003. The first surgeon routinely performed a limited pelvic LN dissection (LPLND), whereas the second performed an EPLND. Men with positive LNs from each cohort were compared for differences in oncologic outcomes. RESULTS: Positive LNs were

found in 94 men (2.2%), 21 (22.3%) with an LPLND and 73 (77.7%) with an EPLND. On average, LPLND and EPLND yielded 11.4 and 14.6 nodes, respectively ($P = .022$). The two groups were similar in terms of the number of positive LNs (1.4 vs 1.8, $P = .223$) and the proportion of patients with <15% positive nodes (57.1% vs 69.9%, $P = .300$). At a median follow-up of 10.5 years, patients who underwent an EPLND had superior oncologic outcomes compared with the LPLND group: 5-year biochemical recurrence-free survival of 30.1% vs 7.1% ($P = .018$), 10-year metastasis-free survival of 62.2% vs 22.2% ($P = .035$), and 10-year cancer-specific survival of 83.6% vs 52.6% ($P = .199$). This analysis demonstrated an augmented improvement in biochemical recurrence-free survival in men with <15% positive nodes. CONCLUSION: In addition to affording valuable staging information, an EPLND may confer a therapeutic benefit to patients found to have positive LNs at the time of radical prostatectomy.

TÍTULO / TITLE: - Nativity disparities in late-stage diagnosis and cause-specific survival among Hispanic women with invasive cervical cancer: an analysis of Surveillance, Epidemiology, and End Results data.

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

REVISTA / JOURNAL: - Cancer Causes Control. 2013 Aug 11.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s10552-013-0274-1](#)

AUTORES / AUTHORS: - Montealegre JR; Zhou R; Amirian ES; Follen M; Scheurer ME

INSTITUCIÓN / INSTITUTION: - Division of Epidemiology, Human Genetics, and Environmental Sciences, The University of Texas School of Public Health, Houston, TX, USA, jrmontea@bcm.edu.

RESUMEN / SUMMARY: - PURPOSE: While cervical cancer screening and risk behaviors have been found to vary among US- and foreign-born Hispanic women, many cancer epidemiology studies have conceptualized Hispanics as a homogenous group. Here, we examine differences in cervical cancer stage at diagnosis and survival among Hispanic women by nativity. METHODS: We use data from the Surveillance, Epidemiology, and End Results program, 1998-2008. Nativity was based on place of birth and was categorized as US versus foreign born. Distant and regional tumors were classified as late stage, while local tumors were classified as early stage. RESULTS: Forty-seven percent of cases of invasive cervical cancer among Hispanics were diagnosed at a late stage, and over half of invasive cervical cancer cases were among foreign-born women. Foreign-born Hispanic women were significantly more likely than US-born Hispanics to have late-stage diagnosis, after adjusting for age at diagnosis and tumor histology (adjusted odds ratio = 1.09, p value = 0.003). There was heterogeneity in the association between nativity and survival by stage at diagnosis. Among cases with early-stage diagnosis, survival was poorer among foreign-born versus US-born Hispanics after adjusting for age at diagnosis, histology, and cancer-directed therapy [adjusted hazard ratios (HR) = 1.31, p value = 0.030]. However,

among cases with late-stage diagnosis, survival was better among foreign-born Hispanics (adjusted HR = 0.81, p value < 0.001). CONCLUSIONS: We hypothesize that nativity differences in survival may be indicative of diverse risk, screening, and treatment profiles. Given such differences, it may be inappropriate to aggregate Hispanics as a single group for cervical cancer research.

TÍTULO / TITLE: - Radiation Dose of Second-Generation 320-Detector Row CT.

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

REVISTA / JOURNAL: - Radiology. 2013 Sep;268(3):927-8. doi: 10.1148/radiol.13130791.

●● Enlace al texto completo (gratis o de pago) 1148/radiol.13130791

AUTORES / AUTHORS: - Qian XJ; Chen MY; Shanbhag SM; Arai AE

INSTITUCIÓN / INSTITUTION: - Department of Radiology, the 89th Hospital of People's Liberation Army, West Beigong Rd 256, Weifang, Shandong Province, People's Republic of China, 261021.

TÍTULO / TITLE: - Radiation Dose Reduction at Multidetector CT.

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

REVISTA / JOURNAL: - Radiology. 2013 Sep;268(3):925-6. doi: 10.1148/radiol.13130697.

●● Enlace al texto completo (gratis o de pago) 1148/radiol.13130697

AUTORES / AUTHORS: - Li X; Yu Y; Liu B; Qian Y; Zhao R; Kulkarni NM; Uppot RN; Eisner BH; Sahani DV

INSTITUCIÓN / INSTITUTION: - Departments of Radiology.

TÍTULO / TITLE: - Sorafenib sensitizes head and neck squamous cell carcinoma cells to ionizing radiation.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Aug 13. pii: S0167-8140(13)00322-8. doi: 10.1016/j.radonc.2013.07.003.

●● Enlace al texto completo (gratis o de pago) 1016/j.radonc.2013.07.003

AUTORES / AUTHORS: - Laban S; Steinmeister L; Gleissner L; Grob TJ; Grenman R; Petersen C; Gal A; Knecht R; Dikomey E; Kriegs M

INSTITUCIÓN / INSTITUTION: - Department of Otorhinolaryngology and Head and Neck Surgery, University Medical Center Hamburg Eppendorf, Germany; Laboratory of Radiobiology & Experimental Radiooncology, University Medical Center Hamburg Eppendorf, Germany. Electronic address: simon.laban@uniklinik-ulm.de.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: There is a great need to improve the outcome of locoregionally advanced squamous cell carcinomas of the head and neck (HNSCC). Standard treatment includes a combination of surgery, radio- and

chemotherapy. The addition of molecular targeting agents to conventional treatment may improve outcomes. In this study the Raf inhibitor sorafenib was used to increase the radiosensitivity of HNSCC cell lines. MATERIAL AND METHODS: In a panel of six cell lines (A549, FaDu, UTSCC 60A, UTSCC 42A, UTSCC 42B, UTSCC 29) radiosensitivity was measured by colony formation assay and apoptosis and cell cycle analysis were performed by flow cytometry. DNA repair was analyzed by 53BP1 immunohistochemistry. RESULTS: Sorafenib added prior to irradiation resulted in an increased cellular radiosensitivity (DEF0.5=1.11-1.84). Radiosensitization was not caused by an enhanced rate of apoptosis or cell cycle effects. In contrast, sorafenib was shown for the first time to block the repair of DNA double-strand breaks (DSB). CONCLUSION: Our data suggest that sorafenib may be used to overcome the radioresistance of HNSCC through the inhibition of DSB repair.

TÍTULO / TITLE: - Cardiac F-fluorodeoxyglucose uptake on positron emission tomography after thoracic stereotactic body radiation therapy.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Sep 6. pii: S0167-8140(13)00407-6. doi: 10.1016/j.radonc.2013.07.021.

●● Enlace al texto completo (gratis o de pago) [1016/j.radonc.2013.07.021](#)

AUTORES / AUTHORS: - Evans JD; Gomez DR; Chang JY; Gladish GW; Erasmus JJ; Rebuena N; Banchs J; Komaki R; Welsh JW

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, The University of Texas MD Anderson Cancer Center, Houston, United States; Texas Tech University Health Sciences Center School of Medicine, Lubbock, United States.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: Previous studies have shown that increased cardiac uptake of 18F-fluorodeoxyglucose (FDG) on positron emission tomography (PET) may be an indicator of myocardial injury after radiotherapy. We reviewed patients treated with thoracic stereotactic body radiation therapy (SBRT) and established correlations between SBRT dose and observed changes in cardiac FDG-PET uptake. MATERIAL AND METHODS: Retrospective analysis identified 39 patients that were treated with SBRT for lung tumors close to the heart. Patients were grouped according to whether or not they had changes in cardiac FDG-PET uptake within the planned SBRT field. RESULTS: At a median follow-up interval of 39 months (range, 6-81 months), nine patients (23%) showed increased cardiac FDG uptake associated with the heart V20. Of the 19 patients who received 20Gy to 5cm³ of the heart, nine (47%) developed increased FDG uptake (vs. 0% for the 20 patients who received 20Gy to <5cm³) (P=0.0004), all within the 20-Gy isodose line. Patients with hypercholesterolemia prior to SBRT were also more likely to show increased cardiac FDG uptake (P=0.0190). CONCLUSION: Increased FDG uptake in the heart after SBRT was observed when the 20Gy isodose line exceeded 5cm³ of the heart.

TÍTULO / TITLE: - Proteomic Serum Profile of Fatigued Men Receiving Localized External Beam Radiation Therapy for Non-Metastatic Prostate Cancer.

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

REVISTA / JOURNAL: - J Pain Symptom Manage. 2013 Jul 31. pii: S0885-3924(13)00333-3. doi: 10.1016/j.jpainsymman.2013.05.016.

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

[1016/j.jpainsymman.2013.05.016](#)

AUTORES / AUTHORS: - Lukkahatai N; Patel S; Gucek M; Hsiao CP; Saligan LN

INSTITUCIÓN / INSTITUTION: - National Institute of Nursing Research, National Institutes of Health, Bethesda, Maryland, USA. Electronic address: nada.lukkahatai@nih.gov.

RESUMEN / SUMMARY: - CONTEXT: Fatigue is the most distressing side effect of radiation therapy, and its progression etiology is unknown. OBJECTIVES: This study describes proteome changes from sera of fatigued men with non-metastatic prostate cancer receiving external beam radiation therapy (EBRT). METHODS: Fatigue scores, measured by the Functional Assessment of Chronic Illness Therapy-Fatigue, and serum were collected from 12 subjects at baseline (before EBRT) and at midpoint (Day 21) of EBRT. Depleted sera from both time points were analyzed using two-dimensional difference gel electrophoresis, and up/down regulated proteins were identified using liquid chromatography-tandem mass spectrometry. Western blot analyses confirmed the protein changes observed. RESULTS: Results showed that apolipoprotein (Apo)A1, ApoE, and transthyretin (TTR) consistently changed from baseline (Day 0) to midpoint (Day 21). The mean ApoE level of subjects with high change in fatigue (HF: n = 9) increased significantly from baseline to midpoint and were higher than in subjects with no change in fatigue. The mean ApoA1 level was higher in HF subjects at baseline and at midpoint than in no fatigue subjects at both time points. The mean TTR level of no fatigue subjects was higher at baseline and midpoint than in HF subjects. CONCLUSION: These ApoE, ApoA1, and TTR results may assist in understanding pathways that can explain fatigue progression etiology in this clinical population.

TÍTULO / TITLE: - Combination of percutaneous radiofrequency ablation and systemic chemotherapy are effective treatment modalities for metachronous liver metastases from gastric cancer.

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

REVISTA / JOURNAL: - Clin Exp Metastasis. 2013 Aug 22.

●● Enlace al texto completo (gratis o de pago) [1007/s10585-013-9606-5](#)

AUTORES / AUTHORS: - Hwang JE; Kim SH; Jin J; Hong JY; Kim MJ; Jung SH; Shim HJ; Bae WK; Hwang EC; Kim JW; Shin SS; Jeong O; Park YK; Cho SH; Chung IJ

INSTITUCIÓN / INSTITUTION: - Department of Hematology and Oncology, Chonnam National University Hwasun Hospital and Medical School, 322 Seoyang-ro, Hwasun-eup, Hwasun-gun, Jeonnam, Kwangju, 519-763, Korea.

RESUMEN / SUMMARY: - This study evaluated the efficacy of percutaneous radiofrequency ablation (RFA) for the treatment of metachronous liver metastases of gastric cancer. We enrolled a total of 44 patients who underwent percutaneous RFA for the treatment of metachronous liver metastases after resection of a primary gastric adenocarcinoma from January 2002 to November 2011. The primary endpoint of this study was overall survival (OS) and recurrence-free survival (RFS) after RFA. Systemic chemotherapy was combined with RFA in 40 patients; the OS and RFS of the patients with liver-only metastasis who underwent RFA and chemotherapy were 20.9 months (95 % CI 18.4-23.4) and 9.8 months (95 % CI 9.2-10.5), respectively. On multivariate analysis, the factors independently, negatively associated with OS were extrahepatic metastatic lesions (HR 12.6, 95 % CI 3.7-42.9; $p = 0.001$), no chemotherapy (HR 43.3, 95 % CI 7.4-251.3; $p = 0.001$), and tumor number ≥ 2 (HR 2.6, 95 % CI 1.2-5.9; $p = 0.015$). The factors independently, negatively associated with RFS were extrahepatic metastatic lesions (HR 3.6, 95 % CI 1.6-7.8; $p = 0.003$) and bilobar intrahepatic distribution (HR 3.9, 95 % CI 1.5-9.9; $p = 0.001$). The efficacy of percutaneous RFA for metachronous liver metastases of gastric cancer is limited to patients with a single, unilobar metastasis without extrahepatic metastatic lesions. Combined systemic chemotherapy is very important for the prolongation of OS.

TÍTULO / TITLE: - A phase I/II study piloting accelerated partial breast irradiation using CT-guided intensity modulated radiation therapy in the prone position.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Aug 7. pii: S0167-8140(13)00327-7. doi: 10.1016/j.radonc.2013.05.039.

●● Enlace al texto completo (gratis o de pago) [1016/j.radonc.2013.05.039](#)

AUTORES / AUTHORS: - Bergom C; Prior P; Kainz K; Morrow NV; Ahunbay EE; Walker A; Allen Li X; White J

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Medical College of Wisconsin, Milwaukee, USA.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: External beam accelerated partial breast irradiation (EB-aPBI) is noninvasive with broader potential applicability than aPBI using brachytherapy. However, it has inherent challenges in daily reproducibility. Image-guide radiotherapy (IGRT) can improve daily reproducibility, allowing smaller treatment margins. Our institution proposed IG-IMRT in the prone position to evaluate dose homogeneity, conformity, normal tissue avoidance, and reliable targeting for EB-aPBI. We report preliminary results and toxicity from a phase I/II study evaluating the feasibility of EB-aPBI in the prone position using IG-IMRT.

MATERIALS AND METHODS: Twenty post-menopausal women with node-negative breast cancer, excised tumors <3.0cm, negative sentinel lymph node biopsy, and surgical clips demarcating the lumpectomy cavity underwent prone EB-aPBI using IG-IMRT on an IRB-approved phase I/II study. All patients underwent CT planning in the prone position. The lumpectomy cavity PTV represented a 2.0cm expansion. 38.5Gy was delivered in 10 fractions over 5days, such that 95% of the prescribed dose covered >99% of the PTV. Dose constraints for the whole breast, lungs and heart were met. **RESULTS:** The median patient age was 61.5. Mean tumor size was 1.0cm. 35% of patients had DCIS. Median PTV was 243cc (108-530) and median breast reference volume was 1698cc (647-3627). Average daily shifts for IGRT were (0.6, -4.6, 1.7mm) with standard deviations of (6.3, 6.5, 6.4mm). Acute toxicity was G1 erythema in 80%, and G2 erythema, G2 fatigue, and G2 breast pain each occurred in 1 patient. With a median follow-up of 18.9months (12-35), 40% of patients have G1 fibrosis and 30% have G1 hyperpigmentation. 95% of patients have good to excellent cosmesis. There have been no recurrences. **CONCLUSIONS:** These data demonstrate that EB-aPBI in the prone position using IG-IMRT is well tolerated, yields good dosimetric conformality, and results in promising early toxicity profiles.

TÍTULO / TITLE: - Five year outcomes of hypofractionated simultaneous integrated boost irradiation in breast conserving therapy; patterns of recurrence.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Sep 19. pii: S0167-8140(13)00437-4. doi: 10.1016/j.radonc.2013.08.037.

●● Enlace al texto completo (gratis o de pago) [1016/j.radonc.2013.08.037](#)

AUTORES / AUTHORS: - Bantema-Joppe EJ; Vredeveld EJ; de Bock GH; Busz DM; Woltman-van Iersel M; Dolsma WV; van der Laan HP; Langendijk JA; Maduro JH

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of Groningen, University Medical Center Groningen, The Netherlands.

RESUMEN / SUMMARY: - In 2005, we introduced hypofractionated 3-dimensional conformal radiotherapy with a simultaneous integrated boost (3D-CRT-SIB) technique after breast conserving surgery. In a consecutive series of 752 consecutive female invasive breast cancer patients (stages I-III) the 5-year actuarial rate for local control was 98.9%. This new technique gives excellent 5-year local control.

TÍTULO / TITLE: - The presence of prostate cancer at biopsy is predicted by a number of genetic variants.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Aug 19. doi: 10.1002/ijc.28447.

●● Enlace al texto completo (gratis o de pago) [1002/ijc.28447](#)

AUTORES / AUTHORS: - Kashyap A; Kluzniak W; Wokolorczyk D; Golab A; Sikorski A; Slojewski M; Gliniewicz B; Switala J; Borkowski T; Borkowski A; Antczak A; Wojnar L; Przybyla J; Sosnowski M; Malkiewicz B; Zdrojowy R; Sikorska-Radek P; Matych J; Wilkosz J; Rozanski W; Kis J; Bar K; Bryniarski P; Paradysz A; Jersak K; Niemirowicz J; Slupski P; Jarzemski P; Skrzypczyk M; Dobruch J; Domagala P; Piotrowski K; Jakubowska A; Gronwald J; Huzarski T; Byrski T; Debniak T; Gorski B; Masojc B; van de Wetering T; Menkiszak J; Akbari MR; Lubinski J; Narod SA; Cybulski C

INSTITUCIÓN / INSTITUTION: - International Hereditary Cancer Center, Department of Genetics and Pathology, Pomeranian Medical University, Szczecin, Poland.

RESUMEN / SUMMARY: - Several SNPs have been associated with an elevated risk of prostate cancer risk. It is not established if they are useful in predicting the presence of prostate cancer at biopsy or if they can be used to define a low risk group of men. In this study, 4,548 men underwent a prostate biopsy because of an elevated PSA (≥ 4 ng/ml) or an abnormal digital rectal examination (DRE). All men were genotyped for eleven selected SNPs. The effect of each SNP, alone and in combination, on prostate cancer prevalence was studied. Of 4,548 men:1,834 (40.3%) were found to have cancer. A positive association with prostate cancer was seen for five of the eleven SNPs studied (rs1800629, rs1859962, rs1447295, rs4430796, rs11228565). The cancer detection rate rose with the number of SNP risk alleles from 29% for men with no variant to 63% for men who carried seven or more risk alleles (OR=4.2; $p=0.002$). The SNP data did not improve the predictive power of clinical factors (age, PSA and DRE) for detecting prostate cancer (AUC: 0.726 vs 0.735; $p=0.4$). We were unable to define a group of men with a sufficiently low prevalence of prostate cancer that a biopsy might have been avoided. In conclusion, our data do not support the routine use of SNP polymorphisms as an adjunct test to be used on the context of prostate biopsy for Polish men with an abnormal screening test. © 2013 Wiley Periodicals, Inc.

TÍTULO / TITLE: - 150 minutes of vigorous physical activity per week predicts survival and successful ageing: a population-based 11-year longitudinal study of 12 201 older Australian men.

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

REVISTA / JOURNAL: - Br J Sports Med. 2013 Sep 3. doi: 10.1136/bjsports-2013-092814.

●● Enlace al texto completo (gratis o de pago) [1136/bjsports-2013-092814](#)

AUTORES / AUTHORS: - Almeida OP; Khan KM; Hankey GJ; Yeap BB; Golledge J; Flicker L

INSTITUCIÓN / INSTITUTION: - School of Psychiatry & Clinical Neurosciences, University of Western Australia, Perth, Australia.

RESUMEN / SUMMARY: - BACKGROUND: Physical activity has been associated with improved survival, but it is unclear whether this increase in longevity is accompanied by preserved mental and physical functioning, also known as healthy ageing. We designed this study to determine whether physical activity is associated with healthy

ageing in later life. METHODS: We recruited a community-representative sample of 12 201 men aged 65-83 years and followed them for 10-13 years. We assessed physical activity at the beginning and the end of the follow-up period. Participants who reported 150 min or more of vigorous physical activity per week were considered physically active. We monitored survival during the follow-up period and, at study exit, assessed the mood, cognition and functional status of survivors. Healthy ageing was defined as being alive at the end of follow-up and having a Patient Health Questionnaire score <10, Telephone Interview for Cognitive Status score >27, and no major difficulty in any instrumental or basic activity of daily living. Cox regression and general linear models were used to estimate HR of death and risk ratio (RR) of healthy ageing. Analyses were adjusted for age, education, marital status, smoking, body mass index and history of hypertension, diabetes, coronary heart disease and stroke. RESULTS: Two thousand and fifty-eight (16.9%) participants were physically active at study entry. Active men had lower HR of death over 10-13 years than physically inactive men (HR=0.74, 95% CI=0.68 to 0.81). Among survivors, completion of the follow-up assessment was higher in the physically active than inactive group (risk ratio, RR=1.18, 95% CI=1.08 to 1.30). Physically active men had greater chance of fulfilling criteria for healthy ageing than inactive men (RR=1.35, 95% CI=1.19 to 1.53). Men who were physically active at the baseline and follow-up assessments had the highest chance of healthy ageing compared with inactive men (RR=1.59, 95% CI=1.36 to 1.86). CONCLUSIONS: Sustained physical activity is associated with improved survival and healthy ageing in older men. Vigorous physical activity seems to promote healthy ageing and should be encouraged when safe and feasible.

TÍTULO / TITLE: - Transcolonic peritoneoscopy by using submucosal endoscopy with mucosal flap for the detection of peritoneal bead targeting in the porcine survival model: a feasibility and effectiveness study.

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

REVISTA / JOURNAL: - Gastrointest Endosc. 2013 Aug 7. pii: S0016-5107(13)02098-1. doi: 10.1016/j.gie.2013.06.033.

●● Enlace al texto completo (gratis o de pago) [1016/j.gie.2013.06.033](#)

AUTORES / AUTHORS: - Takizawa K; Brahmhatt R; Knipschild MA; Bingener J; Gostout CJ

INSTITUCIÓN / INSTITUTION: - Departments of Gastroenterology and General Surgery, Mayo Clinic, Rochester, Minnesota, USA; Division of Endoscopy, Shizuoka Cancer Center, Shizuoka, Japan.

RESUMEN / SUMMARY: - BACKGROUND: Staging peritoneoscopy is typically done by laparoscopy in the operating room. Natural orifice transluminal endoscopic surgery peritoneoscopy is an appealing alternative to the current approach. Transcolonic submucosal endoscopy with mucosal flap (SEMF) may provide natural orifice

transluminal endoscopic surgery peritoneoscopy. OBJECTIVE: The aim was to verify the feasibility and safety of transcolonic peritoneoscopy with SEMF (TCPS) in a porcine survival model. DESIGN: Survival study. SETTING: Animal research unit. INTERVENTION: Seven target beads were placed in the peritoneal cavity by laparoscopy in each of 6 animals, and TCPS was performed to identify and touch beads to simulate biopsy. Animals were euthanized after 1 week, at which time, laparotomy was performed and the SEMF site was resected for histological analysis. MAIN OUTCOME MEASUREMENTS: The number of beads identified and touched during peritoneoscopy, rate of successful completion of TCPS, procedure time, mortality equivalent 1 week after TCPS, adverse event rate, histological assessment of SEMF site. RESULTS: All 7 beads in all 6 pigs were identified and touched during TCPS. The success rate of TCP was 100%. No major adverse events occurred during the procedure. The median procedure times for the creation of a submucosal tunnel, peritoneoscopy, closure of mucosal incision, and entire procedure were 19.5, 17, 9.5, and 45 minutes, respectively. All pigs survived until euthanasia, and there was no evidence of peritonitis or severe infection. LIMITATIONS: Animal study, single endoscopist, small sample size. CONCLUSION: Results of this study indicate that TCPS is feasible and safe in a porcine survival model.

TÍTULO / TITLE: - Disparate survival and risk of secondary non-Hodgkin lymphoma in histologic subtypes of Hodgkin lymphoma: a population-based study.

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

REVISTA / JOURNAL: - Leuk Lymphoma. 2013 Sep 25.

●● Enlace al texto completo (gratis o de pago) [3109/10428194.2013.847938](#)

AUTORES / AUTHORS: - Ali S; Olszewski AJ

RESUMEN / SUMMARY: - Abstract We compared survival outcomes and rates of secondary non-Hodgkin lymphoma (NHL) in 28,323 patients with nodular lymphocyte predominant (NLPHL) and classical Hodgkin lymphoma (HL) from the Surveillance, Epidemiology and End Results database, diagnosed between 1995 and 2010. In a multivariate analysis NLPHL demonstrated a significantly better relative survival (5-year risk of lymphoma-related death 5.7%, hazard ratio, HR, 0.46, P<0.0001) than the reference nodular sclerosis (NSHL) subtype (5-year risk 12.7%). Lymphocyte-rich classical HL had outcomes comparable to NSHL (5-year risk 14.3%, HR 0.84, P=0.11). Exceptionally poor outcomes were observed in lymphocyte depleted HL (5-year risk 48.8%, HR 2.26, P<0.0001). The risk of secondary NHL was increased in NLPHL (HR 2.81, P<0.001) and lymphocyte-rich classical HL (HR 2.27, P=0.002), but not in other subtypes compared with NSHL. In conclusion, the histologic classification retains a significant prognostic value in HL and the disparities between the subtypes warrant customized treatment and surveillance strategies.

TÍTULO / TITLE: - Incidence and clinicopathological characteristics of intraductal carcinoma detected in prostate biopsies: a prospective cohort study.

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

REVISTA / JOURNAL: - Histopathology. 2013 May 28. doi: 10.1111/his.12198.

●● Enlace al texto completo (gratis o de pago) [1111/his.12198](#)

AUTORES / AUTHORS: - Watts K; Li J; Magi-Galluzzi C; Zhou M

INSTITUCIÓN / INSTITUTION: - Robert J. Tomsich Pathology and Laboratory Medicine Institute, Cleveland, OH, USA.

RESUMEN / SUMMARY: - AIMS: Intraductal carcinoma of the prostate (IDC-P) is a distinct clinicopathological entity and is associated with aggressive, high-grade and high-volume prostate carcinoma (PCa). The incidence, clinicopathological characteristics and prognostic significance of IDC-P have not been reported in prostate biopsies (PBx) that surgical pathologists encounter in their daily practice. METHODS AND RESULTS: In 1176 prospectively collected PBx, 33 IDC-P cases were identified (2.8%). The mean age of patients with IDC-P was 65 (range 46-79) years and mean serum prostate-specific antigen was 16.2 (range 0.4-105.6) ng/ml. Three (0.26%) IDC-P cases did not have a concomitant invasive PCa. Of 30 cases with concomitant invasive PCa, Gleason score was 7 in 16 (53.3%), 8 in four (13.3%) and 9 in 10 (33.3%) cases. The mean number of biopsy cores involved by PCa was 7.2 (range 1-14). Nine patients were treated with radical prostatectomy. Seminal vesicle invasion was found in four of nine (44%) cases, significantly higher than the risk of 12% predicted by Partin Tables (P = 0.016). CONCLUSIONS: This is the first prospective study that has investigated the incidence and prognostic significance of IDC-P diagnosed in PBx encountered in daily practice. It is critical for surgical pathologists to diagnose and report IDC-P in PBx.

TÍTULO / TITLE: - Improved Identification and Relative Quantification of Sites of Peptide and Protein Oxidation for Hydroxyl Radical Footprinting.

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

REVISTA / JOURNAL: - J Am Soc Mass Spectrom. 2013 Sep 7.

●● Enlace al texto completo (gratis o de pago) [1007/s13361-013-0719-5](#)

AUTORES / AUTHORS: - Li X; Li Z; Xie B; Sharp JS

INSTITUCIÓN / INSTITUTION: - Complex Carbohydrate Research Center, University of Georgia, Athens, GA, 30602, USA.

RESUMEN / SUMMARY: - Protein oxidation is typically associated with oxidative stress and aging and affects protein function in normal and pathological processes. Additionally, deliberate oxidative labeling is used to probe protein structure and protein-ligand interactions in hydroxyl radical protein footprinting (HRPF). Oxidation often occurs at multiple sites, leading to mixtures of oxidation isomers that differ only by the site of modification. We utilized sets of synthetic, isomeric "oxidized" peptides

to test and compare the ability of electron-transfer dissociation (ETD) and collision-induced dissociation (CID), as well as nano-ultra high performance liquid chromatography (nanoUPLC) separation, to quantitate oxidation isomers with one oxidation at multiple adjacent sites in mixtures of peptides. Tandem mass spectrometry by ETD generates fragment ion ratios that accurately report on relative oxidative modification extent on specific sites, regardless of the charge state of the precursor ion. Conversely, CID was found to generate quantitative MS/MS product ions only at the higher precursor charge state. Oxidized isomers having multiple sites of oxidation in each of two peptide sequences in HRPF product of protein Robo-1 Ig1-2, a protein involved in nervous system axon guidance, were also identified and the oxidation extent at each residue was quantified by ETD without prior liquid chromatography (LC) separation. ETD has proven to be a reliable technique for simultaneous identification and relative quantification of a variety of functionally different oxidation isomers, and is a valuable tool for the study of oxidative stress, as well as for improving spatial resolution for HRPF studies.

TÍTULO / TITLE: - Whole cell screening based identification of inhibitors against the intraphagosomal survival of Mycobacterium tuberculosis.

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

REVISTA / JOURNAL: - Antimicrob Agents Chemother. 2013 Sep 23.

- Enlace al texto completo (gratis o de pago) [1128/AAC.01444-13](#)

AUTORES / AUTHORS: - Khare G; Kumar P; Tyagi AK

INSTITUCIÓN / INSTITUTION: - Department of Biochemistry, University of Delhi South Campus, Benito Juarez Road, New Delhi - 110021, India.

RESUMEN / SUMMARY: - We describe here an efficient strategy that employs whole cell based screening and further shortlisting of the compounds by cytotoxicity and fluorescence based intracellular assays resulting in potential bactericidal hits against the growth of Mycobacterium tuberculosis in broth culture as well as in phagosomes. These compounds also inhibited multidrug resistant strains of M. tuberculosis but showed none or poor inhibition of non-pathogenic mycobacteria or other bacterial species such as E.coli.

TÍTULO / TITLE: - Predictive factors for oropharyngeal mycosis during radiochemotherapy for head and neck carcinoma and consequences on treatment duration. Results of mycosis in radiotherapy (MIR): A prospective longitudinal study.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Aug 7. pii: S0167-8140(13)00328-9. doi: 10.1016/j.radonc.2013.05.040.

- Enlace al texto completo (gratis o de pago) [1016/j.radonc.2013.05.040](#)

AUTORES / AUTHORS: - Busetto M; Fusco V; Corbella F; Bolzan M; Pavanato G; Bonetti B; Maggio F; Orsatti M; De Renzis C; Mandoliti G; Sotti G; di Monale E Bastia MB; Turcato G; Colombo S; Magrini SM; Guglielmi RB; Cionini L; Montemaggi P; Panizzoni G; Delia P; Sciume F; Castaldo G; Matteucci F; Loreggian L; Sansotta G; Lastrucci L

INSTITUCIÓN / INSTITUTION: - Department of Radiotherapy, Ospedale dell'Angelo, Mestre (VE), Italy. Electronic address: mario.busetto@ulss12.ve.it.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: Oropharyngeal mycosis (OPM) is a complication of radiotherapy (RT) treatments for head and neck (H&N) cancer, worsening mucositis and dysphagia, causing treatment interruptions and increasing overall treatment time. Prophylaxis with antifungals is expensive. Better patient selection through the analysis of prognostic factors should improve treatment efficacy and reduce costs. MATERIALS AND METHODS: A multicentre, prospective, controlled longitudinal study, with ethics committee approval, examined H&N cancer patients who were candidates for curative treatments with radio-chemotherapy. Patients were divided in groups according to OPM appearance: before the starting of RT (cases), during RT (new cases) and never (no cases). RESULTS: Of 410 evaluable patients, 20 were existing cases, 201 new cases and 189 did not report OPM. In our study OPM appears in 42.4% of people >70years and in 58.2% of younger individuals ($p=0.0042$), and in 68.6% of women versus 50.8% of men ($p=0.0069$). Mucositis and dysphagia were higher and salivation reduced among people with OPM ($p<0.0000$). Patients with OPM had longer hospitalization ($p=0.0002$) and longer (>12days) treatment interruptions ($p=0.0288$). CONCLUSIONS: Patients with OPM had higher toxicity and a greater number of long treatment interruptions. Analyses of prognostic factors can help clinicians understand OPM distribution and select patients with the highest probability of OPM for antifungal prophylaxis.

TÍTULO / TITLE: - Identification of an Intermediate Methyl Carrier in the Radical S-Adenosylmethionine Methylthiotransferases RimO and MiaB.

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

REVISTA / JOURNAL: - J Am Chem Soc. 2013 Oct 3.

- [Enlace al texto completo \(gratis o de pago\) 1021/ja4048448](#)

AUTORES / AUTHORS: - Landgraf BJ; Arcinas AJ; Lee KH; Booker SJ

INSTITUCIÓN / INSTITUTION: - Department of Chemistry and double daggerDepartment of Biochemistry and Molecular Biology, The Pennsylvania State University, University Park, Pennsylvania 16802, United States.

RESUMEN / SUMMARY: - RimO and MiaB are radical S-adenosylmethionine (SAM) enzymes that catalyze the attachment of methylthio (-SCH₃) groups to macromolecular substrates. RimO attaches a methylthio group at C3 of aspartate 89 of protein S12, a component of the 30S subunit of the bacterial ribosome. MiaB attaches a methylthio group at C2 of N6-(isopentenyl)adenosine, found at nucleotide 37 in

several prokaryotic tRNAs. These two enzymes are prototypical members of a subclass of radical SAM enzymes called methylthiotransferases (MTTases). It had been assumed that the sequence of steps in MTTase reactions involves initial sulfur insertion into the organic substrate followed by capping of the inserted sulfur atom with a SAM-derived methyl group. In this work, however, we show that both RimO and MiaB from *Thermotoga maritima* catalyze methyl transfer from SAM to an acid/base labile acceptor on the protein in the absence of their respective macromolecular substrates. Consistent with the assignment of the acceptor as an iron-sulfur cluster, denaturation of the SAM-treated protein with acid results in production of methanethiol. When RimO or MiaB is first incubated with SAM in the absence of substrate and reductant and then incubated with excess S-adenosyl-L-[methyl-d3]methionine in the presence of substrate and reductant, production of the unlabeled product precedes production of the deuterated product, showing that the methylated species is chemically and kinetically competent to be an intermediate.

TÍTULO / TITLE: - Silver-catalyzed radical phosphonofluorination of unactivated alkenes.

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

REVISTA / JOURNAL: - J Am Chem Soc. 2013 Sep 25;135(38):14082-5. doi: 10.1021/ja408031s. Epub 2013 Sep 13.

●● Enlace al texto completo (gratis o de pago) [1021/ja408031s](#)

AUTORES / AUTHORS: - Zhang C; Li Z; Zhu L; Yu L; Wang Z; Li C

INSTITUCIÓN / INSTITUTION: - Shanghai Institute of Organic Chemistry, Chinese Academy of Sciences, 345 Lingling Road, Shanghai 200032, P.R. China.

RESUMEN / SUMMARY: - We report herein a mild and catalytic phosphonofluorination of unactivated alkenes. With catalysis by AgNO₃, the condensation of various unactivated alkenes with diethyl phosphite and Selectfluor reagent in CH₂Cl₂/H₂O/HOAc at 40 degrees C led to the efficient synthesis of beta-fluorinated alkylphosphonates with good stereoselectivity and wide functional group compatibility. A mechanism involving silver-catalyzed oxidative generation of phosphonyl radicals and silver-assisted fluorine atom transfer is proposed.

TÍTULO / TITLE: - A C-C bonded phenoxy radical dimer with a zero bond dissociation free energy.

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

REVISTA / JOURNAL: - J Am Chem Soc. 2013 Sep 4;135(35):12956-9. doi: 10.1021/ja406500h. Epub 2013 Aug 23.

●● Enlace al texto completo (gratis o de pago) [1021/ja406500h](#)

AUTORES / AUTHORS: - Wittman JM; Hayoun R; Kaminsky W; Coggins MK; Mayer JM

INSTITUCIÓN / INSTITUTION: - Department of Chemistry, University of Washington , Box 351700, Seattle, Washington 98195-1700, United States.

RESUMEN / SUMMARY: - The 2,6-di-tert-butyl-4-methoxyphenoxy radical is shown to dimerize in solution and in the solid state. The X-ray crystal structure of the dimer, the first for a para-coupled phenoxy radical, revealed a bond length of 1.6055(23) Å for the C4-C4a bond. This is significantly longer than typical C-C bonds. Solution equilibrium studies using both optical and IR spectroscopies showed that the K_{eq} for dissociation is 1.3 +/- 0.2 M at 20 degrees C, indicating a C-C bond dissociation free energy of -0.15 +/- 0.1 kcal mol⁻¹. Van't Hoff analysis gave an exceptionally small bond dissociation enthalpy (BDE) of 6.1 +/- 0.5 kcal mol⁻¹. To our knowledge, this is the smallest BDE measured for a C-C bond. This very weak bond shows a large deviation from the correlation of C-C bond lengths and strengths, but the computed force constant follows Badger's rule.

TÍTULO / TITLE: - Retraction of highly enantioselective radical addition to N-benzoyl hydrazones using chiral ammonium salts.

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

REVISTA / JOURNAL: - J Am Chem Soc. 2013 Aug 21;135(33):12475. doi: 10.1021/ja406816b. Epub 2013 Aug 7.

●● Enlace al texto completo (gratis o de pago) [1021/ja406816b](#)

AUTORES / AUTHORS: - Jang DO; Kim SY

TÍTULO / TITLE: - Evaluation of normalized metal artifact reduction (NMAR) in kVCT using MVCT prior images for radiotherapy treatment planning.

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

REVISTA / JOURNAL: - Med Phys. 2013 Aug;40(8):081701. doi: 10.1118/1.4812416.

●● Enlace al texto completo (gratis o de pago) [1118/1.4812416](#)

AUTORES / AUTHORS: - Paudel MR; Mackenzie M; Fallon BG; Rathee S

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RESUMEN / SUMMARY: - PURPOSE: To evaluate the metal artifacts in kilovoltage computed tomography (kVCT) images that are corrected using a normalized metal artifact reduction (NMAR) method with megavoltage CT (MVCT) prior images. METHODS: Tissue characterization phantoms containing bilateral steel inserts are used in all experiments. Two MVCT images, one without any metal artifact corrections and the other corrected using a modified iterative maximum likelihood polychromatic algorithm for CT (IMPACT) are translated to pseudo-kVCT images. These are then used as prior images without tissue classification in an NMAR technique for correcting the

experimental kVCT image. The IMPACT method in MVCT included an additional model for the pairtriplet production process and the energy dependent response of the MVCT detectors. An experimental kVCT image, without the metal inserts and reconstructed using the filtered back projection (FBP) method, is artificially patched with the known steel inserts to get a reference image. The regular NMAR image containing the steel inserts that uses tissue classified kVCT prior and the NMAR images reconstructed using MVCT priors are compared with the reference image for metal artifact reduction. The Eclipse treatment planning system is used to calculate radiotherapy dose distributions on the corrected images and on the reference image using the Anisotropic Analytical Algorithm with 6 MV parallel opposed 5x10 cm² fields passing through the bilateral steel inserts, and the results are compared. Gafchromic film is used to measure the actual dose delivered in a plane perpendicular to the beams at the isocenter. RESULTS: The streaking and shading in the NMAR image using tissue classifications are significantly reduced. However, the structures, including metal, are deformed. Some uniform regions appear to have eroded from one side. There is a large variation of attenuation values inside the metal inserts. Similar results are seen in commercially corrected image. Use of MVCT prior images without tissue classification in NMAR significantly reduces these problems. The radiation dose calculated on the reference image is close to the dose measured using the film. Compared to the reference image, the calculated dose difference in the conventional NMAR image, the corrected images using uncorrected MVCT image, and IMPACT corrected MVCT image as priors is approximately 15.5%, approximately 5%, and approximately 2.7%, respectively, at the isocenter. CONCLUSIONS: The deformation and erosion of the structures present in regular NMAR corrected images can be largely reduced by using MVCT priors without tissue segmentation. The attenuation value of metal being incorrect, large dose differences relative to the true value can result when using the conventional NMAR image. This difference can be significantly reduced if MVCT images are used as priors. Reduced tissue deformation, better tissue visualization, and correct information about the electron density of the tissues and metals in the artifact corrected images could help delineate the structures better, as well as calculate radiation dose more correctly, thus enhancing the quality of the radiotherapy treatment planning.

TÍTULO / TITLE: - Predictive factors for early and late local toxicities in anal cancer treated by radiotherapy in combination with or without chemotherapy.

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

REVISTA / JOURNAL: - Dis Colon Rectum. 2013 Oct;56(10):1125-33. doi: 10.1097/DCR.0b013e3182a226bd.

AUTORES / AUTHORS: - Doyen J; Benezery K; Follana P; Ortholan C; Gerard JP; Hannoun-Levi JM; Gal J; Francois E

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RESUMEN / SUMMARY: - BACKGROUND: The treatment of anal cancer is based on concomitant radiotherapy and chemotherapy and is associated with a nonnegligible rate of local severe toxicities that can strongly impair the quality of life. OBJECTIVE: A retrospective analysis was performed to screen the following factors as potential predictive factors for local skin and digestive toxicities, and as potential prognostic factors for cumulative colostomy incidence: sex, age, tumor size, clinical T and N stage, circumferential extension, invasion of anal margin, HIV status, type of chemotherapy, and type of radiotherapy and dose delivered. METHODS: One hundred five patients in our database treated between January 2000 and February 2010 met the eligibility criteria. RESULTS: Median follow-up was 54.1 months (range, 1-133). Early and late severe local toxicities occurred in 33 patients (31.4%) and 18 patients (17.1%). The 5-year cumulative rate of colostomy was 26.6%. Predictive factors for local severe early toxicities were as follows: clinical stage III/IV ($p = 0.01$), no brachytherapy boost ($p = 0.003$), and use of chemotherapy ($p = 0.01$). Only brachytherapy retained its independence in multivariate analysis (OR = 4.8 (1.4-16.3), $p = 0.01$). Human immunodeficiency virus positivity ($p = 0.04$) was the only predictive factor for late toxicities in univariate analysis; it was linked independently to the occurrence of ulcer (OR = 0.1 (0.01-0.66), $p = 0.01$). Tumor size ≥ 4 cm ($p < 0.001$) and occurrence of grade 2 to 3 ulcers ($p < 0.001$) were correlated with greater cumulative colostomy incidence. CONCLUSIONS: In this cohort, nonuse of brachytherapy was an independent predictive factor for local acute toxicity. Human immunodeficiency virus positivity was the only predictive factor for local late toxicities and strongly influenced the onset of ulcer.

TÍTULO / TITLE: - Optimization of the route of platinum drugs administration to optimize the concomitant treatment with radiotherapy for glioblastoma implanted in the Fischer rat brain.

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

REVISTA / JOURNAL: - J Neurooncol. 2013 Sep 13.

●● Enlace al texto completo (gratis o de pago) [1007/s11060-013-1238-8](#)

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INSTITUCIÓN / INSTITUTION: - Center for Research in Radiotherapy, Department of Nuclear Medicine and Radiobiology, Faculty of Medicine and Health Science, Université de Sherbrooke, Sherbrooke, QC, J1H 5N4, Canada, Gabriel.Charest@USherbrooke.ca.

RESUMEN / SUMMARY: - Treatment of glioblastoma with platinum compounds modestly improves progression-free survival and may cause toxic effects which prevent use at

higher dose that would otherwise improve the antineoplastic effect. To reduce toxicity, we propose to encapsulate the platinum drug in a liposome. We have also tested three methods of drug administration (intra-venous, intra-arterial and intra-arterial combined with blood brain barrier disruption) to determine which one optimizes the tumor cell uptake, limits the toxicity and delivers the best concomitance effect with radiotherapy. Cisplatin, oxaliplatin, their respective liposomal formulations, Lipoplatin and Lipoxal, and carboplatin were assessed in F98 glioma, orthotopically implanted in Fischer rats. We found that the modest accumulation of drugs in tumor cells after intra-venous injection was significantly improved when the intra-arterial route was used and further increased after the transient opening of the blood brain barrier with mannitol. The liposomal formulations have largely reduced the toxicity and have allowed a better exploitation of the anti-cancer activity of platinum agent. Although the liposomes Lipoplatin and Lipoxal have shown a similar ability to that of carboplatin, to accumulate in brain tumors, the highest additive effect with radiotherapy was obtained with carboplatin. We conclude that the intra-arterial infusion of carboplatin or Lipoxal in concomitance with radiation therapy leads to the best tumor control as measured by an increase of mean survival time in Fischer rats implanted with the F98 glioma with a benefit in survival time of 13.4 and 6.5 days respectively compared to intra-venous.

TÍTULO / TITLE: - Factors Associated With Adoption of Robotic Surgical Technology in US Hospitals and Relationship to Radical Prostatectomy Procedure Volume.

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

REVISTA / JOURNAL: - Ann Surg. 2013 Aug 20.

●● Enlace al texto completo (gratis o de pago) [1097/SLA.0b013e3182a5c8b8](#)

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RESUMEN / SUMMARY: - OBJECTIVE:: Robotic technology has diffused rapidly despite high costs and limited additive reimbursement by major payers. We aimed to identify the factors associated with hospitals' decisions to adopt robotic technology and the consequences of these decisions. METHODS:: This observational study used data on hospitals and market areas from 2005 to 2009. Included were hospitals in census-based statistical areas within states in the State Inpatient Database that participated in the American Hospital Association annual surveys and performed radical prostatectomies. The likelihood that a hospital would acquire a robotic facility and the rates of radical prostatectomy relative to the prevalence of robots in geographic market areas were assessed using multivariable analysis. RESULTS:: Hospitals in areas where a higher proportion of other hospitals had already acquired a robot were more

likely to acquire one ($P = 0.012$), as were those with more than 300 beds ($P < 0.0001$) and teaching hospitals ($P < 0.0001$). There was a significant association between years with a robot and the change in the number of radical prostatectomies ($P < 0.0001$). More radical prostatectomies were performed in areas where the number of robots per 100,000 men was higher ($P < 0.0001$). Adding a single robot per 100,000 men in an area was associated with a 30% increase in the rate of radical prostatectomies. CONCLUSIONS: Local area robot competition was associated with the rapid spread of robot technology in the United States. Significantly more radical prostatectomies were performed in hospitals with robots and in market areas of hospitals with robotic technology.

TÍTULO / TITLE: - Mechanical Circulatory Support and Heart Transplantation: Donor and Recipient Factors Influencing Graft Survival.

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

REVISTA / JOURNAL: - Ann Thorac Surg. 2013 Oct;96(4):1252-1258. doi: 10.1016/j.athoracsur.2013.05.043. Epub 2013 Jul 31.

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

[1016/j.athoracsur.2013.05.043](#)

AUTORES / AUTHORS: - Maltais S; Jaik NP; Feurer ID; Wigger MA; Disalvo TG; Schlendorf KH; Ahmad RM; Lenihan DJ; Stulak JM; Keebler ME

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RESUMEN / SUMMARY: - BACKGROUND: Mechanical circulatory support is an accepted strategy to bridge patients to heart transplantation (HTx). Among mechanical circulatory support patients who go on to HTx, factors associated with improved graft survival have not been fully elucidated. METHODS: Using the Scientific Registry for Transplant Recipients, we identified adults who were treated with a left ventricular assist device (LVAD) or total artificial heart (TAH) before HTx. Kaplan-Meier and multivariate Cox regression models were used to identify patient, donor, and device characteristics associated with graft survival. RESULTS: Between January 1997 and February 2012, 2,785 adults underwent HTx. Before HTx, 2,674 patients were treated with a LVAD (HeartMate XVE, 724; HeartMate II, 1,882; HeartWare, 68), and 111 were treated with a TAH. Follow-up averaged 25 +/- 24 months. Gender mismatch occurred in 23%. Graft survival did not differ between LVAD groups (all $p > 0.168$), but TAH was associated with reduced graft survival compared with LVADs ($p < 0.001$). After controlling for device type (LVAD vs TAH), lower recipient pulmonary vascular resistance, shorter ischemic time, younger donor age, donor-to-recipient gender match, and higher donor-to-recipient body mass index ratio were independent predictors of longer graft survival (all $p < 0.05$). CONCLUSIONS: TAH was associated

with reduced graft survival after transplant, and survival did not differ between the LVAD device groups. Additional variables that were independently associated with graft survival were donor age, recipient peripheral vascular resistance, ischemic time, gender match, and donor-to-recipient body mass index ratio. Recognition of these factors may inform decisions regarding device support and donor suitability.

TÍTULO / TITLE: - The usefulness of vinyl polysiloxane dental impression material as a proton beam stopper to save normal tissue during irradiation of the oral cavity: basic and clinical verifications.

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

REVISTA / JOURNAL: - Med Phys. 2013 Aug;40(8):081707. doi: 10.1118/1.4813300.

●● [Enlace al texto completo \(gratis o de pago\) 1118/1.4813300](#)

AUTORES / AUTHORS: - Kawamura M; Maeda Y; Takamatsu S; Tameshige Y; Sasaki M; Asahi S; Shimizu Y; Yamamoto K; Tamamura H; Kondo S

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RESUMEN / SUMMARY: - **PURPOSE:** To evaluate the feasibility and usefulness of vinyl polysiloxane (VPS) dental impression material as a proton beam stopper for oral cavity irradiation. **METHODS:** VPS compounds with different base-catalyst mixture ratios were created, and the relative linear stopping power (RLSP) of each VPS compound was measured to compare with the RLSPs obtained from converted CT data. Then, a model plan was created to simulate oral cancer, and depth-dose distributions that were calculated using radiation treatment planning (RTP) were investigated by comparing the distribution with the measurements. The radioactivation of the VPS material was also measured after 2-Gy proton beam irradiations. For clinical use, a T4 gingival squamous cell carcinoma was treated using proton beam therapy with a VPS bite block. Treatment plans with and without the VPS bite block were created, and the dose-volume histograms (DVH) of the tongues were compared. **RESULTS:** Both the RLSPs and the CT numbers were constant of the ratio of VPS mixtures. The measured RLSP of the VPS was 1.51±0.01, which was approximately 4% greater than the CT-converted RLSP. In a model simulation, the measured depth-dose distribution inside the VPS dropped steeply compared to the RTP calculation, and the dose behind the VPS bite block was less than 0.1% of the prescribed dose. The equivalent dose rates for VPS immediately after irradiation were below 1 μSv/h and reached background levels within 30 min. In clinical use, VPS reduced a 10 cc local overdose region as well as the mean dose in the tongue compared to the plan without VPS, while the DVH of the planning target volume was maintained. The onset of severe mucositis was not observed behind the VPS bite block. **CONCLUSIONS:** VPS is easy to shape and reproducible. The authors succeeded in demonstrating its safety and accuracy as a proton beam stopper.

TÍTULO / TITLE: - Toward a web-based real-time radiation treatment planning system in a cloud computing environment.

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

REVISTA / JOURNAL: - Phys Med Biol. 2013 Sep 21;58(18):6525-40. doi: 10.1088/0031-9155/58/18/6525. Epub 2013 Sep 3.

●● Enlace al texto completo (gratis o de pago) [1088/0031-9155/58/18/6525](#)

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RESUMEN / SUMMARY: - To exploit the potential dosimetric advantages of intensity modulated radiation therapy (IMRT) and volumetric modulated arc therapy (VMAT), an in-depth approach is required to provide efficient computing methods. This needs to incorporate clinically related organ specific constraints, Monte Carlo (MC) dose calculations, and large-scale plan optimization. This paper describes our first steps toward a web-based real-time radiation treatment planning system in a cloud computing environment (CCE). The Amazon Elastic Compute Cloud (EC2) with a master node (named m2.xlarge containing 17.1 GB of memory, two virtual cores with 3.25 EC2 Compute Units each, 420 GB of instance storage, 64-bit platform) is used as the backbone of cloud computing for dose calculation and plan optimization. The master node is able to scale the workers on an 'on-demand' basis. MC dose calculation is employed to generate accurate beamlet dose kernels by parallel tasks. The intensity modulation optimization uses total-variation regularization (TVR) and generates piecewise constant fluence maps for each initial beam direction in a distributed manner over the CCE. The optimized fluence maps are segmented into deliverable apertures. The shape of each aperture is iteratively rectified to be a sequence of arcs using the manufacture's constraints. The output plan file from the EC2 is sent to the simple storage service. Three de-identified clinical cancer treatment plans have been studied for evaluating the performance of the new planning platform with 6 MV flattening filter free beams (40 x 40 cm²) from the Varian TrueBeam™ STx linear accelerator. A CCE leads to speed-ups of up to 14-fold for both dose kernel calculations and plan optimizations in the head and neck, lung, and prostate cancer cases considered in this study. The proposed system relies on a CCE that is able to provide an infrastructure for parallel and distributed computing. The resultant plans from the cloud computing are identical to PC-based IMRT and VMAT plans, confirming the reliability of the cloud computing platform. This cloud computing infrastructure has been established for a radiation treatment planning. It substantially improves the speed of inverse planning and makes future on-treatment adaptive re-planning possible.

TÍTULO / TITLE: - On the importance of prompt oxygen changes for hypofractionated radiation treatments.

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

REVISTA / JOURNAL: - Phys Med Biol. 2013 Oct 21;58(20):N279-N285. Epub 2013 Sep 24.

●● Enlace al texto completo (gratis o de pago) [1088/0031-9155/58/20/N279](#)

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RESUMEN / SUMMARY: - This discussion is motivated by observations of prompt oxygen changes occurring prior to a significant number of cancer cells dying (permanently stopping their metabolic activity) from therapeutic agents like large doses of ionizing radiation. Such changes must be from changes in the vasculature that supplies the tissue or from the metabolic changes in the tissue itself. An adapted linear-quadratic treatment is used to estimate the cell survival variation magnitudes from repair and reoxygenation from a two-fraction treatment in which the second fraction would happen prior to significant cell death from the first fraction, in the large fraction limit. It is clear the effects of oxygen changes are likely to be the most significant factor for hypofractionation because of large radiation doses. It is a larger effect than repair. Optimal dose timing should be determined by the peak oxygen timing. A call is made to prioritize near real time measurements of oxygen dynamics in tumors undergoing hypofractionated treatments in order to make these treatments adaptable and patient-specific.

TÍTULO / TITLE: - Antibody-mediated rejection, T cell-mediated rejection, and the injury-repair response: new insights from the Genome Canada studies of kidney transplant biopsies.

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

REVISTA / JOURNAL: - Kidney Int. 2013 Aug 21. doi: 10.1038/ki.2013.300.

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

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RESUMEN / SUMMARY: - Prospective studies of unselected indication biopsies from kidney transplants, combining conventional assessment with molecular analysis, have created a new understanding of transplant disease states and their outcomes. A large-scale Genome Canada grant permitted us to use conventional and molecular

phenotypes to create a new disease classification. T cell-mediated rejection (TCMR), characterized histologically or molecularly, has little effect on outcomes. Antibody-mediated rejection (ABMR) manifests as microcirculation lesions and transcript changes reflecting endothelial injury, interferon-gamma effects, and natural killer cells. ABMR is frequently C4d negative and has been greatly underestimated by conventional criteria. Indeed, ABMR, triggered in some cases by non-adherence, is the major disease causing failure. Progressive dysfunction is usually attributable to specific diseases, and pure calcineurin inhibitor toxicity rarely explains failure. The importance of ABMR argues against immunosuppressive drug minimization and stands as a barrier to tolerance induction. Microarrays also defined the transcripts induced by acute kidney injury (AKI), which correlate with reduced function, whereas histologic changes of acute tubular injury do not. AKI transcripts are induced in kidneys with late dysfunction, and are better predictors of failure than fibrosis and inflammation. Thus progression reflects ongoing parenchymal injury, usually from identifiable diseases such as ABMR, not destructive fibrosis. Kidney International advance online publication, 21 August 2013; doi:10.1038/ki.2013.300.

TÍTULO / TITLE: - Radiogenomics of Clear Cell Renal Cell Carcinoma: Associations between CT Imaging Features and Mutations.

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

REVISTA / JOURNAL: - Radiology. 2013 Sep 12.

●● [Enlace al texto completo \(gratis o de pago\) 1148/radiol.13130663](#)

AUTORES / AUTHORS: - Karlo CA; Di Paolo PL; Chaim J; Hakimi AA; Ostrovnaya I; Russo P; Hricak H; Motzer R; Hsieh JJ; Akin O

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RESUMEN / SUMMARY: - Purpose: To investigate associations between computed tomographic (CT) features of clear cell renal cell carcinoma (RCC) and mutations in VHL, PBRM1, SETD2, KDM5C, or BAP1 genes. Materials and Methods: The institutional review board approved this retrospective, hypothesis-generating study of 233 patients with clear cell RCC and waived the informed consent requirement. The study was HIPAA compliant. Three radiologists independently reviewed pretreatment CT images of all clear cell RCCs without knowledge of their genomic profile. One radiologist measured largest diameter and enhancement parameters of each clear cell RCC. Associations between CT features and mutations in VHL, PBRM1, SETD2, KDM5C, and BAP1 genes were tested by using the Fisher exact test. Associations between mutations and size and enhancement were assessed by using the independent t test.

Interreader agreement was calculated by using the Fleiss kappa. Results: Mutation frequencies among clear cell RCCs were as follows: VHL, 53.2% (124 of 233); PBRM1, 28.8% (67 of 233); SETD2, 7.3% (17 of 233); KDM5C, 6.9% (16 of 233); and BAP1, 6.0% (14 of 233). Mutations of VHL were significantly associated with well-defined tumor margins ($P = .013$), nodular tumor enhancement ($P = .021$), and gross appearance of intratumoral vascularity ($P = .018$). Mutations of KDM5C and BAP1 were significantly associated with evidence of renal vein invasion ($P = .022$ and $.046$, respectively). The genotype of solid clear cell RCC differed significantly from the genotype of multicystic clear cell RCC. While mutations of SETD2, KDM5C, and BAP1 were absent in multicystic clear cell RCC, mutations of VHL ($P = .016$) and PBRM1 ($P = .017$) were significantly more common among solid clear cell RCC. Interreader agreement for CT feature assessments ranged from substantial to excellent ($\kappa = 0.791-0.912$). Conclusion: This preliminary radiogenomics analysis of clear cell RCC revealed associations between CT features and underlying mutations that warrant further investigation and validation. ©RSNA, 2013 Supplemental material: <http://radiology.rsna.org/lookup/suppl/doi:10.1148/radiol.13130663/-/DC1>.

TÍTULO / TITLE: - Solar-simulated radiation and heat treatment induced metalloproteinase-1 expression in cultured dermal fibroblasts via distinct pathways: Implications on reduction of sun-associated aging.

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

REVISTA / JOURNAL: - J Dermatol Sci. 2013 Aug 12. pii: S0923-1811(13)00274-0. doi: 10.1016/j.jdermsci.2013.07.015.

●● Enlace al texto completo (gratis o de pago) 1016/j.jdermsci.2013.07.015

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RESUMEN / SUMMARY: - BACKGROUND: Sun exposure is an important environmental factor affecting human beings. Most knowledge regarding solar aging focused on light radiation (photoaging), and little emphasis has been placed on heat, a factor that is also closely associated with sun exposure. OBJECTIVE: This study was launched to evaluate the effects of simulated solar radiation (SSR) and environmental heat on skin fibroblasts in terms of dermal aging. METHODS: Cultured human dermal fibroblasts were treated with moderate amount of SSR (200J/cm²) and heat (+2 degrees C). The metalloproteinase-1 (MMP-1) expression was used as a surrogate marker for dermal aging and the involved regulatory mechanisms were explored. RESULTS: Both treatment conditions did not affect viability but significantly increased the expressions

of MMP-1. In parallel, both treatments increased the intracellular levels of reactive oxygen species (ROS), but the increase induced by SSR is much greater than heat. In contrast, transient receptor potential vanilloid 1 (TRPV-1), the sensor of environmental heat, was upregulated by heat but not SSR treatment. Pretreating fibroblasts with antioxidant abrogated the SSR-induced MMP-1 but has limited effect on heat-induced MMP-1. On the other hand, TRPV-1 antagonist pretreatment reduced heat-induced MMP-1 in fibroblasts but not their SSR-treated counterparts. CONCLUSION: Both SSR and heat induced MMP-1 expression in dermal fibroblasts but through different pathways. As current strategies for reducing sun-related aging focused on filtering of light and use of antioxidants, future strategies design to reduce solar aging should also incorporate heat-induced aging into consideration.

TÍTULO / TITLE: - In vivo dosimetry with optically stimulated dosimeters and RTQA2 radiochromic film for intraoperative radiotherapy of the breast.

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

REVISTA / JOURNAL: - Med Phys. 2013 Sep;40(9):091716.

●● [Enlace al texto completo \(gratis o de pago\) 1118/1.4819825](#)

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RESUMEN / SUMMARY: - Purpose: Measurements were taken with optically stimulated luminescence dosimeters (OSLDs) and with RTQA2 radiochromic film to evaluate the use of each for in vivo dosimetry with intraoperative radiotherapy of the breast. Methods: Nonlinear calibration curves were established for OSLDs and RTQA2 radiochromic film using the Intrabeam 50 kVp source. Measurements were taken in a water phantom and compared to absolute dose measurements taken with an ionization chamber to investigate the characteristics of both types of dosimeters, including energy response and radiative absorption. In vivo readings were taken on the skin and in the tumor cavity using OSLDs and RTQA2 radiochromic film for 10 patients and 20 patients respectively. A prescription of 20 Gy to the surface of the applicator was used for all in vivo measurements in this study. Results: OSLDs were found to have an approximate uncertainty of +/-7% for readings near the surface of the applicator and +/-17% for readings at distances typical to the skin. The radiative absorption by OSLD was negative, indicating that this type of dosimeter absorbs less radiation than water in the targeted intraoperative radiotherapy energy range. RTQA2 film exhibited no energy dependence and all film readings were within +/-8% of the delivered dose. The maximum radiative absorption in film was 8.5%. Radiochromic film measurements were found to be on average 18.2 +/- 3.3 Gy for the tumor cavity and 2.1 +/- 0.8 Gy for positions on the skin superior and inferior to the Intrabeam applicator. Average cavity measurements taken with OSLDs were 15.9 +/- 3.9 Gy and average skin doses were 1.4

+/- 0.8 Gy. Conclusions: OSLDs produce results with an uncertainty comparable to other dosimeters near the surface of the applicator but the uncertainty increases to an unacceptably high level with distance from the applicator. RTQA2 radiochromic film is shown to be accurate both at the surface of the applicator and at distances of 1-2 cm.

TÍTULO / TITLE: - Congenital nephrotic syndrome with prolonged renal survival without renal replacement therapy.

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

REVISTA / JOURNAL: - *Pediatr Nephrol.* 2013 Aug 15.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s00467-013-2584-7](#)

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RESUMEN / SUMMARY: - BACKGROUND: Infants with congenital nephrotic syndrome (CNS) develop severe nephrotic syndrome that is resistant to medical therapy, and bilateral nephrectomy is recommended toward the end of the first year of life followed by renal replacement therapy. CNS infants in New Zealand have been observed to exhibit a different course to those with the typical Finnish mutation. METHODS: A database of CNS children at our center was retrospectively examined. All cases diagnosed between 1975 and 2011 were reviewed. Demographic data, clinical features, genetic mutations, treatment, and outcome were extracted from clinical records. RESULTS: Thirty-five patients with CNS, 23 children of Maori descent, and 12 Caucasians. Fourteen had died of either bacterial sepsis or intracranial thrombosis. Maori children had displayed a highly variable and protracted timeline to end-stage renal disease (ESRD) with median renal survival of 30 years versus 0.7 years in Caucasian patients. Mutation analysis of NPHS1 showed a founder mutation in the Maori population. CONCLUSIONS: Congenital nephrotic syndrome in New Zealand Maori children exhibit a different clinical course to Caucasian children and have a mutation that was first described in this ethnic group.

TÍTULO / TITLE: - Evaluating comparative effectiveness with observational data: Endoscopic ultrasound and survival in pancreatic cancer.

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

REVISTA / JOURNAL: - *Cancer.* 2013 Aug 6. doi: 10.1002/cncr.28295.

●● [Enlace al texto completo \(gratis o de pago\) 1002/cncr.28295](#)

AUTORES / AUTHORS: - Parmar AD; Sheffield KM; Han Y; Vargas GM; Guturu P; Kuo YF; Goodwin JS; Riall TS

INSTITUCIÓN / INSTITUTION: - Departments of Surgery, University of Texas Medical Branch, Galveston, Texas; University of California, San Francisco-East Bay, Oakland, California.

RESUMEN / SUMMARY: - BACKGROUND: A previous observational study reported that endoscopic ultrasound (EUS) is associated with improved survival in older patients with pancreatic cancer. The objective of this study was to reevaluate this association using different statistical methods to control for confounding and selection bias. METHODS: Surveillance, Epidemiology, and End Results (SEER)-Medicare linked data (1992-2007) was used to identify patients with locoregional pancreatic cancer. Two-year survival in patients who did and did not receive EUS was compared by using standard Cox proportional hazards models, propensity score methodology, and instrumental variable analysis. RESULTS: EUS was associated with improved survival in both unadjusted (hazard ratio [HR] = 0.67, 95% confidence interval [CI] = 0.63-0.72) and standard regression analyses (HR = 0.78, 95% CI = 0.73-0.84) which controlled for age, sex, race, marital status, tumor stage, SEER region, Charlson comorbidity, year of diagnosis, education, preoperative biliary stenting, chemotherapy, radiation, and pancreatic resection. Propensity score adjustment, matching, and stratification did not attenuate this survival benefit. In an instrumental variable analysis, the survival benefit was no longer observed (HR = 1.00, 95% CI = 0.73-1.36). CONCLUSIONS: These results demonstrate the need to exercise caution in using administrative data to infer causal mortality benefits with diagnostic and/or treatment interventions in cancer research. Cancer 2013. © 2013 American Cancer Society.

TÍTULO / TITLE: - Genistein nanoparticles protect mouse hematopoietic system and prevent proinflammatory factors after gamma irradiation.

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

REVISTA / JOURNAL: - Radiat Res. 2013 Sep;180(3):316-25. doi: 10.1667/RR3326.1. Epub 2013 Aug 16.

●● [Enlace al texto completo \(gratuito o de pago\) 1667/RR3326.1](#)

AUTORES / AUTHORS: - Ha CT; Li XH; Fu D; Xiao M; Landauer MR

INSTITUCIÓN / INSTITUTION: - Radiation Countermeasures Program, Armed Forces Radiobiology Research Institute, Uniformed Services University of the Health Sciences, Bethesda, Maryland 20889.

RESUMEN / SUMMARY: - Previous studies demonstrated that genistein protects mice from radiation-induced bone marrow failure. To overcome genistein's extremely low water solubility, a nanoparticle suspension of genistein has been formulated for more rapid dissolution. In the current study, we evaluated the radioprotective effects of a nanoparticle formulation of genistein on survival and hematopoietic recovery in mice exposed to total-body gamma irradiation. A single intramuscular injection of a saline-based genistein nanosuspension (150 mg/kg) administered to CD2F1 mice 24 h before

9.25 Gy (60)Co radiation exposure resulted in a 30-day survival rate of 95% compared to 25% in vehicle-treated animals. In mice irradiated at 7 Gy, the genistein nanosuspension increased mouse bone marrow cellularity from approximately 2.9% (vehicle treated) to 28.3% on day 7 postirradiation. Flow cytometry analysis demonstrated decreased radiation-induced hematopoietic stem and progenitor cell (HSPC, Lineage(-)/cKit(+)) death from 77.0% (vehicle) to 43.9% (genistein nanosuspension) with a significant recovery of clonogenicity 7 days after irradiation. The genistein nanosuspension also attenuated the radiation-induced elevation of proinflammatory factors interleukin 1 beta (IL-1beta), IL-6 and cyclooxygenase-2 (COX-2) in mouse bone marrow and spleen, which may contribute to protecting HSPCs.

TÍTULO / TITLE: - Erratum to: Identification of differentially expressed proteins in chemotherapy-sensitive and chemotherapy-resistant diffuse large B cell lymphoma by proteomic methods.

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

REVISTA / JOURNAL: - Med Oncol. 2013 Dec;30(4):672. doi: 10.1007/s12032-013-0672-y.

●● Enlace al texto completo (gratis o de pago) [1007/s12032-013-0672-y](#)

AUTORES / AUTHORS: - Liu Y; Zeng L; Zhang S; Zeng S; Huang J; Tang Y; Zhong M

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Xiangya Hospital, Central South University, 88 Xiangya Road, Changsha, 410008, Hunan, People's Republic of China.

TÍTULO / TITLE: - The important role of radiation treatment in the management of Merkel cell carcinoma.

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

REVISTA / JOURNAL: - Br J Dermatol. 2013 Jul 31. doi: 10.1111/bjd.12481.

●● Enlace al texto completo (gratis o de pago) [1111/bjd.12481](#)

AUTORES / AUTHORS: - Hruby G; Scolyer RA; Thompson JF

INSTITUCIÓN / INSTITUTION: - Departments of Radiation Oncology, Royal Prince Alfred Hospital, Camperdown, Sydney, NSW, Australia; Departments of Disciplines of Medicine, The University of Sydney, Sydney, NSW, Australia.

RESUMEN / SUMMARY: - Merkel cell carcinoma is an aggressive, radiosensitive cutaneous neuroendocrine tumour. In this review, the roles of radiation therapy and chemo-radiation in the management of Merkel cell carcinoma are described and discussed, and guidelines for patient management are presented. Radiation treatment may be indicated for definitive (>55Gy) or adjuvant (>50Gy) treatment of the primary tumour site and for prophylactic (>50Gy), adjuvant (>50Gy) or definitive (>55Gy) treatment of the regional lymph node field. If a patient presents with positive margins after initial biopsy or resection, definitive radiation therapy or chemo-radiation may be an alternative to further surgery and, importantly, results in less delay than re-resection

followed by adjuvant radiation treatment. Given the rarity of this tumour, patients should be enrolled on prospective databases and clinical trials, and managed in a multidisciplinary clinic setting wherever possible. This article is protected by copyright. All rights reserved.

TÍTULO / TITLE: - Survival and prognostic factors of allogeneic hematopoietic stem cell transplant recipients admitted to intensive care unit.

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

REVISTA / JOURNAL: - Leuk Lymphoma. 2013 Sep 23.

●● Enlace al texto completo (gratis o de pago) [3109/10428194.2013.836602](https://doi.org/10.1007/s10428194.2013.836602)

AUTORES / AUTHORS: - Moreau AS; Seguin A; Lemiale V; Yakoub-Agha I; Girardie P; Robriquet L; Mangalaboyi J; Fourrier F; Jourdain M

INSTITUCIÓN / INSTITUTION: - Department of Intensive Care, Hopital Roger Salengro, CHRU de Lille and University Lille Nord de France , Lille , France.

TÍTULO / TITLE: - Cancer survival in Indigenous and non-Indigenous Australian children: what is the difference?

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

REVISTA / JOURNAL: - Cancer Causes Control. 2013 Sep 14.

●● Enlace al texto completo (gratis o de pago) [1007/s10552-013-0287-9](https://doi.org/10.1007/s10552-013-0287-9)

AUTORES / AUTHORS: - Valery PC; Youlden DR; Baade PD; Ward LJ; Green AC; Aitken JF

INSTITUCIÓN / INSTITUTION: - Menzies School of Health Research, Charles Darwin University, Level 1/147 Wharf Street, Spring Hill, QLD, 4000, Australia, Patricia.Valery@menzies.edu.au.

RESUMEN / SUMMARY: - PURPOSE: This study assessed variation in childhood cancer survival by Indigenous status in Australia, and explored the effect of place of residence and socio-economic disadvantage on survival. METHODS: All children diagnosed with cancer during 1997-2007 were identified through the Australian Pediatric Cancer Registry. Cox regression analysis was used to assess the adjusted differences in survival. RESULTS: Overall, 5-years survival was 75.0 % for Indigenous children (n = 196) and 82.3 % for non-Indigenous children (n = 6,376, p = 0.008). Compared to other children, Indigenous cases had 1.36 times the risk of dying within 5 years of diagnosis after adjustments for rurality of residence, socio-economic disadvantage, cancer diagnostic group, and year of diagnosis (95 % CI 1.01-1.82). No significant survival differential was found for leukemias or tumors of the central nervous system; Indigenous children were 1.83 times more likely (95 % CI 1.22-2.74) than other children to die within 5 years from 'other tumors' (e.g., lymphomas, neuroblastoma). Among children who lived in 'remote/very remote/outer regional' areas, and among children with a subgroup of 'other tumors' that were staged, being Indigenous

significantly increased the likelihood of death (HR = 1.69, 95 % CI 1.10-2.59 and HR = 2.99, 95 % CI 1.35-6.62, respectively); no significant differences by Indigenous status were seen among children with stage data missing. CONCLUSIONS: Differences in place of residence, socio-economic disadvantage, and cancer diagnostic group only partially explain the survival disadvantage of Indigenous children. Other reasons underlying the disparities in childhood cancer outcomes by Indigenous status are yet to be determined, but may involve factors such as differences in treatment.

TÍTULO / TITLE: - Long-Term Survival After Adrenalectomy for Stage I/II Adrenocortical Carcinoma (ACC): A Retrospective Comparative Cohort Study of Laparoscopic Versus Open Approach.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Sep 18.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3164-6](#)

AUTORES / AUTHORS: - Donatini G; Caiazzo R; Do Cao C; Aubert S; Zerrweck C; El-Kathib Z; Gauthier T; Leteurtre E; Wemeau JL; Vantighem MC; Carnaille B; Pattou F

INSTITUCIÓN / INSTITUTION: - Department of General and Endocrine Surgery, Lille Regional University Hospital, Lille, France.

RESUMEN / SUMMARY: - BACKGROUND: Laparoscopic adrenalectomy (LA) is the standard treatment for benign adrenal lesions. The laparoscopic approach has also been increasingly accepted for adrenal metastases but remains controversial for adrenocortical carcinoma (ACC). In a retrospective cohort study we compared the outcome of LA versus open adrenalectomy (OA) in the treatment of stage I and II ACC. METHODS: This was a double cohort study comparing the outcome of patients with stage I/II ACC and a tumor size <10 cm submitted to LA or OA at Lille University Hospital referral center from 1985 to 2011. Main outcomes analyzed were: postoperative morbidity, overall survival, and disease-free survival. RESULTS: Among 111 consecutive patients operated on for ACC, 34 met the inclusion criteria. LA and OA were performed in 13 and 21 patients, respectively. Baseline patient characteristics (gender, age, tumor size, hormonal secretion) were similar between groups. There was no difference in postoperative morbidity, but patients in LA group were discharged earlier ($p < 0.02$). After a similar follow-up (66 +/- 52 for LA and 51 +/- 43 months for OA), Kaplan-Meier estimates of disease-specific survival and disease-free survival were identical in both groups ($p = 0.65$, $p = 0.96$, respectively). CONCLUSIONS: LA was associated with a shorter length of stay and did not compromise the long-term oncological outcome of patients operated on for stage I/II ACC ≤ 10 cm ACC. Our results suggest that LA can be safely proposed to patients with potentially malignant adrenal lesions smaller than 10 cm and without evidence of extra-adrenal extension.

TÍTULO / TITLE: - Morbidity and Mortality of Cytoreduction with Intraperitoneal Chemotherapy: Outcomes from the ACS NSQIP Database.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Aug 29.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3223-z](#)

AUTORES / AUTHORS: - Bartlett EK; Meise C; Roses RE; Fraker DL; Kelz RR; Karakousis GC

INSTITUCIÓN / INSTITUTION: - Department of Surgery, University of Pennsylvania, Philadelphia, PA, USA, edmund.bartlett@uphs.upenn.edu.

RESUMEN / SUMMARY: - BACKGROUND: Cytoreduction with intraperitoneal chemotherapy (IPC) for treatment of peritoneal surface malignancies is increasingly utilized. However, the described morbidity and mortality rates are based predominantly on the experience at high-volume centers. We analyzed the American College of Surgeons National Surgical Quality Improvement Program (NSQIP) database for a nationwide perspective on morbidity and mortality associated with IPC. METHODS: The NSQIP database was queried for all patients undergoing IPC and cytoreduction from 2005 to 2011. Univariate and forward stepwise multivariate regression identified factors associated with 30-day death and morbidity. RESULTS: A total of 795 patients underwent IPC. Patients underwent a median of seven operative procedures (range 2-13). Median hospital stay was 9 days (range 2-79 days). A total of 521 complications occurred in 249 (31 %) patients, and there were 19 (2.3 %) mortalities. The most common complications were bleeding (15.1 %) and sepsis (14.6 %). Univariate analysis identified age ≥ 60 years, ascites, weight loss, recent prior operation, albumin < 3 g/dl, bilirubin ≥ 2 mg/dl, hematocrit ≤ 30 %, colon, spleen, small bowel, liver, kidney, diaphragm, and gastric resections, wound classification, operative time, and intraoperative transfusion requirement as significantly associated with death and morbidity. By multivariate analysis, age ≥ 60 years, preoperative albumin < 3 g/dl, gastrectomy, operative time, and intraoperative transfusion requirement remained significantly associated with death and morbidity. Particularly high death and morbidity rates were associated with preoperative albumin < 3 g/dl (58 %), gastrectomy (62 %), and operative time of > 500 min (46 %). CONCLUSIONS: In this nationwide cohort, the death and morbidity rate associated with cytoreduction and IPC is consistent with other large series. Age ≥ 60 years, albumin < 3 g/dl, gastrectomy, operative time, and intraoperative transfusion requirement were associated with 30-day death and morbidity. These factors may help guide patient selection, counseling, and preoperative optimization before IPC.

TÍTULO / TITLE: - Basic T1 Perfusion magnetic resonance imaging evaluation of the therapeutic effect of neoadjuvant chemotherapy in locally advanced cervical cancer.

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

REVISTA / JOURNAL: - Int J Gynecol Cancer. 2013 Sep;23(7):1270-8. doi: 10.1097/IGC.0b013e31829db950.

●● Enlace al texto completo (gratis o de pago) [1097/IGC.0b013e31829db950](https://doi.org/10.1097/IGC.0b013e31829db950)

AUTORES / AUTHORS: - Fu C; Feng X; Bian D; Du W; Wang X; Zhao Y

INSTITUCIÓN / INSTITUTION: - Department of Gynecology and Obstetrics, Second Xiangya Hospital, Central South University, Changsha, People's Republic of China.
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RESUMEN / SUMMARY: - **OBJECTIVE:** The objective of this study was to evaluate the dynamic changes of blood perfusion coinciding with tumor regression after neoadjuvant chemotherapy (NACT) in locally advanced cervical cancer (LACC). **METHODS:** Thirty patients with LACC received conventional 3.0-T magnetic resonance imaging and perfusion-weighted imaging scans at 3 different times (before NACT, 2 weeks after the first NACT, and 2 weeks after the second NACT). Characteristics of time-intensity diagrams and patterns of blood perfusion maps according to the parameter of area under the curve (AUC) were observed. Eight perfusion parameters were compared among 3 time points at 2 different chemotherapy-sensitive groups by the software of Basic T1 Perfusion. **RESULTS:** The effective chemotherapy rate was 73.3% (22/30). The characteristic of time-intensity diagrams in cervical cancer was a rapid onset with plateau. There were 3 patterns of AUC perfusion maps. The common perfusion map was rich blood supply type in the effective chemotherapy group and peripheral blood supply type in the ineffective chemotherapy group. Four parameter values (relative enhancement, maximum enhancement, wash-in rate, and AUC) were significantly reduced 2 weeks after the second NACT than those before the therapy ($P = 0.000$; $P = 0.009$; $P = 0.011$; and $P = 0.000$) in the effective chemotherapy group, especially the value of relative enhancement 2 weeks after the first NACT, was obviously decreased compared to that before the therapy ($P = 0.042$). The value of time to peak 2 weeks after the second NACT was significantly longer than that before the therapy in the effective chemotherapy group ($P = 0.001$). There were no obvious changes of blood perfusion parameters among the 3 different times in the ineffective chemotherapy group. **CONCLUSIONS:** Tumor blood perfusion has obviously decreased after effective NACT in the treatment of LACC.

TÍTULO / TITLE: - 50 years ago in the journal of pediatrics: technique for peroral small intestinal biopsy in children.

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

REVISTA / JOURNAL: - J Pediatr. 2013 Sep;163(3):784. doi: 10.1016/j.jpeds.2013.03.052.

●● Enlace al texto completo (gratis o de pago) [1016/j.jpeds.2013.03.052](https://doi.org/10.1016/j.jpeds.2013.03.052)

AUTORES / AUTHORS: - Heubi JE

INSTITUCIÓN / INSTITUTION: - Division of Pediatric Gastroenterology, Hepatology, and Nutrition, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio.

TÍTULO / TITLE: - Forcing lateral electron disequilibrium to spare lung tissue: a novel technique for stereotactic body radiation therapy of lung cancer.

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

REVISTA / JOURNAL: - Phys Med Biol. 2013 Oct 7;58(19):6641-62. doi: 10.1088/0031-9155/58/19/6641. Epub 2013 Sep 9.

●● Enlace al texto completo (gratis o de pago) [1088/0031-9155/58/19/6641](#)

AUTORES / AUTHORS: - Disher B; Hajdok G; Gaede S; Mulligan M; Battista JJ

INSTITUCIÓN / INSTITUTION: - Department of Physics and Engineering, London Regional Cancer Program, London Health Sciences Centre, 790 Commissioners Road East, London, Ontario, N6A 4L6, Canada. Department of Medical Biophysics, Western University, Schulich School of Medicine and Dentistry, London, Ontario, N6A 5C1, Canada.

RESUMEN / SUMMARY: - Stereotactic body radiation therapy (SBRT) has quickly become a preferred treatment option for early-stage lung cancer patients who are ineligible for surgery. This technique uses tightly conformed megavoltage (MV) x-ray beams to irradiate a tumour with ablative doses in only a few treatment fractions. Small high energy x-ray fields can cause lateral electron disequilibrium (LED) to occur within low density media, which can reduce tumour dose. These dose effects may be challenging to predict using analytic dose calculation algorithms, especially at higher beam energies. As a result, previous authors have suggested using low energy photons (<10 MV) and larger fields (>5 x 5 cm²) for lung cancer patients to avoid the negative dosimetric effects of LED. In this work, we propose a new form of SBRT, described as LED-optimized SBRT (LED-SBRT), which utilizes radiotherapy (RT) parameters designed to cause LED to advantage. It will be shown that LED-SBRT creates enhanced dose gradients at the tumour/lung interface, which can be used to manipulate tumour dose, and/or normal lung dose. To demonstrate the potential benefits of LED-SBRT, the DOSXYZnrc (National Research Council of Canada, Ottawa, ON) Monte Carlo (MC) software was used to calculate dose within a cylindrical phantom and a typical lung patient. 6 MV or 18 MV x-ray fields were focused onto a small tumour volume (diameter approximately 1 cm). For the phantom, square fields of 1 x 1 cm², 3 x 3 cm², or 5 x 5 cm² were applied. However, in the patient, 3 x 1 cm², 3 x 2 cm², 3 x 2.5 cm², or 3 x 3 cm² field sizes were used in simulations to assure target coverage in the superior-inferior direction. To mimic a 180 degrees SBRT arc in the (symmetric) phantom, a single beam profile was calculated, rotated, and beams were summed at 1 degree segments to accumulate an arc dose distribution. For the patient, a 360 degrees arc was modelled with 36 equally weighted (and spaced) fields focused on the tumour centre. A planning target volume (PTV) was generated by considering the extent of tumour motion over the patient's breathing cycle and set-up uncertainties. All patient dose results were normalized such that at least 95% of the

PTV received at least 54 Gy (i.e. D95 = 54 Gy). Further, we introduce 'LED maps' as a novel clinical tool to compare the magnitude of LED resulting from the various SBRT arc plans. Results from the phantom simulation suggest that the best lung sparing occurred for RT parameters that cause severe LED. For equal tumour dose coverage, normal lung dose (2 cm outside the target region) was reduced from 92% to 23%, comparing results between the 18 MV (5 x 5 cm²) and 18 MV (1 x 1 cm²) arc simulations. In addition to reduced lung dose for the 18 MV (1 x 1 cm²) arc, maximal tumour dose increased beyond 125%. Thus, LED can create steep dose gradients to spare normal lung, while increasing tumour dose levels (if desired). In the patient simulation, a LED-optimized arc plan was designed using either 18 MV (3 x 1 cm²) or 6 MV (3 x 3 cm²) beams. Both plans met the D95 dose coverage requirement for the target. However, the LED-optimized plan increased the maximum, mean, and minimum dose within the PTV by as much as 80 Gy, 11 Gy, and 3 Gy, respectively. Despite increased tumour dose levels, the 18 MV (3 x 1 cm²) arc plan improved or maintained the V20, V5, and mean lung dose metrics compared to the 6 MV (3 x 3 cm²) simulation. We conclude that LED-SBRT has the potential to increase dose gradients, and dose levels within a small lung tumour. The magnitude of tumour dose increase or lung sparing can be optimized through manipulation of RT parameters (e.g. beam energy and field size).

TÍTULO / TITLE: - Ongoing and prolonged response in adult low-grade gliomas treated with radiotherapy.

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

REVISTA / JOURNAL: - J Neurooncol. 2013 Aug 17.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s11060-013-1224-1](#)

AUTORES / AUTHORS: - Ducray F; Kaloshi G; Houillier C; Idhahbi A; Ribba B; Psimaras D; Marie Y; Boisselier B; Alentorn A; Dainese L; Navarro S; Mokhtari K; Sanson M; Hoang-Xuan K; Delattre JY

INSTITUCIÓN / INSTITUTION: - Lyon Neuroscience Research Center, INSERM U1028/CNRS UMR 5292, Université de Lyon - Université Claude Bernard Lyon 1, 69372, Lyon, France, francois.ducray@chu-lyon.fr.

RESUMEN / SUMMARY: - The aim of the present study was to evaluate the impact of first-line radiotherapy on low-grade gliomas (LGGs) growth kinetics. The mean tumor diameter (MTD) of 39 LGGs was retrospectively measured on serial magnetic resonance images before (n = 16) and after radiotherapy onset (n = 39). After radiotherapy, a decrease of the MTD was observed in 37 patients. Median duration of the MTD decrease was 1.9 years (range 0-8.1 years). According to RANO criteria, the rates of partial and minor responses were 15 and 28 % at the first evaluation after radiotherapy and 36 and 34 % at the time of maximal MTD decrease. The presence of a 1p19q codeletion and the absence of p53 expression were associated with longer

durations of MTD decrease (5.3 vs 1 years, $p = 0.02$ and 2.4 vs 1.8 years, $p = 0.05$, respectively) while no association was observed between IDH1-R132H expression and duration of MTD decrease. In most patients, MTD decrease after radiotherapy occurred in two phases: an initial phase of rapid MTD decrease followed by a second phase of slower MTD decrease. Patients with a high rate of MTD decrease during the initial phase (>7 mm/year) had both a shorter duration of response (1.9 vs 5.3 years, $p = 0.003$) and a shorter overall survival (5.5 vs 11.6 years, $p = 0.0004$). LGGs commonly display a prolonged and ongoing volume decrease after radiotherapy. However, patients who respond rapidly should be carefully monitored because they are at a higher risk of rapid progression.

TÍTULO / TITLE: - Ultrasound-mediated microbubble enhancement of radiation therapy studied using three-dimensional high-frequency power Doppler ultrasound.

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

REVISTA / JOURNAL: - Ultrasound Med Biol. 2013 Nov;39(11):1983-90. doi: 10.1016/j.ultrasmedbio.2013.03.025. Epub 2013 Aug 29.

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

[1016/j.ultrasmedbio.2013.03.025](#)

AUTORES / AUTHORS: - Kwok SJ; El Kaffas A; Lai P; Al Mahrouki A; Lee J; Iradji S; Tran WT; Giles A; Czarnota GJ

INSTITUCIÓN / INSTITUTION: - Radiation Oncology, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada; Department of Radiation Oncology, University of Toronto, Toronto, Ontario, Canada; Imaging Research, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada; Department of Medical Biophysics, University of Toronto, Toronto, Ontario, Canada.

RESUMEN / SUMMARY: - Tumor responses to high-dose (>8 Gy) radiation therapy are tightly connected to endothelial cell death. In the study described here, we investigated whether ultrasound-activated microbubbles can locally enhance tumor response to radiation treatments of 2 and 8 Gy by mechanically perturbing the endothelial lining of tumors. We evaluated vascular changes resulting from combined microbubble and radiation treatments using high-frequency 3-D power Doppler ultrasound in a breast cancer xenograft model. We compared treatment effects and monitored vasculature damage 3 hours, 24 hours and 7 days after treatment delivery. Mice treated with 2 Gy radiation and ultrasound-activated microbubbles exhibited a decrease in vascular index to $48 \pm 10\%$ at 24 hours, whereas vascular indices of mice treated with 2 Gy radiation alone or microbubbles alone were relatively unchanged at $95 \pm 14\%$ and $78 \pm 14\%$, respectively. These results suggest that ultrasound-activated microbubbles enhance the effects of 2 Gy radiation through a synergistic mechanism, resulting in alterations of tumor blood flow. This novel therapy may potentiate lower radiation doses to preferentially target endothelial cells, thus

reducing effects on neighboring normal tissue and increasing the efficacy of cancer treatments.

TÍTULO / TITLE: - Gastrointestinal carcinoid: epidemiological and survival evidence from a large population-based study (n = 25 531).

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

REVISTA / JOURNAL: - Ann Oncol. 2013 Sep 19.

●● Enlace al texto completo (gratis o de pago) [1093/annonc/mdt377](#)

AUTORES / AUTHORS: - Mocellin S; Nitti D

INSTITUCIÓN / INSTITUTION: - Department of Surgery Oncology and Gastroenterology, School of Medicine, University of Padova, Padova, Italy.

RESUMEN / SUMMARY: - BACKGROUND: Owing to its rarity, the published evidence on gastrointestinal (GI) carcinoid is often based on small series of patients or population-based studies regarding all neuroendocrine tumors. Here, we present a comprehensive epidemiological and survival analysis of the largest cohort of patients with GI carcinoid ever reported. PATIENTS AND METHODS: Patients with histological diagnosis of GI carcinoid (n = 25 531) were identified from the Surveillance Epidemiology End Results (SEER) database (including 18 USA cancer registries and spanning the 1973-2009 time frame). Demographic and disease data were used for epidemiological and survival analyses. RESULTS: The incidence of GI carcinoid is steadily increasing over the past three decades at a rate higher than any other cancer [annual percentage change (APC) = 4.4, 95% confidence interval (CI) 4.0-4.8]. These patients have a higher risk of further primary tumor (standardized incidence ratio, SIR = 1.15, 95% CI 1.10-1.21), but also a reduced risk of skin melanoma (SIR = 0.64, 95% CI 0.41-0.95). Despite the overall favorable prognosis (5-year disease-specific and relative survival rate: 91.3% and 87.4%, respectively), the mortality rate is increasing over time (APC = 3.5, 95% CI 3.0-4.0) and the 5-year survival rate of patients dying of GI carcinoid (28.5%), though better than that reported for GI cancers in general (8.4%), cannot be considered satisfactory. Finally, a nomogram is provided to predict patient survival on the basis of clinico-pathological factors independently associated with prognosis at multivariate analysis. CONCLUSIONS: These findings can be clinically useful for the management of patients with GI carcinoid and eagerly prompt the continuous effort to develop more effective therapeutic strategies against this slow-growing but chemoresistant tumor.

TÍTULO / TITLE: - Clinical outcomes following 3D image-guided brachytherapy for vaginal recurrence of endometrial cancer.

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

REVISTA / JOURNAL: - Gynecol Oncol. 2013 Sep 9. pii: S0090-8258(13)01171-2. doi: 10.1016/j.ygyno.2013.08.040.

●● Enlace al texto completo (gratis o de pago) 1016/j.ygyno.2013.08.040

AUTORES / AUTHORS: - Lee LJ; Damato AL; Viswanathan AN

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Brigham and Women's Hospital and Dana-Farber Cancer Institute, Harvard Medical School, Boston, MA, USA. Electronic address: lee@lroc.harvard.edu.

RESUMEN / SUMMARY: - PURPOSE: To evaluate clinical outcomes for women with recurrent endometrial cancer treated with 3D image-guided brachytherapy METHODS AND MATERIALS: 44 women, of whom 13 had received prior RT, received salvage RT for vaginal recurrence from 9/03 to 8/11. HDR or LDR interstitial brachytherapy was performed under MR or CT guidance in 35 patients (80%); 9 (20%) had CT-guided HDR cylinder brachytherapy. The median cumulative dose in EQD2 was 75.5Gy. Actuarial estimates of local failure (LF), disease-free (DFS) and overall survival (OS) were calculated by Kaplan-Meier. RESULTS: Histologic subtypes were endometrioid (EAC, 33), papillary serous/clear cell (UPSC/CC, 5) and carcinosarcoma (CS, 6). The 2-year DFS/OS rates were 75%/89% for EAC and 11%/24% for UPSC/CC/CS (both p<0.01). On MVA, high tumor grade was associated with recurrence (HR 3.2 for grade 2, 9.6 for grade 3, p<0.01). The LF rate at 2years was 4% for patients without versus 39% for those with prior RT (p=0.1). Patients who had prior RT received lower cumulative doses at recurrence (66.5Gy vs. 74.4Gy, p<0.01). The 2-year DFS/OS rates with and without prior RT were 26%/55% and 72%/80% (both p=0.1). Four patients (9%) experienced grade 3 late toxicity, including 3 of 13 (23%) in the re-irradiation setting and 1 of 31 (3%) with no prior radiotherapy. DISCUSSION: 3D image-guided brachytherapy results in excellent local control for women with recurrent endometrial cancer, particularly with cumulative EQD2 doses greater than 70Gy. Successful salvage of vaginal recurrence is related to tumor grade and histologic subtype.

TÍTULO / TITLE: - Sphincter-sparing surgery for adenocarcinoma of the distal 3 cm of the true rectum: results after neoadjuvant therapy and minimally invasive radical surgery or local excision.

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

REVISTA / JOURNAL: - Surg Endosc. 2013 Sep 21.

●● Enlace al texto completo (gratis o de pago) 1007/s00464-013-3092-3

AUTORES / AUTHORS: - Marks J; Nassif G; Schoonyoung H; Denittis A; Zeger E; Mohiuddin M; Marks G

INSTITUCIÓN / INSTITUTION: - Section of Colorectal Surgery, Lankenau Medical Center, Wynnewood, PA, USA, marksj@mlhs.org.

RESUMEN / SUMMARY: - BACKGROUND: Ideal treatment of rectal cancer includes controlling the cancer; minimizing trauma, morbidity, and mortality; and avoiding a

colostomy with preservation of adequate function. These goals become more challenging the further distal in the rectum the cancer is located. We sought to determine whether minimally invasive sphincter-preservation surgery (SPS) can accomplish good cancer control, maintaining sphincter function with minimal morbidity and mortality in rectal cancers of the distal 3 cm after receiving neoadjuvant chemoradiotherapy. METHODS: We retrospectively reviewed a prospectively maintained rectal cancer database of a single colorectal surgeon to identify all patients with cancers of the distal 3 cm undergoing SPS via a laparoscopic total mesorectal excision or transanal endoscopic microsurgery (TEM). All patients received neoadjuvant chemoradiotherapy. Patient data, including demographics, initial tumor characteristics, staging, radiation dose, perioperative morbidity and mortality, and local recurrence (LR) and survival, were analyzed. RESULTS: A total of 161 patients (108 men) underwent SPS via 3 techniques: transanal abdominal transanal proctosigmoidectomy (TATA, n = 106), TEM (n = 49), or ultralow anterior resection (LAR, n = 6). Average age was 62 years (range 22-90 years). The mean levels in rectum from the anorectal ring were as follows: TATA, 1.3 cm (range -1.0 to 3.0 cm), TEM, 1.5 cm (range -0.5 to -3.0 cm), and LAR, 2.9 cm (range 2.5-3.0 cm) (p > 0.05). Preoperative T stage was as follows: T3, n = 108 (TATA 83, TEM 20, LAR 5), T2, n = 48 (TATA 22, TEM 25, LAR 1), T1, n = 3 (TATA 1, TEM 2), and T4, n = 2 (both TEM). All patients received concomitant 5-fluorouracil-based chemotherapy and radiotherapy (mean, 5300 cGy; range 3,000-7,295 cGy). The mean estimated blood loss was 376 ml (range 10-3,600 ml). There were no mortalities. Morbidity rates were as follows: LAR, 0; TATA, 13.2 %; and TEM, 32 % (wound disruption: major, 10 %; minor, 16 %). Pathologic staging was as follows: ypCR: uT2, 34 %, and uT3, 19 %. Overall LR was 3.7 %. By procedure, the follow-up, LR, and KM5YAS, respectively, were: TATA, 37.9 months, 3 and 95 %; TEM, 36.3 months, 6 and 88 %; and LAR, 63.1 months, 0 and 75 % (p > 0.05). CONCLUSIONS: This study demonstrates positive oncologic outcomes, low LR rates, and high KM5YS after minimally invasive SPS. A colostomy-free lifestyle and cancer control make the minimally invasive surgical approach an excellent treatment option for complex distal rectal cancers.

TÍTULO / TITLE: - Long-Term Survival following Gross Total Resection of Pediatric Supratentorial Ependymomas without Adjuvant Therapy.

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

REVISTA / JOURNAL: - *Pediatr Neurosurg.* 2012;48(6):379-84. doi: 10.1159/000353685. Epub 2013 Aug 16.

●● [Enlace al texto completo \(gratis o de pago\) 1159/000353685](#)

AUTORES / AUTHORS: - Tanaka T; Kato N; Hasegawa Y; Nonaka Y; Abe T

INSTITUCIÓN / INSTITUTION: - Department of Neurosurgery, Jikei University School of Medicine Kashiwa Hospital, Kashiwa, Japan.

RESUMEN / SUMMARY: - Pediatric supratentorial ependymoma is very rare. In pediatric patients with supratentorial ependymoma, surgery alone may be an acceptable treatment when postoperative imaging confirms a gross total resection. Surgical resection is the standard and the most important treatment for ependymoma. The role of radiation therapy and/or chemotherapy following a gross total resection of supratentorial ependymoma has been uncertain. We report 2 cases of pediatric supratentorial ependymomas treated by gross total resection without postoperative adjuvant therapy. The first patient was a 7-year-old girl who presented with motor weakness and a hemiconvulsion of the right leg. Magnetic resonance imaging (MRI) revealed a large heterogeneously enhanced tumor in the left frontal lobe. The second patient was an 8-year-old girl who presented with headache. MRI revealed a huge heterogeneously enhanced tumor in the left frontal lobe. Gross total resection was achieved in both patients. Postoperative radiotherapy and chemotherapy were avoided following gross total resection. Histologically, the lesions demonstrated grade II ependymoma and anaplastic ependymoma, respectively. After follow-up of 120 months, neither patient had recurrence or dissemination. These results suggest that patients with pediatric supratentorial ependymoma treated by gross total resection alone have a favorable outcome, and postoperative radiotherapy and chemotherapy may be avoided. © 2013 S. Karger AG, Basel.

TÍTULO / TITLE: - Resolvin D1 improves survival in experimental sepsis through reducing bacterial load and preventing excessive activation of inflammatory response.

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

REVISTA / JOURNAL: - Eur J Clin Microbiol Infect Dis. 2013 Sep 27.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s10096-013-1978-6](#)

AUTORES / AUTHORS: - Chen F; Fan XH; Wu YP; Zhu JL; Wang F; Bo LL; Li JB; Bao R; Deng XM

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

RESUMEN / SUMMARY: - Sepsis is characterized as an uncontrolled inflammatory response. Spite et al. (Nature 461(7268):1287-1291, 2009) had demonstrated that resolvin D2, which is derived from docosahexaenoic acid (DHA), improves survival in cecal ligation and puncture (CLP)-initiated sepsis and enhances bacterial clearance without immune suppression. Resolvin D1, which is also derived from DHA and homologous with resolvin D2, is an endogenous anti-inflammatory and proresolving lipid molecule. We sought to investigate the effects of resolvin D1 on sepsis and to explore the mechanism of action. Six-to-eight-week-old male C57BL/6 mice were randomly divided into three groups: the sham group underwent the sham operation followed by tail vein injection of vehicle (0.1 % ethanol); the CLP group received vehicle (0.1 % ethanol) after CLP; the resolvin D1 group received resolvin D1 (100 ng) after

CLP. Blood, peritoneal lavage fluid, and organs of mice were harvested 24 h after treatment for cytokine analysis, cell counts, bacterial cultures, histopathological studies, and apoptosis quantification. Compared with the vehicle control group, the survival rate and bacterial clearance of mice with sepsis induced by CLP were improved after resolvin D1 treatment, but the numbers of neutrophils in peritoneal lavage fluid, the inflammatory cytokines, the phosphorylation of the nuclear factor-kappaB (NF-kappaB) (P65) pathway, and the apoptosis rate of CD3+ T lymphocytes of the thymus were suppressed. Resolvin D1 treatment improved survival in mice with sepsis induced by CLP, enhanced organism bacterial clearance, suppressed the increase of the numbers of neutrophils in peritoneal lavage fluid, reduced the release of inflammatory cytokines, and decreased the apoptosis rate of CD3+ T lymphocytes of the thymus. These results suggest that resolvin D1 may attenuate the degree of inflammatory reaction in sepsis caused by CLP, without harming the host defense response.

TÍTULO / TITLE: - Robot-Assisted Radical Prostatectomy for the Treatment of Radiation-Resistant Prostate Cancer: Surgical, Oncological and Short-Term Functional Outcomes.

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

REVISTA / JOURNAL: - Urol Int. 2013 Aug 31.

●● Enlace al texto completo (gratis o de pago) [1159/000351948](#)

AUTORES / AUTHORS: - Zugor V; Labanaris AP; Porres D; Heidenreich A; Witt JH

INSTITUCIÓN / INSTITUTION: - Department of Urology and Pediatric Urology, Prostate Center Northwest, St. Antonius Hospital, Gronau, Germany.

RESUMEN / SUMMARY: - Objective: The objective of this study was to assess the surgical, oncological and short-term functional outcomes in patients undergoing salvage robot-assisted radical prostatectomy (SRARP) for the treatment of radiation-resistant prostate cancer. Patients and Methods: The records of 3,500 men who underwent RARP from February 2006 to July 2011 were retrospectively reviewed. All peri- and postoperative data were recorded prospectively in our database. A total of 13 patients (0.37%) who had undergone SRARP for the treatment of radiation-resistant prostate cancer were identified. Results: The primary treatment was external beam radiotherapy in 7 patients (53.8%) and brachytherapy in 6 patients (46.2%). The interval from radiotherapy to biochemical recurrence (BCR) varied from 12 to 108 months (median 48.9). Neurovascular bundle preservation was performed in 3 patients (23.1%). No intraoperative or major complications were encountered. Minor complications were encountered in 4 patients (30.7%). At 12 months, 7 patients were continent (53.8%), 3 exhibited mild incontinence (23.1%) and 3 (23.1%) were incontinent. Regarding potency, none of the patients were potent at 6 months, but 3 patients (23.1%) were potent at 1 year. Regarding BCR, 3 of the patients (23.1%) never reached a prostate-specific antigen nadir of zero, and during the follow-up period only 3 patients (23.1%) exhibited BCR. No disease-specific mortality was evident during

follow-up. Conclusions: Although early in its development, it appears that SRARP is technically feasible and offers satisfactory surgical, oncological and short-term functional outcomes.

TÍTULO / TITLE: - Relationship of electro-mechanical remodeling to survival rates after cardiac resynchronization therapy.

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

REVISTA / JOURNAL: - Tex Heart Inst J. 2013;40(3):268-73.

AUTORES / AUTHORS: - Kiani J; Agarwal SK; Kamireddy S; Adelstein E; Saba S

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RESUMEN / SUMMARY: - Cardiac resynchronization therapy, when added to optimal medical therapy, increases longevity in symptomatic congestive heart failure patients with left ventricular ejection fractions (LVEF) ≤ 0.35 and QRS durations > 120 ms. Cardiac resynchronization therapy is also associated with electrical and mechanical reverse remodeling. We examined whether reverse remodeling predicts increased survival rates in non-trial settings. Recipients of cardiac resynchronization therapy and defibrillators (n=112; 78 men; mean age, 69 \pm 11 yr) underwent repeat echocardiography and electrocardiography at least 90 days after device implantation. Forty patients had mechanical responses of at least 0.05 improvement in absolute LVEF; 56 had electrical responses (any narrowing of biventricular-paced QRS duration compared with the electrocardiogram immediately after therapy). During a mean follow-up period of 3.1 \pm 1.7 years, 55 patients died. The average death rate per 100 person-years was lower among mechanical responders than nonresponders (9.2% vs 23.9%; P=0.009); the unadjusted hazard ratio was 0.39 (95% confidence interval [CI], 0.19-0.79). In a multivariate model adjusted for age, sex, baseline LVEF, and QRS duration, mechanical responders had 60% better survival than nonresponders (hazard ratio=0.40; 95% CI, 0.21-0.79; P=0.008). No difference in survival was observed in electrical response. In our association of absolute change in LVEF over the observed range with death (using restricted cubic splines), we observed a linear relationship with survival. In patients given cardiac resynchronization therapy, mechanical but not electrical remodeling was associated with better survival rates, suggesting that mechanical remodeling underlies this therapy's mechanism of conferring a survival benefit.

TÍTULO / TITLE: - Intraoperative Clinical Assessment and Pressure Measurements of Sentinel Lymph Nodes in Breast Cancer.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Sep 18.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3249-2](https://doi.org/10.1093/ndt/gft241)

AUTORES / AUTHORS: - Nathanson SD; Shah R; Chitale DA; Mahan M

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Wayne State Medical School at Henry Ford Health System, Detroit, MI, USA, dnathan1@hfhs.org.

RESUMEN / SUMMARY: - BACKGROUND: Clinicians have long regarded firm enlarged axillary nodes as suspicious for metastasis, and this has been confirmed to represent increased pressure in sentinel lymph nodes (SLN) in vivo in breast cancer. We hypothesized that measuring intranodal pressure (INP) in the operating room would correlate with metastasis size and be more sensitive than clinical observation. METHODS: Intranodal pressure mmHg was measured in SLNs #1 and #2 (N = 134 and 32) in 122 patients with T1/2 cN0 and 6 controls (T0) (8 bilateral). Clinical "Level of Suspicion" (LOS) was: 0 = benign; 1 = slightly suspicious; 2 = obvious metastasis. Statistical analysis was performed to compare INP, LOS, and SLN metastasis size mm. RESULTS: Sentinel lymph nodes met size correlated with INP ($r = 0.65$; $p < 0.001$). INP was 22.0 ± 1.3 mmHg in 35 SLNs with metastases compared with 9.3 ± 0.7 mmHg in 132 without ($p < 0.001$). Six groups created by combining LOS 0, 1, and 2 with INP >17 or ≤ 17 mmHg showed a significant ($p < 0.001$) correlation with SLN histology; sensitivity and specificity for LOS = 2/INP >17 mmHg = 100 % at predicting metastases; LOS = 0/INP ≤ 17 mmHg most often correct at predicting negative nodes (sensitivity 50 %, specificity 92.9 %, positive predictive value 55 %, negative predictive value 90.7 %). INP was better than LOS at predicting positive nodes in eight patients where INP was >17 mmHg. INP and LOS correlated significantly ($p < 0.001$). CONCLUSIONS: Clinical suspicion of metastasis correlated well with INP particularly at predicting macrometastases. INP was slightly better at predicting micrometastases. Measurement of INP may be valuable adjunct when performing SLN biopsy when further axillary surgery is contemplated.

TÍTULO / TITLE: - Tubulointerstitial nephritis and cancer chemotherapy: update on a neglected clinical entity.

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

REVISTA / JOURNAL: - Nephrol Dial Transplant. 2013 Oct;28(10):2502-9. doi: 10.1093/ndt/gft241. Epub 2013 Sep 5.

●● Enlace al texto completo (gratis o de pago) [1093/ndt/gft241](https://doi.org/10.1093/ndt/gft241)

AUTORES / AUTHORS: - Airy M; Raghavan R; Truong LD; Eknayan G

INSTITUCIÓN / INSTITUTION: - Department of Medicine, Division of Nephrology, Baylor College of Medicine, Houston, TX, USA.

RESUMEN / SUMMARY: - BACKGROUND: Cancer patients are particularly vulnerable to drug-induced kidney injury during their chemotherapy. Whereas the direct nephrotoxic effects of these drugs are well recognized, that of tubulointerstitial nephritis (TIN) is less well known, underdiagnosed and often reported only as a

functional tubular disorder. The diagnosis of acute TIN is important because of its insidious onset with tubular dysfunction, its potential reversibility if detected early and the possibility of its response to steroid treatment. METHODS: We performed a literature review (44 cases) and reviewed our institutional biopsy register (12 cases) of patients on cancer chemotherapy with documented TIN. Biopsies were considered in three groups: acute TIN, chronic TIN and acute on chronic TIN. The outcomes that were evaluated were recovery of kidney function, development of chronic kidney disease and onset of end-stage renal disease (ESRD). RESULTS: Ifosfamide, BCG, tyrosine kinase inhibitors and premetrexed were the most commonly implicated drugs. Ifosfamide and premetrexed were associated with worst outcomes. Recovery of kidney function was better in acute TIN (ATIN) (29%) with fewer progressing to ESRD (12.9%) than with chronic TIN (7.6% recovery, 15.3% ESRD). Steroid use appeared to favorably alter outcomes in ATIN (40% recovery) compared with conservative treatment (18.75% recovery). Peak serum creatinine, age, gender and type of malignancy did not influence outcomes. CONCLUSIONS: As a potentially reversible lesion that can respond to withdrawal of the suspected agent, and in some cases to a short course of steroid therapy, it is important to consider ATIN in the differential diagnosis of all cases of acute kidney injury in cancer patients on chemotherapy.

TÍTULO / TITLE: - Induction of hypoxia by vascular disrupting agents and the significance for their combination with radiation therapy.

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

REVISTA / JOURNAL: - Acta Oncol. 2013 Oct;52(7):1320-6. doi: 10.3109/0284186X.2013.825050. Epub 2013 Aug 29.

●● Enlace al texto completo (gratis o de pago) [3109/0284186X.2013.825050](#)

AUTORES / AUTHORS: - Iversen AB; Busk M; Horsman MR

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Aarhus University Hospital, Aarhus, Denmark.

RESUMEN / SUMMARY: - Abstract Purpose. This pre-clinical study was designed to investigate the effect of various vascular disrupting agents (VDAs) that have undergone or are in clinical evaluation, had on the oxygenation status of tumours and what effects that could have on the combination with radiation. Material and methods. The tumour model was a C3H mammary carcinoma grown in the right rear foot of female CDF1 mice and treated when at 200 mm(3) in size. The VDAs were the flavonoid compounds flavone acetic acid (FAA) and its more recent derivative 5,6-dimethylxanthenone-4-acetic acid (DMXAA), and the leading tubulin binding agent combretastatin A-4 phosphate (CA4P) and the A-1 analogue OXi4503. Oxygenation status was estimated using the Eppendorf oxygen electrode three hours after drug injection. Radiation response was determined following single or fractionated (10 fractions in 12 days) irradiations with a 240 kV x-ray machine using either a tumour re-

growth or local tumour control assay. Results. All VDAs significantly reduced the oxygenation status of the tumours. They also influenced radiation response, but the affect was time and sequence dependent using single radiation schedules; an enhanced effect when the VDAs were injected at the same time or after irradiating, but no or even a reduced effect when given prior to irradiation. Only OXi4503 showed an increased response when given before the radiation. CA4P and OXi4503 also enhanced a fractionated radiation treatment if the drugs were administered after fractions 5 and 10. Conclusions. VDAs clearly induced tumour hypoxia. This had the potential to decrease the efficacy of radiation. However, if the appropriate timing and scheduling were used an enhanced effect was observed using both single and fractionated radiation treatments.

TÍTULO / TITLE: - Survival Outcome of Local Excision versus Radical Resection of Colon or Rectal Carcinoma: A Surveillance, Epidemiology, and End Results (SEER) Population-Based Study.

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

REVISTA / JOURNAL: - Ann Surg. 2013 Oct;258(4):563-71. doi: 10.1097/SLA.0b013e3182a4e85a.

●● [Enlace al texto completo \(gratis o de pago\) 1097/SLA.0b013e3182a4e85a](#)

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RESUMEN / SUMMARY: - OBJECTIVE: To compare cancer-specific results of local excision with major resection. BACKGROUND: Technological advances have enabled endoscopic and local excision techniques to be applied in the treatment of early colorectal cancer in preference to radical surgery. METHOD: Patients with stage 0 (carcinoma in situ) or stage I (T1/2N0M0) adenocarcinoma of the colon or rectum undergoing surgery between 1998 and 2009 were included from the SEER (Surveillance, Epidemiology, and End Results) database. Local excision (endoscopic or surgical) was compared with major surgical resection using adjusted hazard ratios (HRs) for 5-year cancer-specific survival (CSS). RESULTS: This study included 7378 local excisions and 36,116 major resections. There were 3553 patients with carcinoma in situ and 39,941 with clinical stage I cancer. Local tumor excision for carcinoma in situ was associated with equivalent CSS compared to major resection (HRs = 1.06, P = 0.814, for colon and 0.78, P = 0.494, for rectum). Local excision of T1 and T2 colon cancer was associated with

reduced CSS (HR = 1.31, P = 0.020, and 2.89, P < 0.001, respectively). Local excision of T1 rectal cancer did not affect CSS (HR = 1.16, P = 0.236), but it significantly reduced CSS for T2 cancer (HR = 1.71, P < 0.001). Subgroup analysis of T1 and T2 rectal cancer after neoadjuvant therapy and local excision showed oncological equivalence to major resection (HR = 1.12, P = 0.802, and 1.23, P = 0.802). CONCLUSIONS: Local excision for early colorectal cancer was oncologically equivalent to major surgery for carcinoma in situ and T1 rectal cancer, but inferior for T1-2 colon and T2 rectal cancer. Exploratory data suggest local excision of T1-2 rectal cancer after neoadjuvant therapy may be safe.

TÍTULO / TITLE: - Reporting quality of survival analyses in medical journals still needs improvement. A minimal requirements proposal.

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

REVISTA / JOURNAL: - J Clin Epidemiol. 2013 Sep 6. pii: S0895-4356(13)00250-3. doi: 10.1016/j.jclinepi.2013.06.009.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.jclinepi.2013.06.009](#)

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RESUMEN / SUMMARY: - OBJECTIVES: We reviewed publications with two main objectives: to describe how survival analyses are reported across medical journal specialties and to evaluate changes in reporting across periods and journal specialties. STUDY DESIGN AND SETTING: Systematic review of clinical research articles published in 1991 and 2007, in 13 high-impact medical journals. RESULTS: The number of articles performing survival analysis published in 1991 (104) and 2007 (240) doubled (17% vs. 33.5%; P = 0.000), although not uniformly across specialties. The percentage of studies using regression models and the number of patients included also increased. The presentation of results improved, although only the reporting of precision of effect estimates reached satisfactory levels (53.1% in 1991 vs. 94.2% in 2007; P = 0.000). Quality of reporting also varied across specialties; for example, cardiology articles were less likely than oncology ones to discuss sample size estimation (odds ratio = 0.12; 95% confidence interval: 0.05, 0.30). We also detected an interaction effect between period and specialty regarding the likelihood of reporting precision of curves and precision of effect estimates. CONCLUSION: The application of survival analysis to medical research data is increasing, whereas improvement in reporting quality is slow. We propose a list of minimum requirements for improved application and description of survival analysis.

TÍTULO / TITLE: - TMPRSS2-ERG Status Is Not Prognostic Following Prostate Cancer Radiotherapy: Implications for Fusion Status and DSB Repair.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Sep 15;19(18):5202-5209. Epub 2013 Aug 5.

●● [Enlace al texto completo \(gratis o de pago\) 1158/1078-0432.CCR-13-1049](#)

AUTORES / AUTHORS: - Dal Pra A; Lalonde E; Sykes J; Warde F; Ishkanian A; Meng A; Maloff C; Srigley J; Joshua AM; Petrovics G; van der Kwast T; Evans A; Milosevic M; Saad F; Collins C; Squire J; Lam W; Bismar TA; Boutros PC; Bristow RG

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RESUMEN / SUMMARY: - Background: Preclinical data suggest that TMPRSS2-ERG gene fusions, present in about 50% of prostate cancers, may be a surrogate for DNA repair status and therefore a biomarker for DNA-damaging agents. To test this hypothesis, we examined whether TMPRSS2-ERG status was associated with biochemical failure after clinical induction of DNA damage following image-guided radiotherapy (IGRT). Methods: Pretreatment biopsies from two cohorts of patients with intermediate-risk prostate cancer [T1/T2, Gleason score (GS) < 8, prostate-specific antigen (PSA) < 20 ng/mL; >7 years follow-up] were analyzed: (i) 126 patients [comparative genomic hybridization (CGH) cohort] with DNA samples assayed by array CGH (aCGH) for the TMPRSS2-ERG fusion; and (ii) 118 patients [immunohistochemical (IHC) cohort] whose biopsy samples were scored within a defined tissue microarray (TMA) immunostained for ERG overexpression (known surrogate for TMPRSS2-ERG fusion). Patients were treated with IGRT with a median dose of 76 Gy. The potential role of TMPRSS2-ERG status as a prognostic factor for biochemical relapse-free rate (bRFR; nadir + 2 ng/mL) was evaluated in the context of clinical prognostic factors in multivariate analyses using a Cox proportional hazards model. RESULTS: TMPRSS2-ERG fusion by aCGH was identified in 27 (21%) of the cases in the CGH cohort, and ERG overexpression was

found in 59 (50%) patients in the IHC cohort. In both cohorts, TMPRSS2-ERG status was not associated with bRFR on univariate or multivariate analysis. CONCLUSIONS: In two similarly treated IGRT cohorts, TMPRSS2-ERG status was not prognostic for bRFR, in disagreement with the hypothesis that these prostate cancers have DNA repair defects that render them clinically more radiosensitive. TMPRSS2-ERG is therefore unlikely to be a predictive factor for IGRT response. Clin Cancer Res; 19(18); 5202-9. ©2013 AACR.

TÍTULO / TITLE: - Does adjuvant chemotherapy improve survival for women with early-stage uterine leiomyosarcoma?

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

REVISTA / JOURNAL: - Gynecol Oncol. 2013 Sep 7. pii: S0090-8258(13)01122-0. doi: 10.1016/j.ygyno.2013.08.037.

●● Enlace al texto completo (gratis o de pago) [1016/j.ygyno.2013.08.037](#)

AUTORES / AUTHORS: - Ricci S; Giuntoli RL 2nd; Eisenhauer E; Lopez MA; Krill L; Tanner EJ 3rd; Gehrig PA; Havrilesky LJ; Secord AA; Levinson K; Frasure H; Celano P; Fader AN

INSTITUCIÓN / INSTITUTION: - Johns Hopkins Hospital, Baltimore, MD, USA.

RESUMEN / SUMMARY: - OBJECTIVES: To examine whether adjuvant therapy after primary surgery for treatment of early-stage uterine leiomyosarcoma (LMS) improves recurrence and survival rates. METHODS: A multisite, retrospective study of women diagnosed with stage I-II high grade LMS from 1990-2010 was performed. All patients (pts) underwent primary surgery followed by observation (OBS), radiotherapy (RT), or chemotherapy (CT) postoperatively. RESULTS: One hundred eight patients were identified with long-term follow-up; 94 pts (87.0%) had stage I and 14 (13.0%) had stage II disease. The mean patient age was 55.4 years and mean BMI was 28.0. Thirty-four (31.5%) patients underwent OBS, 35 (32.4%) received RT, and 39 (36.1%) received chemotherapy. After a median follow-up of 41.8 months, a recurrence was diagnosed in 70.8%. Recurrence was evident in 25/34 (73.5%) OBS, 23/35 (65.7%) RT, and 28/39 (71.8%) of CT cohorts and was not different based on treatment ($p=0.413$). However, extra-pelvic recurrences were significantly higher in the RT (95.2%) than in the OBS (60%) or CT (64.3%) cohorts ($p=0.012$). Additionally, recurrences were more likely to be successfully treated or palliated in those who initially received CT ($p=0.031$). On multivariate analysis, stage ($p<0.001$) and chemotherapy ($p=0.045$) were associated with overall survival. CONCLUSIONS: Women with early-stage, high grade uterine LMS experience high recurrence rates and poor survival outcomes, irrespective of adjuvant therapy. These rates are higher than previously reported in the literature. Although women treated with CT had similar recurrence rates as those treated with OBS or RT, treatment with adjuvant chemotherapy may decrease the risk of extra-pelvic recurrence and improve survival.

TÍTULO / TITLE: - Inferior survival in liver transplant recipients with hepatocellular carcinoma receiving donation after cardiac death liver allografts.

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

REVISTA / JOURNAL: - Liver Transpl. 2013 Aug 1. doi: 10.1002/lt.23715.

●● Enlace al texto completo (gratis o de pago) [1002/lt.23715](#)

AUTORES / AUTHORS: - Croome KP; Wall W; Chandok N; Beck G; Marotta P; Hernandez-Alejandro R

INSTITUCIÓN / INSTITUTION: - Multi-Organ Transplant Program, London Health Sciences Centre, Western University Canada, London, Canada; Department of Surgery, Division of General Surgery, Western University Canada, London, Canada.

RESUMEN / SUMMARY: - Background: The impact of Ischemia reperfusion Injury (IRI) in the setting of transplantation for Hepatocellular Carcinoma (HCC) has not been thoroughly investigated. Methods: The present study examined data from the Scientific Registry of Transplant Recipients (SRTR) on all deceased donor liver transplant recipients performed from January 1 1995 to October 31 2011. Results: On multivariate Cox analysis significant predictors of graft and patient survival included a diagnosis of HCC ($p < 0.001$), receiving a DCD allograft ($p < 0.001$), HCV+ status ($p < 0.001$), recipient age ($p < 0.001$), donor age ($p < 0.001$), and MELD score ($p < 0.001$) recipient race and an AFP level > 400 at the time of transplant. In order to test if the decreased survival seen in Group 3 (HCC DCD) was more than would be expected given the inferior nature of DCD grafts and having a diagnosis of HCC, an interaction term was created between receiving a DCD allograft and a diagnosis of HCC to examine for potentiation of effect. In the multivariate analysis adjusting for all other covariates this interaction term was statistically significant ($p = 0.049$) confirming that there was potentiation of inferior survival with the use of DCD allografts in recipients with HCC. In a subgroup survival analysis on HCC recipients receiving a DCD allograft, recipients with a donor Warm ischemia time (WIT) ≤ 15 min had a trend of better survival than recipients with a WIT > 15 min. In addition recipients with Cold ischemia time (CIT) < 380 min (6h 20min) had significantly better survival than recipients with CIT > 380 min ($p < 0.036$). Conclusion: There is an inferior patient and graft survival in HCC recipients of DCD allografts compared to those receiving DBD allografts. This potentiation of effect of inferior survival remains even after adjustment for the inherent inferiority observed in DCD allografts as well as other known risk factors. It is hypothesized that this difference could reflect an increased rate of recurrence of HCC. Liver Transpl, 2013. © 2013 AASLD.

TÍTULO / TITLE: - Computerized tomography-based radiotherapy improves heterotopic ossification outcomes.

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

REVISTA / JOURNAL: - Bone. 2013 Nov;57(1):132-6. doi: 10.1016/j.bone.2013.08.001. Epub 2013 Aug 11.

●● Enlace al texto completo (gratis o de pago) [1016/j.bone.2013.08.001](https://doi.org/10.1016/j.bone.2013.08.001)

AUTORES / AUTHORS: - Mourad WF; Packianathan S; Ma JK; Yang CC; Shourbaji RA; He R; Zhang Z; Kanakamedala MR; Khan MA; Mobit P; Katsoulakis E; Nabhani T; Jennelle R; Russell GV; Vijayakumar S

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of Mississippi Medical Center, Jackson, MS, USA. Electronic address: Waleed246@gmail.com.

RESUMEN / SUMMARY: - PURPOSE: To report the impact of computerized tomography (CT) based radiotherapy (RT) on heterotopic ossification (HO) outcomes. METHODS: This is a single institution, retrospective study of 532 patients who were treated for traumatic acetabular fractures (TAF). All patients underwent open-reduction internal-fixation (ORIF) of the TAF followed by RT for HO prophylaxis. Postoperative RT was delivered within 72h, in a single fraction of 7Gy. The patients were divided into 2 groups based on RT planning: CT (A) vs. clinical setup (B). RESULTS: At a median follow up of 8years the incidence of HO was 21.6%. Multivariate regression analysis revealed that group (A) vs. (B) had HO incidence of 6.6% vs. 24.6% ($p < 0.001$), respectively. Furthermore, HO Brooker grade ≥ 3 was observed in 2.2% vs. 10.8% ($p = 0.007$) in group (A) vs. (B), respectively. Thus, the odds of developing HO and Brooker grades ≥ 3 were 4.7 and 4.5 times higher, respectively, in patients who underwent clinical setup. CONCLUSION: Our data suggest that using CT based RT allowed more accurate delineation of the tissues and better clinical outcomes. Although CT-based RT is associated with additional cost the efficacy of CT-based RT reduces the risk of HO, thereby decreasing the need for additional surgical interventions.

TÍTULO / TITLE: - Radiation protection in nuclear medicine.

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

REVISTA / JOURNAL: - Med Phys. 2013 Sep;40(9):097302. doi: 10.1118/1.4818721.

●● Enlace al texto completo (gratis o de pago) [1118/1.4818721](https://doi.org/10.1118/1.4818721)

AUTORES / AUTHORS: - Mattsson S; Hoeschen C; Carlson RA

TÍTULO / TITLE: - Multifactorial risk assessment for survival of abutments of removable partial dentures based on practice-based longitudinal study.

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

REVISTA / JOURNAL: - J Dent. 2013 Aug 1. pii: S0300-5712(13)00191-7. doi: 10.1016/j.jdent.2013.07.018.

●● Enlace al texto completo (gratis o de pago) [1016/j.jdent.2013.07.018](https://doi.org/10.1016/j.jdent.2013.07.018)

AUTORES / AUTHORS: - Tada S; Ikebe K; Matsuda KI; Maeda Y

INSTITUCIÓN / INSTITUTION: - Department of Prosthodontics, Gerodontology and Oral Rehabilitation, Osaka University Graduate School of Dentistry, Japan.

RESUMEN / SUMMARY: - **OBJECTIVES:** Predicting the tooth survival is such a great challenge for evidence-based dentistry. To prevent further tooth loss of partially edentulous patients, estimation of individualized risk and benefit for each residual tooth is important to the clinical decision-making. While there are several reports indicating a risk of losing the abutment teeth of RPDs, there are no existing reports exploring the cause of abutment loss by multifactorial analysis. The aim of this practice-based longitudinal study was to determine the prognostic factors affecting the survival period of RPD abutments using a multifactorial risk assessment. **METHODS:** One hundred and forty-seven patients had been previously provided with a total of 236 new RPDs at the Osaka University Dental Hospital; the 856 abutments for these RPDs were analyzed. Survival of abutment teeth was estimated using the Kaplan-Meier method. Multivariate analysis was conducted by Cox's proportional hazard modelling. **RESULTS:** The 5-year survival rates were 86.6% for direct abutments and 93.1% for indirect abutments, compared with 95.8% survival in non-abutment teeth. The multivariate analysis showed that abutment survival was significantly associated with crown-root ratio (hazard ratio (HR): 3.13), root canal treatment (HR: 2.93), pocket depth (HR: 2.51), type of abutments (HR: 2.19) and occlusal support (HR: 1.90). **CONCLUSION:** From this practice-based longitudinal study, we concluded that RPD abutment teeth are more likely to be lost than other residual teeth. From the multifactorial risk factor assessment, several prognostic factors, such as occlusal support, crown-root ratio, root canal treatment, and pocket depth were suggested. **CLINICAL SIGNIFICANCE:** These results could be used to estimate the individualized risk for the residual teeth, to predict the prognosis of RPD abutments and to facilitate an evidence-based clinical decision making.

TÍTULO / TITLE: - Nephrology Crossword: Onco-nephrology—chemotherapy agents and nephrotoxicity.

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

REVISTA / JOURNAL: - Kidney Int. 2013 Aug;84(2):421-2. doi: 10.1038/ki.2013.50.

●● Enlace al texto completo (gratis o de pago) [1038/ki.2013.50](#)

AUTORES / AUTHORS: - Jhaveri KD; Fishbane S

INSTITUCIÓN / INSTITUTION: - Division of Kidney Diseases and Hypertension, Department of Medicine, Hofstra North Shore-LIJ School of Medicine, Great Neck, New York 10021, USA. kdj200@gmail.com

TÍTULO / TITLE: - Racial disparities in cervical cancer survival over time.

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

REVISTA / JOURNAL: - Cancer. 2013 Jul 31. doi: 10.1002/cncr.28261.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28261](https://doi.org/10.1002/cncr.28261)

AUTORES / AUTHORS: - Rauh-Hain JA; Clemmer JT; Bradford LS; Clark RM; Growdon WB; Goodman A; Boruta DM 2nd; Schorge JO; Del Carmen MG

INSTITUCIÓN / INSTITUTION: - Division of Gynecologic Oncology, Vincent Obstetrics and Gynecology, Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts.

RESUMEN / SUMMARY: - BACKGROUND: The purpose of this study is to examine changes over time in survival for African American (AA) and white women diagnosed with cervical cancer (CC). METHODS: Surveillance, Epidemiology, and End Results (SEER) Program data from 1985 to 2009 were used for this analysis. Racial differences in survival were evaluated between African American (AA) and white women. Kaplan-Meier and Cox proportional hazards survival methods were used to assess differences in survival by race at 5-year intervals. RESULTS: The study sample included 23,368 women, including 3886 (16.6%) who were AA and 19,482 (83.4%) who were white. AA women were older (51.4 versus 48.9 years; $P < .001$) and had a higher rate of regional (38.3% versus 31.8%; $P < .001$) and distant metastasis (10.7% versus 8.7%; $P < .001$). AA less frequently received cancer-directed surgery (32.4% versus 46%; $P < .001$), and more frequently radiotherapy (36.3% versus 26.4%; $P < .001$). Overall, AA women had a hazard ratio (HR) of 1.41 (95% confidence interval = 1.32-1.51) of cervical cancer (CC) mortality compared with whites. Adjusting for SEER registry, marital status, stage, age, treatment, grade, and histology, AA women had an HR of 1.13 (95% confidence interval = 1.05-1.22) of CC-related mortality. After adjusting for the same variables, there was a significant difference in CC-specific mortality between 1985 to 1989 and 1990 to 1994, but not after 1995. CONCLUSIONS: After adjusting for race, SEER registry, marital status, stage, age, treatment, grade, and histology, there was a significant difference in CC-specific mortality between 1985 to 1989 and 1990 to 1994, but not after 1995. Cancer 2013;000:000-000. © 2013 American Cancer Society.

TÍTULO / TITLE: - Mortality in neurofibromatosis 1: in North West England: an assessment of actuarial survival in a region of the UK since 1989.

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

REVISTA / JOURNAL: - Eur J Hum Genet. 2013 Sep;21(9):1031. doi: 10.1038/ejhg.2013.121.

●● Enlace al texto completo (gratis o de pago) [1038/ejhg.2013.121](https://doi.org/10.1038/ejhg.2013.121)

AUTORES / AUTHORS: - Evans DG; O'Hara C; Wilding A; Ingham SL; Howard E; Dawson J; Moran A; Scott-Kitching V; Holt F; Huson SM

TÍTULO / TITLE: - Imaging the survival and utility of pre-differentiated allogeneic MSC in ischemic heart.

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

REVISTA / JOURNAL: - Biochem Biophys Res Commun. 2013 Aug 23;438(2):382-7. doi: 10.1016/j.bbrc.2013.07.084. Epub 2013 Jul 27.

●● Enlace al texto completo (gratis o de pago) [1016/j.bbrc.2013.07.084](#)

AUTORES / AUTHORS: - Xia C; Cao J

INSTITUCIÓN / INSTITUTION: - Institute of Liver Disease, Military General Hospital of Beijing PLA, Beijing 100700, PR China.

RESUMEN / SUMMARY: - The aim of the study is to track the survival and utility of mesenchymal stem cells (MSCs) and pre-differentiated MSCs in allogeneic infarcted myocardium. MSCs labeled with green fluorescent protein and luciferase (GFP-Fluc) were characterized by flow cytometry and multi-differentiation. 5-Azacytidine (5-AZ) was employed to induced cardiac differentiation from MSCs. Cardiac markers and immune antigen expression were assessed. Then, pre-differentiated MSCs induced by 5-AZ were intramyocardially injected into allogeneic C57 mice of myocardial infarction, undifferentiated MSCs were transplanted as control. The survival of transplanted cells, immune response and cardiac function of recipients were assessed with bioluminescence imaging, immunohistochemistry and echocardiography, respectively. In vitro results showed that 5-AZ treatment induced cardiac differentiation from MSCs, which also increased their expression of MHC-Ia and MHC-II. After intramyocardial transplantation in allogeneic mice, 5-AZ treated MSCs would rapidly be recognized and excluded by recipients. Meanwhile, a severe infiltration of immune cells could be detected. Though beneficial effects on cardiac function by 5-AZ treated MSCs could be detected, it was short and disappeared within 1month. In contrast, undifferentiated MSCs were immune-privileged and could survive in allogeneic myocardium for more than 1month, resulting in a significant improvement on cardiac function.

TÍTULO / TITLE: - Trends in incidence and survival of Dutch women with vulvar squamous cell carcinoma.

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

REVISTA / JOURNAL: - Eur J Cancer. 2013 Sep 3. pii: S0959-8049(13)00758-2. doi: 10.1016/j.ejca.2013.08.003.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejca.2013.08.003](#)

AUTORES / AUTHORS: - Schuurman MS; van den Einden LC; Massuger LF; Kiemeneij LA; van der Aa MA; de Hullu JA

INSTITUCIÓN / INSTITUTION: - Department of Research, Comprehensive Cancer Centre the Netherlands (IKNL), Utrecht, The Netherlands. Electronic address: m.schuurman@iknl.nl.

RESUMEN / SUMMARY: - AIM: Previous studies showed an increase in incidence of vulvar intraepithelial neoplasia (VIN), the premalignant lesion of Vulvar Squamous Cell Carcinoma (VSCC). Furthermore, during the last decades treatment of VSCC became less radical. Considering these changes the aim of this study was to describe trends of incidence and survival of patients with VSCC in the Netherlands. METHODS: All patients with VSCC diagnosed between 1989 and 2010 (n=4614) were selected from the Netherlands Cancer Registry. Trends in age-adjusted incidence rates were evaluated by calculating the estimated annual percentage change (EAPC). Joinpoint regression analysis was used to detect changes in trends. Five-year relative survival rates were calculated for four time periods. RESULTS: The incidence of VSCC has increased since 2002 (EAPC 5.0; 95% confidence interval (CI): 2.7-7.7%). In women aged <60years incidence rates increased significantly during the whole study period (EAPC 3.5%; 95% CI: 2.0-4.9), while in women aged 60years only an increase has observed from 2004 onwards (EAPC 5.0; 95% CI: 1.5-8.6). Survival rates did not change over time. CONCLUSION: The incidence rate of VSCC has increased from 2002 onwards in all women. Over the whole study period the increase was strongest in women aged <60years. The introduction of less radical surgery did not affect survival.

PTPTPTP - JOURNAL ARTICLE ----- [877]

TÍTULO / TITLE: - Results of a questionnaire regarding practice patterns for the diagnosis and treatment of intracranial radiation necrosis after SRS.

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

REVISTA / JOURNAL: - J Neurooncol. 2013 Sep 18.

●● Enlace al texto completo (gratis o de pago) [1007/s11060-013-1248-6](#)

AUTORES / AUTHORS: - Stockham AL; Ahluwalia M; Reddy CA; Suh JH; Kumar A; Vogelbaum MA; Barnett GH; Murphy ES; Chao ST

INSTITUCIÓN / INSTITUTION: - Radiation Oncology Department, Taussig Cancer Center, Cleveland Clinic, 9500 Euclid Avenue, Mailstop T-28, Cleveland, OH, 44195, USA.

RESUMEN / SUMMARY: - Although stereotactic radiosurgery (SRS) is an effective treatment option for patients with brain tumors, its increased use has raised concern for increased incidence of radiation necrosis (RN). No established standard or guidelines exists regarding non-invasive techniques to diagnose or treat RN. This study was conducted to assess current patterns of evaluation and treatment of RN among physicians who treat intracranial malignancies. A questionnaire consisting of 20 questions was sent to 3,041 members of the American Society for Radiation Oncology (ASTRO) and the Society for Neurologic Oncology (SNO). Questions addressed demographics, utilization of SRS, perceptions regarding RN diagnosis treatment, approach to steroid-refractory RN, and management of two clinical scenarios using Kwiksury© software. The survey response rate was 8.74 % (266/3,041). Most respondents practice in an academic and/or university setting (62 %) at a facility that performs SRS (94 %) with a variety of systems. The number of annual cases performed

at the participant's institution varied from <50 to >400, with a wide degree of variability. Most respondents practice at an institution that performs 50-100 cases/year (28 %). The most common range of symptomatic RN seen in clinical practice was 1-5 % (61 %). Most respondents reported that asymptomatic RN occurs in 6-10 % (33 %). Favored non-invasive diagnostic mechanisms were clinical evaluation (37 %) and MRI (19 %). In response to a clinical scenario depicting an asymptomatic patient post-SRS for brain metastasis with an enlarging lesion and edema at the treatment site, most respondents felt the image represented RN or a combination of RN and tumor progression. Most (58 %) favored short-term follow-up with repeat MRI. Ninety-three percent of the respondents initiated steroids as a first-line approach if patient was to develop symptoms. Steroids were the preferred first therapy in symptomatic patients on initial follow-up (81 %). In steroid-refractory patients, most recommend surgical intervention (63 %). Most physicians who responded to this questionnaire believe that post-SRS RN is uncommon (<=10 % of cases). The approach to establish the diagnosis of RN is variable. Steroids are the most commonly utilized first-line treatment for suspected RN. Considerable variation exists in the management of steroid-refractory RN. Additional studies are required to establish guidelines for evaluation and treatment of RN.

TÍTULO / TITLE: - Re: inhaled anticholinergic agents and acute urinary retention in men with lower urinary tract symptoms or benign prostatic hyperplasia.

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

REVISTA / JOURNAL: - J Urol. 2013 Sep;190(3):979. doi: 10.1016/j.juro.2013.05.090. Epub 2013 Jun 7.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.05.090

AUTORES / AUTHORS: - Kaplan SA

TÍTULO / TITLE: - Reducing the radiation sterilization dose improves mechanical and biological quality while retaining sterility assurance levels of bone allografts.

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

REVISTA / JOURNAL: - Bone. 2013 Nov;57(1):194-200. doi: 10.1016/j.bone.2013.07.036. Epub 2013 Aug 2.

●● Enlace al texto completo (gratis o de pago) 1016/j.bone.2013.07.036

AUTORES / AUTHORS: - Nguyen H; Cassady AI; Bennett MB; Gineyts E; Wu A; Morgan DA; Forwood MR

INSTITUCIÓN / INSTITUTION: - Griffith Health Institute and School of Medical Science, Griffith University, Gold Coast, QLD 4222, Australia; Queensland Bone Bank, Organ and Tissue Donation Service, Queensland Health, Brisbane, QLD, Australia.

RESUMEN / SUMMARY: - BACKGROUND: Bone allografts carry a risk of infection, so terminal sterilization by gamma irradiation at 25kGy is recommended; but is deleterious to bone quality. Contemporary bone banking significantly reduces initial allograft bioburden, questioning the need to sterilize at 25kGy. METHODS: We inoculated allograft bone with Staphylococcus epidermidis and Bacillus pumilus, then exposed them to gamma irradiation at 0, 5, 10, 15, 20 and 25kGy. Mechanical and biological properties of allografts were also assessed. Our aim was to determine an optimal dose that achieves sterility assurance while minimizing deleterious effects on allograft tissue. RESULTS: 20-25kGy eliminated both organisms at concentrations from 10(1) to 10(3)CFU, while 10-15kGy sterilized bone samples to a bioburden concentration of 10(2)CFU. Irradiation did not generate pro-inflammatory bone surfaces, as evidenced by macrophage activation, nor did it affect attachment or proliferation of osteoblasts. At doses ≥ 10 kGy, the toughness of cortical bone was reduced ($P < 0.05$), and attachment and fusion of osteoclasts onto irradiated bone declined at 20 and 25kGy ($P < 0.05$). There was no change in collagen cross-links, but a significant dose-response increase in denatured collagen ($P < 0.05$). CONCLUSIONS: Our mechanical and cell biological data converge on 15kGy as a threshold for radiation sterilization of bone allografts. Between 5 and 15kGy, bone banks can undertake validation that provides allografts with an acceptable sterility assurance level, improving their strength and biocompatibility significantly. CLINICAL RELEVANCE: The application of radiation sterilization doses between 5 and 15kGy will improve bone allograft mechanical performance and promote integration, while retaining sterility assurance levels. Improved quality of allograft bone will promote superior clinical outcomes.

TÍTULO / TITLE: - Pre-adaptation to cold-stress in Salmonella Typhimurium increases survival during subsequent acid-stress exposure.

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

REVISTA / JOURNAL: - Appl Environ Microbiol. 2013 Sep 20.

●● Enlace al texto completo (gratis o de pago) [1128/AEM.02621-13](#)

AUTORES / AUTHORS: - Shah J; Desai PT; Chen D; Stevens JR; Weimer BC

INSTITUCIÓN / INSTITUTION: - Department of Nutrition, Dietetics, and Food Sciences, Utah State University, Logan, UT 84322-8700.

RESUMEN / SUMMARY: - Salmonella is an important cause of bacterial foodborne gastroenteritis. Salmonella encounters multiple abiotic stresses during pathogen elimination methods used in food processing which may influence its subsequent survivability within the host or in the environment. Upon ingestion, Salmonella is exposed to gastrointestinal acidity, a first line of the host innate defense system. This study tested the hypothesis that abiotic stresses encountered during food processing alter the metabolic mechanisms in Salmonella that enable survival and persistence

during subsequent exposure to host gastrointestinal acidic environment. Out of the four different abiotic stresses tested, viz., cold, peroxide, osmotic and acid, pre-adaptation of log phase culture to cold-stress (5 degrees C for 5 h) significantly enhanced survival during subsequent acid-stress (pH 4.0 for 90 min). The gene expression profile of Salmonella pre-adapted to cold-stress revealed induction of multiple genes associated with amino acid metabolism, oxidative stress and DNA repair while only a few of the genes in the above mentioned stress response and repair pathways were induced upon exposure to acid-stress alone. Pre-adaptation to cold-stress decreased the NAD⁺/NADH ratio and hydroxyl (OH^{*}) radical formation compared with the exposure to acid-stress alone, indicating alteration of aerobic respiration and oxidative state of the bacteria. The results from this study suggest that pre-adaptation to cold-stress rescues Salmonella from the deleterious effect of subsequent acid-stress exposure by inducing genes involved in stress response and repair pathways, by modification of aerobic respiration and by redox modulation.

TÍTULO / TITLE: - Can pharmaco-electroencephalography help improve survival of central nervous system drugs in early clinical development?

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

REVISTA / JOURNAL: - Drug Discov Today. 2013 Aug 14. pii: S1359-6446(13)00262-6. doi: 10.1016/j.drudis.2013.08.001.

●● Enlace al texto completo (gratis o de pago) [1016/j.drudis.2013.08.001](#)

AUTORES / AUTHORS: - Wilson FJ; Leiser SC; Ivarsson M; Christensen SR; Bastlund JF

INSTITUCIÓN / INSTITUTION: - Medical Imaging and Physiological Measurements Consultant, Canterbury, Kent, UK. Electronic address: fred.wilson@physics.org.

RESUMEN / SUMMARY: - Pharmaco-electroencephalography has significant yet unrealised promise as a translatable intermediate biomarker of central pharmacodynamic activity that could help reduce Phase 2 attrition in the development of central nervous system drugs. In an effort to understand its true potential, a framework for decision-making was proposed and the utility of pharmaco-electroencephalography was assessed through several case studies. A key finding was that lack of standardisation reduces the value of data pooling and meta-analyses and renders assessment of translatability difficult, limiting utility in all but simple cases. Pre-competitive collaboration is essential both to improving understanding of translation and developing modern signal processing techniques.

TÍTULO / TITLE: - New Insights into the Mechanism Underlying the Synergistic Action of Ionizing Radiation With Platinum Chemotherapeutic Drugs: The Role of Low-Energy Electrons.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Aug 1. pii: S0360-3016(13)02744-2. doi: 10.1016/j.ijrobp.2013.06.2037.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijrobp.2013.06.2037](https://doi.org/10.1016/j.ijrobp.2013.06.2037)

AUTORES / AUTHORS: - Rezaee M; Hunting DJ; Sanche L

INSTITUCIÓN / INSTITUTION: - Departement de Medecine Nucleaire et Radiobiologie, Faculte de Medecine, Universite de Sherbrooke, Sherbrooke, QC, Canada. Electronic address: Mohammad.Rezaee@USherbrooke.ca.

RESUMEN / SUMMARY: - PURPOSE: To investigate the efficiencies of platinum chemotherapeutic drugs (Pt-drugs) in the sensitization of DNA to the direct effects of ionizing radiation and to determine the role of low-energy electrons (LEEs) in this process. METHODS AND MATERIALS: Complexes of supercoiled plasmid DNA covalently bound to either cisplatin, carboplatin, or oxaliplatin were prepared in different molar ratios. Solid films of DNA and DNA modified by Pt-drugs were irradiated with either 10-KeV or 10-eV electrons. Damages to DNA were quantified by gel electrophoresis, and the yields for damage formation were obtained from exposure-response curves. RESULTS: The presence of an average of 2 Pt-drug-DNA adducts (Pt-adducts) in 3199-bp plasmid DNA increases the probability of a double-strand break by factors of 3.1, 2.5, and 2.4 for carboplatin, cisplatin, and oxaliplatin, respectively. Electrons with energies of 10 eV and 10 KeV interact with Pt-adducts to preferentially enhance the formation of cluster lesions. The maximum increase in radiosensitivity per Pt-adduct is found at ratios up to 3.1×10^{-4} Pt-adducts per nucleotide, which is equivalent to an average of 2 adducts per plasmid. Carboplatin and oxaliplatin show higher efficiencies than cisplatin in the radiosensitization of DNA. Because carboplatin and cisplatin give rise to identical reactive species that attach to DNA, carboplatin must be considered as a better radiosensitizer for equal numbers of Pt-adducts. CONCLUSION: Platinum chemotherapeutic drugs preferentially enhance the formation of cluster damage to DNA induced by the direct effect of ionizing radiation, and LEEs are the main species responsible for such an enhancement via the formation of electron resonances.

TÍTULO / TITLE: - Protection against Radiation-induced Hematopoietic Damage in Bone Marrow by Hepatocyte Growth Factor Gene Transfer.

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

REVISTA / JOURNAL: - Int J Radiat Biol. 2013 Sep 23.

●● Enlace al texto completo (gratis o de pago) [3109/09553002.2014.847294](https://doi.org/10.1080/09553002.2014.847294)

AUTORES / AUTHORS: - Li Q; Jun X; Wang X; Liu Y; Zhang Q; Wu C; Wang H; Wang LS; Yang Y; Xiao F; Sun H

RESUMEN / SUMMARY: - Abstract Purpose: To investigate whether adenovirus-mediated delivery of the human hepatocyte growth factor (HGF) gene could prevent radiation-induced hematopoietic damage. Materials and Methods: Thirty C57BL/6 mice were

randomized into three groups, in which phosphate buffer saline (PBS), mock adenovirus vector (Ad-null) or adenovirus vector containing HGF (Ad-HGF) were injected into the tail vein of each group, respectively. After 48 hours, the mice received a single irradiation dose of 6.5 Gy 60Co gamma rays. Blood samples were extracted via the tail vein at day 0, 4, 7, 10, 14, 21, 24 and 30 after irradiation, for red blood cell (RBC) and white blood cell (WBC) and cluster of differentiation4 (CD4)/cluster of differentiation8(CD8)ratio assessment. At weekly intervals following irradiation, serum erythropoietin (EPO), Interleukin-6 (IL-6) and Interferon-gamma (IFN-gamma) levels were measured using enzyme-linked immunosorbent assay (ELISA). On post-irradiation day 30, the mice were autopsied and erythroid burst-forming units (BFU-E) were evaluated. Results: Adenovirus-mediated HGF gene transfer could increase human HGF level in serum and have a significant elevation in RBC and WBC count. Ad-HGF increased EPO and IL-6 levels and prompted BFU-E formation. Ad-HGF decreased radiation-induced micronucleus frequency in the mouse bone marrow (BM). Most evidence of radiation-induced hematopoietic damage was observed morphologically in bone marrow specimen four weeks after irradiation. Ad-HGF protected against radiation-induced BM failure and increased survival. Finally, Ad-HGF increased the thymic index and enhanced immune function in the irradiated C57BL/6 mice. Conclusions: This is the first report to date that demonstrates the potential of HGF gene transfer to prevent radiation-induced hematopoietic damage.

TÍTULO / TITLE: - The EMT activator ZEB1 promotes tumor growth and determines differential response to chemotherapy in mantle cell lymphoma.

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

REVISTA / JOURNAL: - Cell Death Differ. 2013 Sep 6. doi: 10.1038/cdd.2013.123.

●● Enlace al texto completo (gratis o de pago) [1038/cdd.2013.123](#)

AUTORES / AUTHORS: - Sanchez-Tillo E; Fanlo L; Siles L; Montes-Moreno S; Moros A; Chiva-Blanch G; Estruch R; Martinez A; Colomer D; Gyorffy B; Roue G; Postigo A

INSTITUCIÓN / INSTITUTION: - Group of Transcriptional Regulation of Gene Expression, Department of Oncology and Hematology, IDIBAPS, CIBERehd, Barcelona 08036, España.

RESUMEN / SUMMARY: - Mantle cell lymphoma (MCL) is a B-cell malignancy characterized by a poor response to treatment and prognosis. Constitutive activation of different signaling pathways in subsets of MCLs, through genetic and/or nongenetic alterations, endows tumor cells with enhanced proliferation and reduced apoptosis. The canonical Wnt pathway (beta-catenin/TCF-LEF), implicated in the pathogenesis of numerous cancers, is constitutively active in half of MCLs. Here, we show that ZEB1, a transcription factor better known for promoting metastasis in carcinomas, is expressed in primary MCLs with active Wnt signaling. ZEB1 expression in MCL cells depends on Wnt, being downregulated by beta-catenin knockdown or blocking of Wnt signaling by

salinomycin. Knockdown of ZEB1 reduces in vitro cell viability and proliferation in MCL cells, and, importantly, tumor growth in mouse xenograft models. ZEB1 activates proliferation-associated (HMGB2, UHRF1, CENPF, MYC, MKI67, and CCND1) and anti-apoptotic (MCL1, BCL2, and BIRC5) genes and inhibits pro-apoptotic ones (TP53, BBC3, PMAIP1, and BAX). We show that ZEB1 expression in MCL cells determines differential resistance to chemotherapy drugs and regulates transporters involved in drug influx/efflux. Downregulation of ZEB1 by salinomycin increases the sensitivity of MCL cells to the cytotoxic effect of doxorubicin, cytarabine and gemcitabine. Lastly, salinomycin and doxorubicin display a synergistic effect in established and primary MCL cells. These results identify ZEB1 in MCL where it promotes cell proliferation, enhanced tumor growth and a differential response to chemotherapy drugs. ZEB1 could thus potentially become a predictive biomarker and therapeutic target in this lymphoma. Cell Death and Differentiation advance online publication, 6 September 2013; doi:10.1038/cdd.2013.123.

TÍTULO / TITLE: - Gender Differences in Long-Term Survival of Medicare Beneficiaries Undergoing Mitral Valve Operations.

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

REVISTA / JOURNAL: - Ann Thorac Surg. 2013 Oct;96(4):1367-1373. doi: 10.1016/j.athoracsur.2013.04.055. Epub 2013 Jul 31.

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

[1016/j.athoracsur.2013.04.055](#)

AUTORES / AUTHORS: - Vassileva CM; McNeely C; Mishkel G; Boley T; Markwell S; Hazelrigg S

INSTITUCIÓN / INSTITUTION: - Division of Cardiothoracic Surgery, Department of Surgery, Southern Illinois University School of Medicine, Springfield, Illinois. Electronic address: cvassileva@siu.edu.

RESUMEN / SUMMARY: - BACKGROUND: Gender disparities in outcomes have been documented in cardiac surgery. Gender differences in long-term survival after mitral valve operations, especially in the elderly, are less well studied. METHODS: Using Centers for Medicare and Medicaid Services data, we identified 183,792 Medicare beneficiaries aged 65 years and older who underwent mitral valve repair or replacement from 2000 through 2009. The final study population included 47,602 Medicare fee-for-service beneficiaries undergoing isolated mitral valve operations. The outcomes studied were gender-specific operative mortality and long-term survival. RESULTS: Women were less likely to receive mitral valve repair (31.9% vs 44.0%, $p < 0.0001$). The hospital mortality rate was 7.7% for women vs 6.1% for men ($p < 0.0001$), reflective of a worse preoperative profile. Women undergoing repair had worse long-term survival than men ($p = 0.0020$) but survival was similar after risk adjustment (hazard ratio, 0.97; 95% confidence interval, 0.92 to 1.02, $p = 0.2106$). Compared with

the United States population matched for age and sex, mitral repair restored life expectancy for men but not for women. Unadjusted and adjusted long-term survival was similar for men and women undergoing mitral valve replacement ($p = 0.3653$; hazard ratio, 0.99; 95% confidence interval, 0.96 to 1.02; $p = 0.4847$). CONCLUSIONS: In this large comparative study of gender differences in mitral valve operations, elderly women had higher operative mortality and lower long-term survival. These differences appeared to be driven largely because women present for mitral valve operations later in the disease process. Mitral repair appeared to restore normal life expectancy for men but not for women. Future studies should examine the factors that influence physician referral to mitral valve operations for men and women.

TÍTULO / TITLE: - Point/Counterpoint. Brachytherapy is better than external beam therapy for partial breast irradiation.

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

REVISTA / JOURNAL: - Med Phys. 2013 Aug;40(8):080601. doi: 10.1118/1.4798227.

●● Enlace al texto completo (gratis o de pago) [1118/1.4798227](#)

AUTORES / AUTHORS: - Todor D; Becker S; Orton CG

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Virginia Commonwealth University Health System, Medical College of Virginia, Richmond, Virginia 23298, USA.

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TÍTULO / TITLE: - Does Polyvinyl Alcohol Particle Size Change the Outcome of Prostatic Arterial Embolization for Benign Prostatic Hyperplasia? Results from a Single-center Randomized Prospective Study.

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

REVISTA / JOURNAL: - J Vasc Interv Radiol. 2013 Aug 2. pii: S1051-0443(13)01096-8. doi: 10.1016/j.jvir.2013.06.003.

●● Enlace al texto completo (gratis o de pago) [1016/j.jvir.2013.06.003](#)

AUTORES / AUTHORS: - Bilhim T; Pisco J; Campos Pinheiro L; Rio Tinto H; Fernandes L; Pereira JA; Duarte M; Oliveira AG

INSTITUCIÓN / INSTITUTION: - University Departments of Anatomy (T.B.); Radiology (T.B., H.R.T., L.F., J.A.P.); Department of Interventional Radiology (T.B., J.P., H.R.T., L.F., J.A.P., M.D.), Hospital Saint Louis. Electronic address: tiagobilhim@hotmail.com.

RESUMEN / SUMMARY: - PURPOSE: To evaluate whether different polyvinyl alcohol (PVA) particle sizes change the outcome of prostatic arterial embolization (PAE) for benign prostatic hyperplasia (BPH). MATERIALS AND METHODS: A randomized prospective study was undertaken in 80 patients (mean age, 63.9 y; range, 48-81 y) with symptomatic BPH undergoing PAE between May and December 2011. Forty patients underwent PAE with 100-microm (group A) and 200-microm PVA particles (group B).

Visual analog scales were used to measure pain, and rates of adverse events were recorded. PAE outcomes were evaluated based on International Prostate Symptom Score (IPSS) and quality-of-life (QoL) questionnaires, prostate volume (PV), prostate-specific antigen (PSA) levels, and peak flow rate measurements at baseline and 6 months. RESULTS: No differences between groups regarding baseline data, procedural details, or adverse events were noted. Mean pain scores were as follows: during embolization, 3.2 +/- 2.97 (group A) versus 2.93 +/- 3.28 (group B); after embolization, 0.10 +/- 0.50 (group A) versus 0 (group B; P = .20); and the week after PAE, 0.85 +/- 1.65 (group A) versus 0.87 +/- 1.35 (group B; P = .96). Patients in group B had greater decreases in IPSS (3.64 points; P = .052) and QoL (0.57 points; P = .07). Patients in group A had a greater decrease in PV (8.75 cm³; P = .13) and PSA level (2.09 ng/mL; P < .001). CONCLUSIONS: No significant differences were found in pain scores and adverse events between groups. Whereas PSA level and PV showed greater reductions after PAE with 100-microm PVA particles, clinical outcome was better with 200-microm particles.

TÍTULO / TITLE: - The time aspect in storing vitrified blastocysts: its impact on survival rate, implantation potential and babies born.

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

REVISTA / JOURNAL: - Hum Reprod. 2013 Sep 12.

●● [Enlace al texto completo \(gratis o de pago\) 1093/humrep/det361](#)

AUTORES / AUTHORS: - Wirleitner B; Vanderzwalmen P; Bach M; Baramsai B; Neyer A; Schwerda D; Schuff M; Spitzer D; Stecher A; Zintz M; Zech NH

INSTITUCIÓN / INSTITUTION: - IVF Centers Prof. Zech - Bregenz, Romerstrasse 2, 6900 Bregenz, Austria.

RESUMEN / SUMMARY: - STUDY QUESTION: Does the storage time of vitrified human blastocysts negatively impact their survival, the implantation potential of embryos or the malformation rate of babies born? SUMMARY ANSWER: There was no evidence that storage times of up to 6 years after vitrification (VIT) had a negative impact on blastocyst survival, the implantation potential of embryos or the malformation rate of babies born. WHAT IS KNOWN ALREADY: Although several thousand children have been born after blastocyst VIT, many aspects of this technique remain to be elucidated. New applications, such as fertility preservation, lead to long storage times of vitrified gametes or embryos but it remains to be determined if these vitrified embryos are stable over time. STUDY DESIGN, SIZE, DURATION: A retrospective study including 603 transfers was conducted between January 2009 and April 2012. Blastocysts were vitrified using a closed system. PARTICIPANTS/MATERIALS, SETTING, METHODS: All patients underwent the transfer of aseptically vitrified/warmed blastocysts in a cryo-cycle. A total of 1077 blastocysts were transferred. Survival rates (SRs), implantation potential, birth rates and characteristics of the children born were

evaluated. MAIN RESULTS AND THE ROLE OF CHANCE: We found that the storage of vitrified blastocysts in aseptic conditions neither impaired blastocyst viability (SR after warming during the first year of storage was 83.0% compared with 83.1% after 5-6 years of storage: NS) nor decreased pregnancy rates (clinical pregnancy rate after 1 year of storage was 40.0 versus 38.5% after 6 years: NS). In addition, no increase in the malformation rate over time was observed. LIMITATIONS, REASONS FOR CAUTION: Our study only included the transfer of blastocysts which had been vitrified aseptically (i.e. using a closed system). Therefore, our results might not be applicable to 'open' VIT systems. The long-term follow-up of children born will be necessary to confirm our findings. WIDER IMPLICATIONS OF THE FINDINGS: The results suggest that vitrified human blastocysts can be stored for long periods of time without significant negative consequences for the offspring. Therefore, the method should be of benefit to those patients who need to consider taking measures for fertility preservation. STUDY FUNDING/COMPETING INTEREST(S): No external funding was sought for this study and the authors have no conflict of interest to declare.

PTPTPTP - JOURNAL ARTICLE ----- [889]

TÍTULO / TITLE: - Cold Snare Polypectomy Vs. Cold Forceps Polypectomy Using Double-Biopsy Technique for Removal of Diminutive Colorectal Polyps: A Prospective Randomized Study.

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

REVISTA / JOURNAL: - Am J Gastroenterol. 2013 Oct;108(10):1593-1600. doi: 10.1038/ajg.2013.302. Epub 2013 Sep 17.

●● Enlace al texto completo (gratis o de pago) [1038/ajg.2013.302](#)

AUTORES / AUTHORS: - Lee CK; Shim JJ; Jang JY

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, Division of Gastroenterology, Kyung Hee University Hospital, Kyung Hee University School of Medicine, Seoul, Korea.

RESUMEN / SUMMARY: - OBJECTIVES:There are few data on cold snare polypectomy (CSP) in direct comparison with cold forceps polypectomy (CFP) for colonoscopic resection of diminutive colorectal polyps (DCPs; ≤ 5 mm). The primary aim of this study was to compare the histologic polyp eradication rate of CSP with that of CFP using double-biopsy technique.METHODS:This was a randomized controlled trial at a single academic hospital. Of the 165 patients invited, 54 consecutive patients having 117 eligible polyps were enrolled in this study. To evaluate histologic eradication of polyps, two or more additional biopsies were taken from the base and edges of the polypectomy site.RESULTS:The mean size of polyps was 3.66 mm (+/-1.13). Most polyps evaluated were tubular adenomas (69.9%). The rate of histologic eradication was significantly higher in the CSP group than in the CFP group (93.2% vs. 75.9%, $P=0.009$). The time taken for polypectomy was significantly shorter in the CSP group (14.29 vs. 22.03 s, $P<0.001$). Failure of tissue retrieval was noted in 6.8% of polyps

resected by CSP. Multivariate analysis revealed that the method of polypectomy (CFP) and the polyp size (≥ 4 mm) were independent predictors associated with incomplete histologic eradication (odds ratio (OR) 4.750 (95% confidence interval (CI): 1.459-15.466), OR 4.375 (95% CI: 1.345-14.235); all $P < 0.05$, respectively). CONCLUSIONS: CSP is superior to CFP for the endoscopic removal of DCPs with regard to completeness of polypectomy. CSP technique should be considered the primary method for endoscopic treatment of polyps in the 4-5-mm size range (ClinicalTrials.gov number: NCT01646242).

TÍTULO / TITLE: - Modified body mass index and time interval between diagnosis and operation affect survival after liver transplantation for hereditary amyloidosis: a single-center analysis.

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

REVISTA / JOURNAL: - Clin Transplant. 2013 Jul-Aug;27 Suppl 25:40-8. doi: 10.1111/ctr.12193.

●● [Enlace al texto completo \(gratis o de pago\) 1111/ctr.12193](#)

AUTORES / AUTHORS: - Franz C; Hoffmann K; Hinz U; Singer R; Hund E; Gotthardt DN; Ganten T; Kristen AV; Hegenbart U; Schonland S; Hinderhofer K; Buchler MW; Schemmer P

INSTITUCIÓN / INSTITUTION: - Department of General and Transplant Surgery, Ruprecht-Karls-University Heidelberg, Heidelberg, Germany.

RESUMEN / SUMMARY: - INTRODUCTION: Familial amyloid polyneuropathy (FAP) is the most common subtype of hereditary amyloidosis. The amyloid protein transthyretin deposits as rigid amyloid fibers in the extracellular matrix of various tissues including peripheral nerves, heart, and gastrointestinal tract. As the mutated amyloid protein is mainly produced in the liver, one form of treatment to halt the progression of disease is liver transplantation (LT). This study was performed to identify risk factors for decreased overall survival. METHODS: Clinical data of 21 transplant patients who underwent LT for FAP between 1996 and 2011 were analyzed retrospectively. RESULTS: The majority of patients had cardiac symptoms (76%), gastrointestinal symptoms (71%), or peripheral polyneuropathy (71%). A conventional operating technique was performed on 11 patients using end-to-end caval anastomoses, while the modified piggyback technique by Belghiti was performed on 10 patients. Overall survival analysis revealed a one-yr survival rate of 74.3% and three- and five-yr survival rates of 60.0% and 52.5%, respectively. Pre-operative modified body mass index (mBMI) < 700 kg g/L m^2 and time interval between diagnosis and operation before LT resulted in significantly lower overall survival ($p = 0.0137$; $p = 0.033$). CONCLUSION: The pre-operative nutritional status and time interval between diagnosis and operation before LT influence overall survival after LT for hereditary amyloidosis.

TÍTULO / TITLE: - Palonosetron and prednisolone for the prevention of nausea and emesis during fractionated radiotherapy and 5 cycles of concomitant weekly cisplatin-a phase II study.

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

REVISTA / JOURNAL: - Support Care Cancer. 2013 Aug 15.

- Enlace al texto completo (gratis o de pago) [1007/s00520-013-1926-0](#)

AUTORES / AUTHORS: - Ruhlmann CH; Belli C; Dahl T; Herrstedt J

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Odense University Hospital, Sdr. Boulevard 29, 5000, Odense C, Denmark.

RESUMEN / SUMMARY: - PURPOSE: Recommendations for antiemetic prophylaxis supportive to radiotherapy and concomitant chemotherapy are not evidence-based. The purpose of this study was to evaluate the efficacy of the antiemetic regimen concurrent to fractionated radiotherapy and concomitant weekly cisplatin in two Danish departments of oncology. METHODS: Patients with gynecological cancer scheduled to receive fractionated radiotherapy and concomitant weekly cisplatin (40 mg/m²) were asked to complete a study diary in order to assess episodes of emesis, grade of nausea, and use of rescue antiemetic treatment daily during 5 weeks of treatment. Antiemetic treatment consisted of palonosetron and prednisolone. A patient had completed the study if emesis occurred or if 5 weeks of treatment were accomplished without emesis. The primary endpoint was sustained no emesis during 5 weeks of treatment. RESULTS: A total of 48 patients completed 155 weekly cycles of radiotherapy, concomitant weekly cisplatin, and antiemetic prophylaxis. The probability of completing 5 cycles without emesis (sustained no emesis) was 57 %. During cycle 1, 42 % of the patients were free from nausea. After 5 cycles, only 23 % of patients were continuously free from nausea. One half of the patients used rescue antiemetic treatment at least once during the 5 cycles. CONCLUSION: The present study demonstrates that an antiemetic prophylaxis consisting of palonosetron and prednisolone is insufficient for the prevention of nausea and vomiting induced by radiotherapy and weekly cisplatin in patients treated for gynecological cancer. The addition of a neurokinin-1 receptor antagonist should be investigated in a randomized, double-blind study in this setting.

TÍTULO / TITLE: - Reply to "Anti-cytokeratin CAM5.2 Recognized CK8 Mainly, but not CK18: Comment on 'Early Assessment of Axillary Response with F-FDG PET/CT During Neoadjuvant Chemotherapy in Stage II-III Breast Cancer: Implications for Surgical Management of the Axilla. Ann Surg Oncol. 2013;20(7):2227-35'"

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Sep 20.

- Enlace al texto completo (gratis o de pago) [1245/s10434-013-3273-2](#)

AUTORES / AUTHORS: - Koolen BB; Wesseling J

INSTITUCIÓN / INSTITUTION: - Department of Nuclear Medicine, Netherlands Cancer Institute - Antoni van Leeuwenhoek Hospital, Amsterdam, The Netherlands, b.koolen@nki.nl.

TÍTULO / TITLE: - The novel HDAC inhibitor NDACI054 sensitizes human cancer cells to radiotherapy.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Sep 20. pii: S0167-8140(13)00423-4. doi: 10.1016/j.radonc.2013.08.023.

- [Enlace al texto completo \(gratis o de pago\) 1016/j.radonc.2013.08.023](#)

AUTORES / AUTHORS: - Hehlhans S; Storch K; Lange I; Cordes N

INSTITUCIÓN / INSTITUTION: - OncoRay - National Center for Radiation Research in Oncology, Medical Faculty Carl Gustav Carus, Dresden University of Technology, Germany; Department of Radiotherapy and Oncology, University of Frankfurt, Germany.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: Inhibition of histone deacetylases (HDACs) has preclinically and clinically shown promise to overcome radio- and chemoresistance of tumor cells. NDACI054 is a novel HDAC inhibitor, which has been evaluated here for its effects on cell survival and radiosensitization of human tumor cell lines from different origins cultured under more physiological three-dimensional (3D), extracellular matrix (ECM)-based conditions. MATERIAL AND METHODS: A549 lung, DLD-1 colorectal, MiaPaCa2 pancreatic and UT-SCC15 head and neck squamous cell carcinoma cells were treated with increasing NDACI054 concentrations (0-50nM, 24h) either alone or in combination with X-rays (single dose, 0-6Gy). Subsequently, 3D clonogenic cell survival, HDAC activity, histone H3 acetylation, apoptosis, residual DNA damage (gammaH2AX/p53BP1 foci assay 24h post irradiation) and phosphorylation kinetics of Ataxia telangiectasia mutated (ATM), DNA-dependent protein kinase (DNA-PK), Caspase-3 and Poly(ADP-ribose)-Polymerase 1 (PARP 1) cleavage were analyzed. RESULTS: NDACI054 potently decreased HDAC activity with concomitant increase in acetyl-histone H3 levels, mediated significant cytotoxicity and radiosensitization. These effects were accompanied by a significant increase of residual gammaH2AX/p53BP1-positive foci, slightly elevated levels of Caspase-3 and PARP 1 cleavage but no induction of apoptosis. CONCLUSIONS: Our data show potent antisurvival and radiosensitizing effects of the novel HDAC inhibitor NDACI054 encouraging further preclinical examinations on this compound for future clinical use.

TÍTULO / TITLE: - Photoreaction of rac-Leucine in Ice by Circularly Polarized Synchrotron Radiation: Temperature-Induced Mechanism Switching from Norrish Type II to Deamination.

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

REVISTA / JOURNAL: - Chemistry. 2013 Oct 4;19(41):13929-13936. doi: 10.1002/chem.201301831. Epub 2013 Aug 28.

●● Enlace al texto completo (gratis o de pago) [1002/chem.201301831](#)

AUTORES / AUTHORS: - Nishino H; Hosaka M; Katoh M; Inoue Y

INSTITUCIÓN / INSTITUTION: - Entropy Control Project (Japan) Science and Technology Agency; Osaka Municipal Technical Research Institute, 1-6-50 Morinomiya, Joto-ku, Osaka 536-8553 (Japan).

RESUMEN / SUMMARY: - The delivery of extraterrestrial organics to primitive Earth is considered to have triggered the origin and subsequent evolution of life. Indeed, enantiomerically enriched amino acids of nonterrestrial origin have been found in carbonaceous meteorites, and enantioselective photodecomposition by circularly polarized light (CPL) in outer space has been proposed to have played some role in the initial enantiomeric bias. To experimentally examine this possibility and elucidate the photoreaction mechanisms, we have studied the photolysis of racemic leucine (rac-Leu) in acidic and neutral ice/water media at 21-298 K with left- and right-CPL in an attempt to detect enantiomerically enriched D- and L-Leu, respectively. Comprehensive product analyses revealed that the CPL-induced deracemization of Leu proceeds in both acidic and neutral ice matrices even at 21 K, and that the main mechanism switches from Norrish-type II gamma-hydrogen abstraction to SN i deamination on lowering the temperature. The potential role of the CPL-induced photodecomposition of amino acids as a source of the enantiomer imbalance in meteorites is discussed.

TÍTULO / TITLE: - Mitochondria: gatekeepers of response to chemotherapy.

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

REVISTA / JOURNAL: - Trends Cell Biol. 2013 Sep 20. pii: S0962-8924(13)00136-0. doi: 10.1016/j.tcb.2013.08.003.

●● Enlace al texto completo (gratis o de pago) [1016/j.tcb.2013.08.003](#)

AUTORES / AUTHORS: - Sarosiek KA; Ni Chonghaile T; Letai A

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Dana-Farber Cancer Institute, Boston, MA 02215, USA; Harvard Medical School, Boston, MA 02115, USA.

RESUMEN / SUMMARY: - Mitochondria are cellular organelles that regulate commitment to and execution of apoptosis. The intrinsic apoptotic pathway culminates in the permeabilization of the mitochondrial outer membrane and dismantling of the cell. Apoptosis of cancer cells is a favorable outcome when administering chemotherapeutic treatment, yet the basis for why some cancers are sensitive to

chemotherapy whereas others are not has historically been poorly understood. In this review, we present recent work that has demonstrated the importance of mitochondrial apoptotic priming, or how close a cell is to the threshold of apoptosis, in determining whether a cell will undergo apoptosis after chemotherapy treatment. Differential levels of apoptotic priming in tumors create bona fide opportunities and challenges for effective use of targeted and cytotoxic chemotherapies.

TÍTULO / TITLE: - Factors that Determine Academic Versus Private Practice Career Interest in Radiation Oncology Residents in the United States: Results of a Nationwide Survey.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Nov 1;87(3):464-70. doi: 10.1016/j.ijrobp.2013.07.002. Epub 2013 Aug 22.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.ijrobp.2013.07.002](#)

AUTORES / AUTHORS: - Chang DT; Shaffer JL; Haffty BG; Wilson LD

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Stanford University, Stanford, California. Electronic address: dtchang@stanford.edu.

RESUMEN / SUMMARY: - **PURPOSE:** To determine what factors US radiation oncology residents consider when choosing academic or nonacademic careers. **METHODS AND MATERIALS:** A 20-question online survey was developed and sent to all US radiation oncology residents to assess factors that influence their career interest. Residents were asked to rate their interest in academics (A) versus private practice (PP) on a 0 (strong interest in A) to 100 (strong interest in PP) scale. Responses were classified as A (0-30), undecided (40-60), and PP (70-100). Residents were also asked to rank 10 factors that most strongly influenced their career interest. **RESULTS:** Three hundred thirty-one responses were collected, of which 264 were complete and form the basis for this analysis. Factors that correlated with interest in A included having a PhD ($P=.018$), postgraduate year level ($P=.0006$), research elective time ($P=.0003$), obtaining grant funding during residency ($P=.012$), and number of publications before residency ($P=.0001$), but not number of abstracts accepted in the past year ($P=.65$) or publications during residency ($P=.67$). The 3 most influential factors for residents interested in A were: (1) baseline interest before residency; (2) academic role models; and (3) research opportunities during residency. The 3 most influential factors for residents interested in PP were: (1) baseline interest before residency; (2) academic role models; and (3) academic pressure and obligations. **CONCLUSIONS:** Interest in A correlated with postgraduate year level, degree, and research time during residency. Publications before but not during residency correlated with academic interest, and baseline interest was the most influential factor. These data can be used by residency program directors to better understand what influences residents' career interest.

TÍTULO / TITLE: - Repeated cytoreductive surgery and hyperthermic intraperitoneal chemotherapy in peritoneal carcinomatosis from appendiceal cancer: Analysis of survival outcomes.

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

REVISTA / JOURNAL: - Eur J Surg Oncol. 2013 Sep 2. pii: S0748-7983(13)00756-7. doi: 10.1016/j.ejso.2013.08.017.

●● Enlace al texto completo (gratis o de pago) 1016/j.ejso.2013.08.017

AUTORES / AUTHORS: - Sardi A; Jimenez WA; Nieroda C; Sittig M; Macdonald R; Gushchin V

INSTITUCIÓN / INSTITUTION: - Institute for Cancer Care, Mercy Medical Center, 227 St. Paul Place, Baltimore, MD 21202-2001, USA. Electronic address: asardi@mdmercy.com.

RESUMEN / SUMMARY: - BACKGROUND: Cytoreductive surgery (CRS)/hyperthermic intraperitoneal chemotherapy (HIPEC) is the procedure of choice in patients with peritoneal dissemination from appendiceal cancer. Although recurrence rates are 26%-44% after first CRS/HIPEC, the role of repeated CRS/HIPEC has not been well defined. We hypothesize that patients undergoing multiple CRS/HIPEC's have meaningful long term survival. METHODS: A retrospective study of a prospective database of 294 patients with peritoneal carcinomatosis (PC) was conducted, of these 162 had PC of appendiceal origin. Twenty-six of these patients underwent 56 CRS/HIPEC. Survival and outcomes was analyzed. RESULTS: The percentage of patients with pre-surgical PCI scores ≥ 20 for the first, second, and third CRS/HIPEC was 65, 65, and 25%, respectively. Complete cytoreduction (CC 0-1) at first, second, and, third surgeries was 96, 65 and 75%, respectively. The mean operating time was 10.1 h. There was no 30-day peri-operative mortality. Following the first, second, and third CRS/HIPEC 27, 42, and 50% experienced grade III complications, respectively. Mean follow up was 51, 28, and 16 months from the first, second, and third CRS/HIPEC, respectively. Overall survival rate for the first CRS/HIPEC was 100, 83, 54, and 46% at years 1, 3, 5 and 10, respectively; from the second CRS/HIPEC 91, 53, and 34% at 1, 3, and 5 years, respectively; and from the third CRS/HIPEC was 75% at one year. CONCLUSION: Repeat CRS/HIPEC can lead to meaningful long term survival rates in patients with appendiceal peritoneal carcinomatosis with morbidity and mortality similar to those of the initial CRS/HIPEC.

TÍTULO / TITLE: - Slug expression inhibits calcitriol-mediated sensitivity to radiation in colorectal cancer.

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

REVISTA / JOURNAL: - Mol Carcinog. 2013 Aug 31. doi: 10.1002/mc.22054.

●● Enlace al texto completo (gratis o de pago) 1002/mc.22054

AUTORES / AUTHORS: - Findlay VJ; Moretz RE; Wang C; Vaena SG; Bandurraga SG; Ashenafi M; Marshall DT; Watson DK; Camp ER

INSTITUCIÓN / INSTITUTION: - Department of Pathology and Laboratory Medicine, Medical University of South Carolina, Charleston, South Carolina.

RESUMEN / SUMMARY: - Recently, a reciprocal relationship between calcitriol and epithelial-to-mesenchymal transition has been described. Therefore, we hypothesized that calcitriol (1 α ,25-dihydroxyvitamin D₃) would enhance radiation sensitivity in colorectal cancer regulated by epithelial mesenchymal transition. Vitamin-D receptor, E-cadherin and vimentin protein as well as E-cadherin, Snail and Slug mRNA levels were assessed in a panel of human colorectal cancer cell lines at baseline and in response calcitriol. We defined cell lines as calcitriol sensitive based on demonstrating an enhanced epithelial phenotype with increased E-cadherin, reduced vimentin and decreased expression of Snail and Slug as well as decreased cellular migration in response to calcitriol. In calcitriol sensitive cells, including DLD-1 and HCT116, 24 h calcitriol pre-treatment enhanced the radiation sensitivity by 2.3- and 2.6-fold, respectively, at 4 Gy (P < 0.05). In contrast, SW620 cells with high baseline mesenchymal features including high Slug and vimentin expression with low E-cadherin expression demonstrated no significant radiation sensitizing response to calcitriol treatment. Similarly, transfection of Slug in the calcitriol sensitive colon cancer cell lines, DLD-1 and HCT 116, completely inhibited the radiation sensitizing effect of calcitriol. Collectively, we demonstrate that calcitriol can enhance the therapeutic effects of radiation in colon cancer cells and Slug expression mitigates this observed effect potentially representing an effective biomarker for calcitriol therapy. © 2013 Wiley Periodicals, Inc.

TÍTULO / TITLE: - Infrared absorption of 3-propenonyl (CH₂CHCO) radical generated upon photolysis of acryloyl chloride [CH₂CHC(O)Cl] in solid para-H₂.

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

REVISTA / JOURNAL: - J Chem Phys. 2013 Aug 28;139(8):084320. doi: 10.1063/1.4818880.

●● Enlace al texto completo (gratis o de pago) [1063/1.4818880](#)

AUTORES / AUTHORS: - Das P; Lee YP

INSTITUCIÓN / INSTITUTION: - Department of Applied Chemistry and Institute of Molecular Science, National Chiao Tung University, Hsinchu 30010, Taiwan.

RESUMEN / SUMMARY: - Irradiation at 193 nm of a p-H₂ matrix containing acryloyl chloride CH₂CHC(O)Cl at 3.2 K yielded infrared absorption lines at 3143.6 (nu₁), 3057.0 (nu₂), 3048.0 (nu₃), 2103.1 (nu₄), 1461.0 (nu₅), 1349.8 (nu₆), 1223.7 (nu₁₁+nu₁₂ or 2nu₁₂), 1092.8 (nu₈), 918.1 (nu₉), 691.0 (nu₁₀), 624.3 (nu₁₁), and 597.1 (nu₁₂) cm⁻¹ that are assigned to the 3-propenonyl (CH₂CHCO) radical. The assignments are based on the photolytic behavior and a comparison of observed vibrational wavenumbers and infrared intensities with those predicted with the B3PW91aug-cc-pVDZ method.

The observation is consistent with a major radical formation channel $\text{CH}_2\text{CHCO} + \text{Cl}$ followed by escape of the Cl atom from the original p-H2 cage. The observation of 3-propenonyl (CH_2CHCO) radical but not 3-propenyl (*s-cis*- or *s-trans*- CH_2CHCO) radical indicates that the former is the most stable isomer and that the barrier heights for conversion from *s-cis*- or *s-trans*- CH_2CHCO to CH_2CHCO are small.

TÍTULO / TITLE: - Phosphorylated s6 kinase-1: a breast cancer marker predicting resistance to neoadjuvant chemotherapy.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Sep;33(9):4073-9.

AUTORES / AUTHORS: - Kim EK; Kim JH; Kim HA; Seol H; Seong MK; Lee JY; Byeon J; Sohn YJ; Koh JS; Park IC; Noh WC

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Korea Cancer Center Hospital, Korea Institute of Radiological and Medical Sciences, 215-4 Gongneung-dong, Nowon-gu 139-706, Seoul, Korea. nohwoo@kcch.re.kr.

RESUMEN / SUMMARY: - BACKGROUND: Pre-clinical data support a link between the phosphatidylinositol 3-kinase (PI3K)/protein kinase B (AKT)/mammalian target of rapamycin (mTOR) signaling pathway and chemoresponsiveness. We evaluated whether the expression of phosphorylated AKT (p-AKT) or phosphorylated S6 kinase-1 (p-S6K1), a key effector of the mTOR pathway, could be a predictive marker for chemoresponsiveness in breast cancer. PATIENTS AND METHODS: A total of 209 patients with locally advanced breast cancer who received neoadjuvant chemotherapy between April 2005 and July 2012 were analyzed. Patients without a minimum of 10% tumor reduction, after neoadjuvant chemotherapy, were classified as non-responders. RESULTS: Overall, 184 (88%) patients were classified as responders and 25 (12%) as non-responders. The positive expression rate for p-AKT and p-S6K1 was 31.6% and 45%, respectively. There was no difference in the pre-chemotherapy clinical stage according to p-S6K1 or p-AKT expression status. p-AKT expression was slightly higher in non-responders compared to responders (48% vs. 30.9%; $p=0.088$). However, p-S6K1 expression was significantly higher in non-responders than responders (68% vs. 41.8%; $p=0.014$). Following multivariate analysis, p-S6K1 positivity remained an independent predictor of non-responder status (hazard ratio=3.81; 95% confidence interval=1.28-11.31; $p=0.016$). CONCLUSION: The expression of p-S6K1 may be a predictive marker of resistance to neoadjuvant chemotherapy in patients with breast cancer.

TÍTULO / TITLE: - Magnetic sentinel lymph node biopsy and localization properties of a magnetic tracer in an in vivo porcine model.

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

REVISTA / JOURNAL: - Breast Cancer Res Treat. 2013 Aug;141(1):33-42. doi: 10.1007/s10549-013-2657-0. Epub 2013 Aug 17.

●● Enlace al texto completo (gratis o de pago) [1007/s10549-013-2657-0](https://doi.org/10.1007/s10549-013-2657-0)

AUTORES / AUTHORS: - Anninga B; Ahmed M; Van Hemelrijck M; Pouw J; Westbroek D; Pinder S; Ten Haken B; Pankhurst Q; Douek M

INSTITUCIÓN / INSTITUTION: - Breast Surgery, Department of Research Oncology, King's College London, 3rd Floor Bermondsey Wing, Guy's Hospital Campus, Great Maze Pond, London, SE1 9RT, UK.

RESUMEN / SUMMARY: - The standard for the treatment of early non-palpable breast cancers is wide local excision directed by wire-guided localization and sentinel lymph node biopsy (SLNB). This has drawbacks technically and due to reliance upon radioisotopes. We evaluated the use of a magnetic tracer for its localization capabilities and concurrent performance of SLNB using a handheld magnetometer in a porcine model as a novel alternative to the current standard. Ethical approval by the IRCAD Ethics Review Board, Strasbourg (France) was received. A magnetic tracer was injected in varying volumes (0.1-5 mL) subcutaneously into the areolar of the left and right 3rd inguinal mammary glands in 16 mini-pigs. After 4 h magnetometer counts were taken at the injection sites and in the groins. The magnetometer was used to localize any in vivo signal from the draining inguinal lymph nodes. Magnetic SLNB followed by excision of the injection site was performed. The iron content of sentinel lymph nodes (SLNs) were graded and quantified. All excised specimens were weighed and volumes were calculated. Univariate analyses were performed to evaluate correlation. Magnetic SLNB was successful in all mini-pigs. There was a significant correlation ($r = 0.86$; $p < 0.01$) between magnetometer counts and iron content of SLNs. Grading of SLNs on both H&E and Perl's staining correlated significantly with the iron content ($p = 0.001$; $p = 0.003$) and magnetometer counts ($p < 0.001$; $p = 0.004$). The peak counts corresponded to the original magnetic tracer injection sites 4 h after injection in all cases. The mean volume and weight of excised injection site specimens was 2.9 cm³ (SD 0.81) and 3.1 g (SD 0.85), respectively. Injection of ≥ 0.5 mL magnetic tracer was associated with significantly greater volume ($p = 0.05$) and weight of excision specimens ($p = 0.01$). SLNB and localization can be performed in vivo using a magnetic tracer. This could provide a viable alternative for lesion localization and concurrent SLNB in the treatment of non-palpable breast cancer.

TÍTULO / TITLE: - Early cardiac catheterization is associated with improved survival in comatose survivors of cardiac arrest without STEMI.

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

REVISTA / JOURNAL: - Resuscitation. 2013 Aug 6. pii: S0300-9572(13)00396-1. doi: 10.1016/j.resuscitation.2013.07.027.

- Enlace al texto completo (gratis o de pago)

1016/j.resuscitation.2013.07.027

AUTORES / AUTHORS: - Hollenbeck RD; McPherson JA; Mooney MR; Unger BT; Patel NC; McMullan PW Jr; Hsu CH; Seder DB; Kern KB

INSTITUCIÓN / INSTITUTION: - Division of Cardiovascular Medicine, Vanderbilt University Medical Center, Nashville, TN, United States. Electronic address: ryan.hollenbeck@vanderbilt.edu.

RESUMEN / SUMMARY: - AIM: To determine if early cardiac catheterization (CC) is associated with improved survival in comatose patients who are resuscitated after cardiac arrest when electrocardiographic evidence of ST-elevation myocardial infarction (STEMI) is absent. METHODS: We conducted a retrospective observational study of a prospective cohort of 754 consecutive comatose patients treated with therapeutic hypothermia (TH) following cardiac arrest. RESULTS: A total of 269 (35.7%) patients had cardiac arrest due to a ventricular arrhythmia without STEMI and were treated with TH. Of these, 122 (45.4%) received CC while comatose (early CC). Acute coronary occlusion was discovered in 26.6% of patients treated with early CC compared to 29.3% of patients treated with late CC ($p=0.381$). Patients treated with early CC were more likely to survive to hospital discharge compared to those not treated with CC (65.6% vs. 48.6%; $p=0.017$). In a multivariate regression model that included study site, age, bystander CPR, shock on admission, comorbid medical conditions, witnessed arrest, and time to return of spontaneous circulation, early CC was independently associated with a significant reduction in the risk of death (OR 0.35, 95% CI 0.18-0.70, $p=0.003$). CONCLUSIONS: In comatose survivors of cardiac arrest without STEMI who are treated with TH, early CC is associated with significantly decreased mortality. The incidence of acute coronary occlusion is high, even when STEMI is not present on the postresuscitation electrocardiogram.

TÍTULO / TITLE: - Effect of Body Mass Index on 30- and 365-Day Complication and Survival Rates of Transcatheter Aortic Valve Implantation (from the French Aortic National CoreValve and Edwards 2 [FRANCE 2] Registry).

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

REVISTA / JOURNAL: - Am J Cardiol. 2013 Sep 21. pii: S0002-9149(13)01704-9. doi: 10.1016/j.amjcard.2013.08.022.

- Enlace al texto completo (gratis o de pago) 1016/j.amjcard.2013.08.022

AUTORES / AUTHORS: - Yamamoto M; Mouillet G; Oguri A; Gilard M; Laskar M; Eltchaninoff H; Fajadet J; Lung B; Donzeau-Gouge P; Leprince P; Leuguerrier A; Prat A; Lievre M; Chevreul K; Dubois-Rande JL; Teiger E

INSTITUCIÓN / INSTITUTION: - Centre Hospitalier Universitaire Henri Mondor, Creteil, France. Electronic address: masa-nori@nms.ac.jp.

RESUMEN / SUMMARY: - The “obesity paradox” that patients with high body mass index (BMI) have good prognoses remains controversial. This study aimed to assess the impact of BMI on clinical outcomes in patients who underwent transcatheter aortic valve implantation (TAVI). Data from the French national TAVI registry were collected for 3,072 patients who underwent TAVI from January 2010 to October 2011. The patients were categorized into 4 groups according to BMI (kg/m²): underweight (<18.5 kg/m²), normal weight (18.5 to 25 kg/m²), overweight (25 to 30 kg/m²), and obese (>30 kg/m²). Thereafter, clinical outcomes were compared among the 4 groups. The BMI distribution was 3.1% (n = 95), 44.1% (n = 1,355), 34.2% (n = 1,050), and 18.6% (n = 572). Although the 4 groups greatly differed in baseline clinical background, they had similar procedural success rates (95.8%, 97.1%, 97.3%, and 95.6%, p = 0.23). Major vascular complication was significantly associated with the underweight patients after adjusting for the other potential confounders (odds ratio 2.33, 95% confidence interval 1.17 to 4.46, p = 0.016). The cumulative postoperative survival rates were increasing across the 4 groups at 30 days (83.2%, 88.9%, 91.6%, and 93.0%, p = 0.003) and 1 year (67.9%, 73.6%, 77.4%, and 80.3%, p = 0.006). In a multivariate Cox regression analysis, the overweight and obese patients were independently associated with superior cumulative survival rate at 1 year (hazard ratios 0.74 and 0.71, 95% confidence intervals 0.57 to 0.97 and 0.59 to 0.87, p = 0.050 and 0.029, respectively). In conclusion, major morbidity and 1-year mortality were less in overweight and obese patients than those classified as normal weight even in a TAVI cohort.

TÍTULO / TITLE: - Tat-Collapsin Response Mediator Protein 2 (CRMP2) Increases the Survival of Neurons After NMDA Excitotoxicity by Reducing the Cleavage of CRMP2.

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

REVISTA / JOURNAL: - Neurochem Res. 2013 Oct;38(10):2095-104. doi: 10.1007/s11064-013-1118-9. Epub 2013 Aug 2.

●● Enlace al texto completo (gratis o de pago) [1007/s11064-013-1118-9](#)

AUTORES / AUTHORS: - Yin Y; Wang Y; Chen L; Han S; Zhao L; Luo Y; Li J

INSTITUCIÓN / INSTITUTION: - Department of Neurobiology and Beijing Institute for Brain Disorders, Capital Medical University, #10 You An Men Wai Xi Tou Tiao, Beijing, 100069, People's Republic of China.

RESUMEN / SUMMARY: - Collapsin response mediator protein 2 (CRMP2) is a brain-specific multifunctional adaptor protein involved in neuronal polarity and axonal guidance. Our previous results showed CRMP2 may be involved in the hypoxic preconditioning and ischemic injury, but the mechanism was not clear. This study explored whether CRMP2 was involved in NMDA-induced neural death, and the possible mechanism. Western blot analysis demonstrated that NMDA reduced the phosphorylation of CRMP2 and inspired the cleavage of CRMP2. Also, it was detected that NMDA treatment did not affect the phosphorylation of CRMP2 in early stage (<6

h). Over-expression of CRMP2 aggravated the NMDA-induced injury, suggesting the vital role of CRMP2 in excitotoxicity. Tat-CRMP2 was designed to provide the cleavage site of calpain. Thiazolyl blue tetrazolium bromide assay, Hoechst33342/Propidium Iodide staining and Western blot assay showed that Tat-CRMP2 pretreatment increased cell viability compared with the control group against NMDA exposure by decreasing the cleavage of CRMP2. In conclusion, these studies indicated that cleavage of CRMP2 plays an important role involved in the NMDA-induced injury. The cleavage of CRMP2 may be a promising target for excitatory amino acid-related ischemic and hypoxic injury.

TÍTULO / TITLE: - Functional proteomics characterization of residual triple-negative breast cancer after standard neoadjuvant chemotherapy.

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

REVISTA / JOURNAL: - Ann Oncol. 2013 Oct;24(10):2522-6. doi: 10.1093/annonc/mdt248. Epub 2013 Aug 7.

●● [Enlace al texto completo \(gratis o de pago\) 1093/annonc/mdt248](#)

AUTORES / AUTHORS: - Sohn J; Do KA; Liu S; Chen H; Mills GB; Hortobagyi GN; Meric-Bernstam F; Gonzalez-Angulo AM

INSTITUCIÓN / INSTITUTION: - Departments of Breast Medical Oncology.

RESUMEN / SUMMARY: - **BACKGROUND:** In this study, we used functional proteomics to determine the molecular characteristics of residual triple receptor-negative breast cancer (TNBC) patients after neoadjuvant systemic chemotherapy (NCT) and their relationship with patient outcomes in order to identify potential targets for therapy. **PATIENTS AND METHODS:** Protein was extracted from 54 residual TNBCs, and 76 proteins related to breast cancer signaling were measured by reverse phase protein arrays (RPPAs). Univariable and multivariable Cox proportional hazard models were fitted for each protein. Survival outcomes were estimated by the Kaplan-Meier product limit method. Training and cross validation were carried out. The coefficients estimated from the multivariable Cox model were used to calculate a risk score (RS) for each sample. **RESULTS:** Multivariable analysis using the top 25 proteins from univariable analysis at a false discovery rate (FDR) of 0.3 showed that AKT, IGFBP2, LKB1, S6 and Stathmin were predictors of recurrence-free survival (RFS). The cross-validation model was reproducible. The RS model calculated based on the multivariable analysis was $-1.1086 \times \text{AKT} + 0.2501 \times \text{IGFBP2} - 0.6745 \times \text{LKB1} + 1.0692 \times \text{S6} + 1.4086 \times \text{stathmin}$ with a corresponding area under the curve, $\text{AUC} = 0.856$. The RS was an independent predictor of RFS ($\text{HR} = 3.28$, $95\% \text{CI} = 2.07-5.20$, $P < 0.001$). **CONCLUSIONS:** We found a five-protein model that independently predicted RFS risk in patients with residual TNBC disease. The PI3 K pathway may represent potential therapeutic targets in this resistant disease.

TÍTULO / TITLE: - Hospital-acquired pneumonia: is culture negativity associated with better survival?*

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

REVISTA / JOURNAL: - Crit Care Med. 2013 Sep;41(9):2232-3. doi: 10.1097/CCM.0b013e318291366f.

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

[1097/CCM.0b013e318291366f](#)

AUTORES / AUTHORS: - Kalil AC

INSTITUCIÓN / INSTITUTION: - Infectious Diseases Division, Internal Medicine Department, University of Nebraska Medical Center, Omaha, NE.

TÍTULO / TITLE: - Acute late-onset encephalopathy after radiotherapy: An unusual life-threatening complication.

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

REVISTA / JOURNAL: - Neurology. 2013 Sep 10;81(11):1014-1017. Epub 2013 Aug 9.

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

[1212/WNL.0b013e3182a43b1f](#)

AUTORES / AUTHORS: - Di Stefano AL; Berzero G; Vitali P; Galimberti CA; Ducray F; Ceroni M; Bastianello S; Colombo AA; Simoncelli A; Brunelli MC; Giometto B; Diamanti L; Gaviani P; Salmaggi A; Silvani A; Marchioni E

INSTITUCIÓN / INSTITUTION: - From C. Mondino National Institute of Neurology Foundation (A.L.D., G.B., P.V., C.A.G., M.C., S.B., L.D., E.M.), IRCCS, Pavia, Italy; Neuroscience Consortium (G.B., L.D.), University of Pavia, Monza Policlinico and Pavia Mondino, Italy; Department of Neuro-oncology (F.D.), Hospices Civils de Lyon, Lyon Neuroscience Research Center INSERM U1028/CNRS UMR 5292, Université Claude Bernard Lyon, France; Department of Neuroscience (M.C., S.B.), University of Pavia, Italy; Bone Marrow Transplant Unit (A.A.C.), Department of Hematology Oncology, Foundation IRCCS, Policlinico San Matteo, Pavia, Italy; C.O.U. of Diagnostic Radiology and Interventional Radiology and Neuroradiology (A. Simoncelli), IRCCS Policlinico S. Matteo Foundation, Pavia, Italy; Department of Neurology (M.C.B., B.G.), Ospedale Ca' Foncello, Treviso, Italy; Neuro-oncology Unit (P.G., A. Silvani), Neurological Institute C. Besta, Milan, Italy; and SC Neurologia (A. Salmaggi), Ospedale A. Manzoni, Lecco, Italy.

RESUMEN / SUMMARY: - Unusual late-onset complications of brain irradiation, characterized by reversible neurologic focal signs, seizures, and MRI alterations, have recently been reported and classified as stroke-like migraine attacks after radiation therapy (SMART)¹ and peri-ictal pseudoprogression (PIPG)².

TÍTULO / TITLE: - Comparison of operative risks associated with radical hysterectomy in pregnant and nonpregnant women.

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

REVISTA / JOURNAL: - J Reprod Med. 2013 Jul-Aug;58(7-8):279-84.

AUTORES / AUTHORS: - Leath CA 3rd; Bevis KS; Numnum TM; Ramsey PS; Huh WK; Straughn JM Jr

INSTITUCIÓN / INSTITUTION: - Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, University of Alabama School of Medicine, 1700 6th Avenue South, Room 10250, Birmingham, AL 35249, USA. trey_leath@yahoo.com

RESUMEN / SUMMARY: - **OBJECTIVE:** To compare the operative data and complications of radical hysterectomy performed on pregnant women versus nonpregnant women. **STUDY DESIGN:** Following institutional review board approval, we reviewed our surgical databases to identify pregnant women who had undergone a radical hysterectomy for cervical carcinoma from 1992-2005 (n = 7). A nonpregnant control group (n = 35) of women undergoing radical hysterectomy during the study interval were identified and matched for age, year of surgery, and surgeon. Pertinent operative and outcome data were abstracted and compared. **RESULTS:** Of the 7 women who had undergone a radical hysterectomy during pregnancy, 4 had a cesarean radical hysterectomy at a mean gestational age of 35.4 weeks (range, 32.3-38 weeks) and 3 had a radical hysterectomy with a previsible fetus in situ at a mean gestational age of 14.2 weeks. Demographics were similar between groups. Transfusion rates were significantly higher among pregnant women (57%) as compared to nonpregnant controls (9%) (p = 0.0009). The overall incidence of operative complications was similar between the pregnant women (43%) and nonpregnant controls (40%) (p = NS). **CONCLUSION:** Radical hysterectomy performed in pregnant women was associated with higher blood loss and increased need for transfusion as compared to nonpregnant controls. No differences were observed in regards to other operative surgical complications between the two groups.

TÍTULO / TITLE: - Apicidin-resistant HA22T hepatocellular carcinoma cells massively promote pro-survival capability via IGF-IR/PI3K/Akt signaling pathway activation.

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

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

●● [Enlace al texto completo \(gratis o de pago\) 1007/s13277-013-1041-3](#)

AUTORES / AUTHORS: - Hsu HH; Cheng LH; Ho TJ; Kuo WW; Lin YM; Chen MC; Lee NH; Tsai FJ; Tsai KH; Huang CY

INSTITUCIÓN / INSTITUTION: - Division of Colorectal Surgery, Mackay Memorial Hospital, Taipei, Taiwan.

RESUMEN / SUMMARY: - Despite rapid advances in the diagnostic and surgical procedures, hepatocellular carcinoma (HCC) remains one of the most difficult human

malignancies to treat. This may be due to the chemoresistant behaviors of HCC. It is believed that acquired resistance could be overcome and improve the overall survival of HCC patients by understanding the mechanisms of chemoresistance in HCC. A stable HA22T cancer line, which is chronically resistant to a histone deacetylase inhibitor, was established. After comparing the molecular mechanism of apicidin-R HA22T cells to parental ones by Western blotting, cell cycle-regulated proteins did not change in apicidin-R cells, but apicidin-R cells were more proliferative and had higher tumor growth (wound-healing assay and nude mice xenograft model). Moreover, apicidin-R cells displayed increased levels of p-IGF-IR, p-PI3K, p-Akt, Bcl-xL, and Bcl-2 but also significantly inhibited the tumor suppressor PTEN protein and apoptotic pathways when compared to the parental strain. Therefore, the highly proliferative effect of apicidin-R HA22T cells was blocked by Akt knockdown. For all these findings, we believe that novel strategies to attenuate IGF-IR/PI3K/Akt signaling could overcome chemoresistance toward the improvement of overall survival of HCC patients.

TÍTULO / TITLE: - DNA Damage Caused by Chronic Transgenerational Exposure to Low Dose Gamma Radiation in Medaka Fish (*Oryzias latipes*).

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

REVISTA / JOURNAL: - Radiat Res. 2013 Sep;180(3):235-46. doi: 10.1667/RR3190.1. Epub 2013 Aug 6.

●● Enlace al texto completo (gratis o de pago) [1667/RR3190.1](#)

AUTORES / AUTHORS: - Grygoryev D; Moskalenko O; Hinton TG; Zimbrick JD

INSTITUCIÓN / INSTITUTION: - a Center for Research on Occupational and Environmental Toxicology, Oregon Health & Science University, Portland, Oregon 97239;

RESUMEN / SUMMARY: - The effect of transgenerational exposure to low dose rate (2.4 and 21 mGy/day) gamma irradiation on the yield of DNA double-strand breaks and oxidized guanine (8-hydroxyguanine) has been studied in the muscle and liver tissue of a model organism, the Japanese medaka fish. We found the level of unrepaired 8-hydroxyguanine in muscle tissue increased nonlinearly over four generations and the pattern of this change depended on the radiation dose rate, suggesting that our treatment protocols initiated genomic instability and an adaptive response as the generations progressed. The yield of unrepaired double-strand breaks did not vary significantly among successive generations in muscle tissue in contrast to liver tissue in which it varied in a nonlinear manner. The 8-hydroxyguanine and DSB radiation yields were significantly higher at 2.4 mGy/day than at 21 mGy/day in both muscle and liver tissue in all generations. These data are consistent with the hypothesis of a threshold for radiation-induced activation of DNA repair systems below which tissue levels of DNA repair enzymes remain unchanged, leading to the accumulation of unrepaired damage at very low doses and dose rates.

TÍTULO / TITLE: - Outcome of a phase II prospective study on partial breast irradiation with interstitial multi-catheter high-dose-rate brachytherapy.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Sep 14. pii: S0167-8140(13)00384-8. doi: 10.1016/j.radonc.2013.08.005.

●● Enlace al texto completo (gratis o de pago) [1016/j.radonc.2013.08.005](#)

AUTORES / AUTHORS: - Aristei C; Palumbo I; Capezali G; Farneti A; Bini V; Falcinelli L; Margaritelli M; Lancellotta V; Zucchetti C; Perrucci E

INSTITUCIÓN / INSTITUTION: - Radiation Oncology Section, University of Perugia and Santa Maria della Misericordia Hospital, Italy. Electronic address: cynthia.aristei@unipg.it.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: Partial breast irradiation (PBI) is an alternative to whole-breast irradiation after breast-conserving surgery in selected patients. Until the results of randomized phase III studies are available, phase II studies inform about PBI. We report the 5-year results of a phase II prospective study with PBI using interstitial multi-catheter high-dose-rate brachytherapy (ClinicalTrials.gov Identifier: NCT00499057). METHODS: Hundred patients received PBI (4Gy, twice a day for 4 days, until 32Gy). Inclusion criteria were: age 40 years, infiltrating carcinoma without lobular histology, ductal in situ carcinoma, tumor size 2.5 cm, negative surgical margins and axillary lymph nodes. RESULTS: At a median follow-up of 60 months late toxicity occurred in 25 patients; the 5-year probability of freedom from late toxicity was 72.6% (95% CI: 63.7-81.7). Tamoxifen was the only significant risk factor for late toxicity. Cosmetic results, judged by physicians and patients, were good/excellent in 98 patients. Three local relapses (1 true, 2 elsewhere) and 1 regional relapse occurred. The 5-year probability of local or regional relapse-free survival was 97.7% (95% CI: 91.1-99.4) and 99.0% (95% CI: 92.9-99.8), respectively. CONCLUSION: PBI with interstitial multi-catheter brachytherapy is associated with low relapse and late toxicity rates.

TÍTULO / TITLE: - Tumors as Organs: Biologically Augmenting Radiation Therapy by Inhibiting Transforming Growth Factor beta Activity in Carcinomas.

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

REVISTA / JOURNAL: - Semin Radiat Oncol. 2013 Oct;23(4):242-51. doi: 10.1016/j.semradonc.2013.05.001.

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

[1016/j.semradonc.2013.05.001](#)

AUTORES / AUTHORS: - Du S; Barcellos-Hoff MH

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, New York University School of Medicine, New York, NY.

RESUMEN / SUMMARY: - Transforming growth factor beta (TGFbeta) plays critical roles in regulating a plethora of physiological processes in normal organs, including morphogenesis, embryonic development, stem cell differentiation, immune regulation, and wound healing. Though considered a tumor suppressor, TGFbeta is a critical mediator of tumor microenvironment, in which it likewise mediates tumor and stromal cell phenotype, recruitment, inflammation, immune function, and angiogenesis. The fact that activation of TGFbeta is an early and persistent event in irradiated tissues and that TGFbeta signaling controls effective DNA damage response provides a new means to manipulate tumor response to radiation. Here we discuss preclinical studies unraveling TGFbeta effects in cancer treatment and review TGFbeta biology in lung cancer as an example of the opportunities for TGFbeta pathway inhibition as a pharmaceutical approach to augment radiation therapy.

TÍTULO / TITLE: - Imaging errors in localization of COMS-type plaques in choroidal melanoma brachytherapy.

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

REVISTA / JOURNAL: - Invest Ophthalmol Vis Sci. 2013 Sep 19. pii: iovs.12-11499v1. doi: 10.1167/iov.12-11499.

●● Enlace al texto completo (gratis o de pago) [1167/iov.12-11499](#)

AUTORES / AUTHORS: - Bayat M; Alizad A; Tamminga R; Pulido JS; Fatemi M

INSTITUCIÓN / INSTITUTION: - Department of Electrical and Computer Engineering, University of Minnesota, Minneapolis, 55455, United States.

RESUMEN / SUMMARY: - Purpose: To investigate mathematically and experimentally the sources of errors in localization of COMS-type plaques in melanoma brachytherapy when using ultrasound and transillumination and to give recommendations to avoid such errors. Methods: A computer-aided simulation tool was developed to model the errors seen in the patient images when using ultrasound imaging and transillumination during localization of the COMS-type plaque in melanoma brachytherapy. Several lab experiments were performed on sheep eyes to confirm the validity of the error sources and the simulator outputs. Results were compared to the intraoperative ultrasonographic patient images for validation. Results: Based on mathematical modeling and computer simulation results, transillumination provides acceptable accuracy for small to medium tumors with less than 7 mm height but shows poor accuracy as the tumor height increases. In ultrasound imaging, two sources of error are predicted in longitudinal scan using our computer simulation modeling, and the results are supported by the experiments on sheep eyes and patient images taken during the operation. Both errors are related to the lens. The first error is due to attenuation and refraction of the lens causing opaque areas and a change of curvature in the image of the plaque edge that is nearest to the lens. The second type of error is related to the total internal reflection from the lens. Conclusion: The simulation method presented in

this paper allows quantitative assessment of the sources, mechanisms, and measures of errors in localization of the CMOS-type plaques by ultrasound and transillumination techniques. Errors predicted by the simulation method are validated by experiments. Error assessment by this method provides guidelines for avoiding such errors.

TÍTULO / TITLE: - Clinical biomarkers of response in advanced renal cell carcinoma.

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

REVISTA / JOURNAL: - Ann Oncol. 2013 Aug 7.

●● Enlace al texto completo (gratis o de pago) [1093/annonc/mdt288](#)

AUTORES / AUTHORS: - Ravaud A; Schmidinger M

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Hopital Saint-Andre, Bordeaux University Hospital, Bordeaux.

RESUMEN / SUMMARY: - There are now a range of effective targeted agents available for the first- and second-line treatment of advanced renal cell carcinoma (RCC). However, patients with advanced RCC have varied responses to therapy; some experience long-term responses while others may not respond, or even progress rapidly. Characteristics or markers that could be used to determine which patients will benefit most from which agent may enable us to select the optimal treatment of each individual patient, thereby improving efficacy and avoiding unnecessary toxic effects. These characteristics may be at the cellular or genetic level. Alternatively, the occurrence of adverse events may act as surrogate markers of a drug's on treatment activity, enabling prediction of outcomes during treatment. Recently, it has been suggested that during some targeted therapy for advanced RCC, the occurrence of specific adverse events, such as hypertension, hypothyroidism, hand-foot syndrome or fatigue/asthenia, may be associated with improved efficacy. This article reviews the evidence supporting clinical biomarkers in patients with advanced RCC receiving targeted agents. We also consider how these clinical biomarkers may affect the future management of patients with advanced RCC.

TÍTULO / TITLE: - Pretreatment anti-Mullerian hormone predicts for loss of ovarian function after chemotherapy for early breast cancer.

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

REVISTA / JOURNAL: - Eur J Cancer. 2013 Aug 19. pii: S0959-8049(13)00564-9. doi: 10.1016/j.ejca.2013.07.014.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejca.2013.07.014](#)

AUTORES / AUTHORS: - Anderson RA; Rosendahl M; Kelsey TW; Cameron DA

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RESUMEN / SUMMARY: - AIM: Improving survival for women with early breast cancer (eBC) requires greater attention to the consequences of treatment, including risk to ovarian function. We have assessed whether biochemical markers of the ovarian reserve might improve prediction of chemotherapy related amenorrhoea. METHODS: Women (n=59, mean age 42.6years [(range 23.3-52.5)] with eBC were recruited before any treatment. Pretreatment ovarian reserve markers (anti-Mullerian hormone [AMH], follicle-stimulating hormone [FSH], inhibin B) were analysed in relation to ovarian status at 2years. RESULTS: Pretreatment AMH was significantly lower in women with amenorrhoea at 2years (4.0+/-0.9pmol/L versus 17.2+/-2.5, P<0.0001), but FSH and inhibin B did not differ between groups. By logistic regression, pretreatment AMH, but not age, FSH or inhibin B, was an independent predictor of ovarian status at 2years (P=0.005; odds ratio 0.013). We combined these data with a similar cohort (combined n=75); receiver-operator characteristic analysis for AMH gave area under curve (AUC) of 0.90 (95% confidence interval (CI) 0.82-0.97)). A cross-validated classification tree analysis resulted in a binary classification schema with sensitivity 98.2% and specificity 80.0% for correct classification of amenorrhoea. CONCLUSION: Pretreatment AMH is a useful predictor of long term post chemotherapy loss of ovarian function in women with eBC, adding significantly to the only previously established individualising predictor, i.e. age. AMH measurement may assist decision-making regarding treatment options and fertility preservation procedures.

TÍTULO / TITLE: - (Pro)renin receptor blocker improves survival of rats with sepsis.

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

REVISTA / JOURNAL: - J Surg Res. 2013 Aug 28. pii: S0022-4804(13)00767-1. doi: 10.1016/j.jss.2013.08.004.

●● Enlace al texto completo (gratis o de pago) [1016/j.iss.2013.08.004](#)

AUTORES / AUTHORS: - Hirano Y; Takeuchi H; Suda K; Hagiwara T; Miyasho T; Kawamura Y; Yamada S; Oyama T; Takahashi T; Wada N; Saikawa Y; Ichihara A; Kitagawa Y

INSTITUCIÓN / INSTITUTION: - Department of Surgery, School of Medicine, Keio University, Tokyo, Japan.

RESUMEN / SUMMARY: - BACKGROUND: The renin-angiotensin system (RAS) affects inflammatory responses during sepsis. Nonproteolytic activation of prorenin by the (pro)renin receptor has recently been shown to stimulate the tissue RAS. In the present study, the effect of (pro)renin receptor blocker (PRRB) pretreatment on sepsis in a rat cecal ligation and puncture (CLP) model was investigated. MATERIALS AND METHODS: Male Sprague-Dawley rats underwent CLP and were randomly divided into two groups: PRRB-treated group and control peptide-treated group. Survival was analyzed for 7 d after CLP. The serum concentrations of cytokines and high-mobility group box chromosomal protein 1 (HMGB1) were measured at three time points (0, 3, and 6 h after CLP). Hematoxylin-eosin staining and immunohistochemical staining for

nonproteolytically activated prorenin and HMGB1 were performed on the cecum to assess pathologic changes found 6 h after CLP. RESULTS: Treatment with PRRB improved the survival rate of the post-CLP septic rats ($P = 0.023$). PRRB also significantly reduced serum tumor necrosis factor- α , interleukin-1 β , and HMGB1 levels 6 h after CLP. In CLP rats that were treated with control peptide, the expression of activated prorenin was elevated in peritoneal foam cells. Moreover, expression of HMGB1 was increased in peritoneal inflammatory cells. In contrast, both were markedly suppressed in CLP rats that were treated with PRRB. CONCLUSIONS: PRRB significantly improved the survival rate of rats with clinically relevant sepsis, possibly by attenuating a sepsis-induced systemic inflammatory response. We propose that overactivation of the RAS by activation of prorenin in foam cells may be a significant contributor to sepsis.

TÍTULO / TITLE: - Enhancement of monoclonal antibody production in CHO cells by exposure to He-Ne laser radiation.

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

REVISTA / JOURNAL: - Cytotechnology. 2013 Aug 14.

●● Enlace al texto completo (gratis o de pago) [1007/s10616-013-9625-8](#)

AUTORES / AUTHORS: - Ghaleb R; Naciri M; Al-Majmaie R; Maki A; Al-Rubeai M

INSTITUCIÓN / INSTITUTION: - School of Chemical and Bioprocess Engineering, Conway Institute for Biomolecular and Biomedical Research, University College Dublin, Belfield, Dublin, Ireland.

RESUMEN / SUMMARY: - This study tested the effectiveness of laser biostimulation in small-scale cultures in vitro. We investigated the response of recombinant CHO cells, which are used for the production of monoclonal antibody, to low level laser radiation. The cells were irradiated using a 632.8 nm He-Ne laser in a continuous wave mode at different energy doses. We incubated the irradiated cells in small batch cultures and assessed their proliferation and productivity at various time intervals. Compared to untreated cells, the irradiated cells showed a significant increase in antibody production. Moreover, the results showed that laser irradiation did not affect viability and slightly enhanced proliferation rate.

TÍTULO / TITLE: - The International Society of Urological Pathology (ISUP) Grading System for Renal Cell Carcinoma and Other Prognostic Parameters.

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

REVISTA / JOURNAL: - Am J Surg Pathol. 2013 Oct;37(10):1490-1504.

●● Enlace al texto completo (gratis o de pago) [1097/PAS.0b013e318299f0fb](#)

AUTORES / AUTHORS: - Delahunt B; Chevillat JC; Martignoni G; Humphrey PA; Magi-

Galluzzi C; McKenney J; Egevad L; Algaba F; Moch H; Grignon DJ; Montironi R; Srigley JR

INSTITUCIÓN / INSTITUTION: - *Department of Pathology and Molecular Medicine, Wellington School of Medicine and Health Sciences, University of Otago, Wellington, New Zealand daggerDepartment of Pathology, Mayo Clinic, Rochester, MN section signDepartment of Pathology and Immunology, Washington University School of Medicine, St Louis, MO parallelDepartment of Anatomic Pathology, Cancer Biology and Glickman Urological Institute, Cleveland, OH daggerdaggerDepartment of Pathology, Indiana University School of Medicine, Indianapolis, IN double daggerDipartimento di Patologia e Diagnostica, Università di Verona, Verona double daggerdouble daggerThe Institute of Pathological Anatomy and Histopathology, University of Ancona School of Medicine, Ancona, Italy paragraph signDepartment of Oncology and Pathology, Karolinska University Hospital, Solna, Stockholm, Sweden #Department of Pathology, Fundacion Puigvert-University Autonomus, Barcelona, España **University of Zurich, Switzerland section sign section signDepartment of Laboratory Medicine, Credit Valley Hospital, Mississauga parallel parallelDepartment of Pathology and Molecular Medicine, McMaster University, Toronto, ON, Canada.

RESUMEN / SUMMARY: - The International Society of Urological Pathology 2012 Consensus Conference made recommendations regarding classification, prognostic factors, staging, and immunohistochemical and molecular assessment of adult renal tumors. Issues relating to prognostic factors were coordinated by a workgroup who identified tumor morphotype, sarcomatoid/rhabdoid differentiation, tumor necrosis, grading, and microvascular invasion as potential prognostic parameters. There was consensus that the main morphotypes of renal cell carcinoma (RCC) were of prognostic significance, that subtyping of papillary RCC (types 1 and 2) provided additional prognostic information, and that clear cell tubulopapillary RCC was associated with a more favorable outcome. For tumors showing sarcomatoid or rhabdoid differentiation, there was consensus that a minimum proportion of tumor was not required for diagnostic purposes. It was also agreed upon that the underlying subtype of carcinoma should be reported. For sarcomatoid carcinoma, it was further agreed upon that if the underlying carcinoma subtype was absent the tumor should be classified as a grade 4 unclassified carcinoma with a sarcomatoid component. Tumor necrosis was considered to have prognostic significance, with assessment based on macroscopic and microscopic examination of the tumor. It was recommended that for clear cell RCC the amount of necrosis should be quantified. There was consensus that nucleolar prominence defined grades 1 to 3 of clear cell and papillary RCCs, whereas extreme nuclear pleomorphism or sarcomatoid and/or rhabdoid differentiation defined grade 4 tumors. It was agreed upon that chromophobe RCC should not be graded. There was consensus that microvascular invasion should not be included as a staging criterion for RCC.

TÍTULO / TITLE: - Baseline tumour measurements predict survival in advanced non-small cell lung cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Br J Cancer. 2013 Sep 17;109(6):1476-81. doi: 10.1038/bjc.2013.472. Epub 2013 Aug 13.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.472](#)

AUTORES / AUTHORS: - Gerber DE; Dahlberg SE; Sandler AB; Ahn DH; Schiller JH; Brahmer JR; Johnson DH

INSTITUCIÓN / INSTITUTION: - University of Texas Southwestern Medical Center, 5323 Harry Hines Blvd., Dallas, Texas 75390 USA.

RESUMEN / SUMMARY: - Background:The association between tumour measurements and survival has been studied extensively in early-stage and locally advanced non-small cell lung cancer (NSCLC). We analysed these factors in patients with advanced NSCLC.Methods:Data were derived from the E4599 trial of paclitaxel-carboplatin+/- bevacizumab. Associations between the Response Evaluation Criteria in Solid Tumors (RECIST) baseline sum longest diameter (BSLD), response rate, progression-free survival (PFS) and overall survival (OS) were evaluated using univariate and multivariable Cox regression models.Results:A total of 759 of the 850 patients (89%) in the E4599 trial had measurable diseases and were included in this analysis. The median BSLD was 7.5 cm. BSLD predicted OS (hazard ratio (HR) 1.41; P<0.001) and had a trend towards association with PFS (HR 1.14; P=0.08). The median OS was 12.6 months for patients with BSLD <7.5 cm compared with 9.5 months for BSLD >=7.5 cm. This association persisted in a multivariable model controlling multiple prognostic factors, including the presence and sites of extrathoracic disease (HR 1.24; P=0.01). There was no association between BSLD and response rate.Conclusion:Tumour measurements are associated with survival in the E4599 trial. If validated in other populations, this parameter may provide important prognostic information to patients and clinicians.

TÍTULO / TITLE: - Step-Scan IR Spectroelectrochemistry with Ultramicroelectrodes: Nonsurface Enhanced Detection of Near Femtomole Quantities Using Synchrotron Radiation.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Anal Chem. 2013 Sep 17;85(18):8722-7. doi: 10.1021/ac401799z. Epub 2013 Aug 27.

●● Enlace al texto completo (gratis o de pago) [1021/ac401799z](#)

AUTORES / AUTHORS: - Rosendahl SM; Borondics F; May TE; Burgess IJ

INSTITUCIÓN / INSTITUTION: - Department of Chemistry, University of Saskatchewan , Saskatoon, Saskatchewan, S7N 5C9 Canada.

RESUMEN / SUMMARY: - The result of interfacing step-scan spectroelectrochemistry with an IR microscope and synchrotron infrared (SIR) radiation is provided here. An external reflectance cell containing a 25 µm gold ultramicroelectrode is employed to achieve an electrochemical time constant less than one microsecond. The use of a prototypical electrochemical system, i.e., the mass-transport controlled reduction of ferricyanide, allows for a proof of principle evaluation of the viability of SIR for step-scan spectroelectrochemistry. An analysis of the importance of accounting for synchrotron source variation over the prolonged duration of a step-scan experiment is provided. Modeling of the material flux in the restricted diffusion space afforded by the external reflectance cell allows the quantitative IR results to be compared to theoretical predictions. The results indicate that only at very short times does linear diffusion within the cavity dominate the electrode response and the majority of the transient signal operates under conditions of quasi-hemispherical diffusion. The analytical information provided by the IR signal is found to be considerably less than that derived from the current response due to the latter's pronounced edge effects. The results provide a detection limit of 36 fmol for step-scan SIR measurements of ferrocyanide. Implications for future IR spectroelectrochemical studies in the microsecond domain are discussed.

TÍTULO / TITLE: - Effect of radiation protraction on BED in the case of large fraction dose.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Med Phys. 2013 Aug;40(8):081716. doi: 10.1118/1.4812432.

●● Enlace al texto completo (gratis o de pago) [1118/1.4812432](#)

AUTORES / AUTHORS: - Kuperman VY

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Halifax Health, Daytona Beach, Florida 32114, USA. vadimkuperman@yahoo.com

RESUMEN / SUMMARY: - **PURPOSE:** To investigate the effect of radiation protraction on biologically effective dose (BED) in the case when dose per fraction is significantly greater than the standard dose of 2 Gy. **METHODS:** By using the modified linear-quadratic model with monoexponential repair, the authors investigate the effect of long treatment times combined with dose escalation. **RESULTS:** The dependences of the protraction factor and the corresponding BED on fraction time were determined for different doses per fraction typical for stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT). In the calculations, the authors consider changes in the BED to the normal tissue under the condition of fixed BED to the target. **CONCLUSION:** The obtained results demonstrate that simultaneous increase in fraction time and dose per fraction can be beneficial for SRS and SBRT because of the related decrease in BED to normal structures while BED to the target is fixed.

TÍTULO / TITLE: - Clinical and oncological effects of triplet chemotherapy followed by radical esophagectomy for resectable esophageal cancer associated with unfavorable prognostic factors.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Surg Today. 2013 Aug 21.

●● Enlace al texto completo (gratis o de pago) [1007/s00595-013-0700-8](#)

AUTORES / AUTHORS: - Shimoji H; Kinjo T; Karimata H; Nagahama M; Nishimaki T

INSTITUCIÓN / INSTITUTION: - Department of Digestive and General Surgery, Graduate School of Medicine, University of the Ryukyus, 207 Uehara, Nishihara, Okinawa, 903-0215, Japan, hshimoji@med.u-ryukyu.ac.jp.

RESUMEN / SUMMARY: - **PURPOSES:** The purpose of this study was to evaluate the hypothesis that the survival of patients undergoing R0 resection after triplet chemotherapy for resectable esophageal cancer with unfavorable prognostic factors (Category 3) would be similar to that of patients undergoing esophagectomy for esophageal cancer without such factors (Category 1). **METHODS:** Patients with Category 3 tumors were assigned to receive triplet chemotherapy consisting of 5-fluorouracil, doxorubicin and nedaplatin (FAN) followed by radical esophagectomy. The outcomes of the bimodality treatment for Category 3 patients (n = 25) were compared with those of Category 1 patients (n = 41) in a prospective cohort study. **RESULTS:** Grade 3 or higher toxicity developed during chemotherapy in 32 % of the Category 3 patients, with no treatment-related deaths. No significant difference was detected in the surgery-related mortality and morbidity rates between the two groups. The recurrence-free survival was significantly worse in Category 3 than in Category 1 patients (p = 0.002), although the overall survival was not significantly different (p = 0.085) between the two groups in cases of R0 resection (5-year survival rates: 34.4 vs. 66.5 %). **CONCLUSIONS:** Although FAN chemotherapy followed by radical esophagectomy can be safely performed, this treatment modality may not have sufficient power to cure Category 3 disease.

TÍTULO / TITLE: - Looking beyond survival rates: neurological outcomes after extracorporeal life support.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Intensive Care Med. 2013 Oct;39(10):1870-2. doi: 10.1007/s00134-013-3050-5. Epub 2013 Aug 14.

●● Enlace al texto completo (gratis o de pago) [1007/s00134-013-3050-5](#)

AUTORES / AUTHORS: - Brown KL; Maclaren G; Marino BS

INSTITUCIÓN / INSTITUTION: - Cardiac Unit, Great Ormond Street Hospital for Children NHS Foundation Trust and Institute for Cardiovascular Science, University College London, Great Ormond Street, London, WC1N 3JH, UK, katherine.brown@gosh.nhs.uk.

TÍTULO / TITLE: - Successful Treatment of Tumor-Induced Osteomalacia due to an Intracranial Tumor by Fractionated Stereotactic Radiotherapy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Clin Endocrinol Metab. 2013 Sep 12.

●● [Enlace al texto completo \(gratis o de pago\) 1210/jc.2013-2528](#)

AUTORES / AUTHORS: - Tarasova VD; Trepp-Carrasco AG; Thompson R; Recker RR; Chong WH; Armas LA

INSTITUCIÓN / INSTITUTION: - Creighton University (V.D.T., A.G.T.-C.), Omaha, Nebraska 68131; University of Nebraska Medical Center (R.T.), Omaha, Nebraska 68198; Creighton University (R.R.R.), Omaha, Nebraska 68131; National Institutes of Health (W.H.C., M.T.C.), Bethesda, Maryland 20892; and Creighton University (L.A.G.A.), Omaha, Nebraska 68131.

RESUMEN / SUMMARY: - Context:Tumor-induced osteomalacia (TIO) is a rare paraneoplastic syndrome, characterized by tumor secretion of fibroblast growth factor-23 (FGF23) causing hypophosphatemia due to renal phosphate wasting. TIO is usually caused by small, benign, difficult-to-localize, mesenchymal tumors. Although surgery with wide excision of tumor borders is considered the “gold standard” for definitive therapy, it can be associated with considerable morbidity depending on the location. To date, radiation therapy has not been considered as an effective treatment modality in TIO.Objective:A 67-year-old female presented with multiple nontraumatic fractures, progressive bone pain, and muscle weakness for 4 years. She was found to have biochemical evidence of urinary phosphate wasting with low serum phosphorus, low-normal serum calcium, normal 25-hydroxyvitamin D and 1,25-dihydroxyvitamin D, and high serum FGF23 levels. TIO was diagnosed. Selective venous sampling for FGF23 confirmed that a 1.6-cm left frontal mass, radiographically similar to a meningioma, was the causative tumor. She declined surgery due to fear of complications and instead underwent fractionated stereotactic radiotherapy for 6 weeks.Results:In less than 4 years after radiation therapy, she was successfully weaned off phosphorus and calcitriol, starting from 2 g of oral phosphorus daily and 1 mug of calcitriol daily. Her symptoms have resolved, and she has not had any new fractures.Conclusions:Stereotactic radiotherapy was an effective treatment modality for TIO in our patient. Fractionated stereotactic radiation therapy represents an alternative to surgery for patients with TIO who are not surgical candidates or who decline surgery.

TÍTULO / TITLE: - Child-Pugh Score Predicts Survival After Radical Pericardiectomy for Constrictive Pericarditis.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ann Thorac Surg. 2013 Aug 30. pii: S0003-4975(13)01282-4. doi: 10.1016/j.athoracsur.2013.06.016.

●● Enlace al texto completo (gratis o de pago)

[1016/j.athoracsur.2013.06.016](https://doi.org/10.1016/j.athoracsur.2013.06.016)

AUTORES / AUTHORS: - Komoda T; Frumkin A; Knosalla C; Hetzer R

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RESUMEN / SUMMARY: - BACKGROUND: Constrictive pericarditis causes hepatic congestion, which results in congestive hepatopathy and finally leads to cardiac cirrhosis. However, in previous studies, risk stratification from the viewpoint of liver dysfunction was not performed in patients who underwent pericardiectomy for constrictive pericarditis. METHODS: Sixty-four patients with constrictive pericarditis who were operated on with de novo radical pericardiectomy through a left anterolateral thoracotomy in our institute were entered into the study. Patients with a Child-Pugh score less than 7 (class A) were assigned to group CP-A (n = 45) and those with a score of 7 or higher (class B or C) were assigned to group CP-BC (n = 19). Actuarial survival of patients after operation was studied in each group, and prognostic factors were analyzed with Cox regression analysis. RESULTS: Survival after radical pericardiectomy in group CP-BC (Child-Pugh score ≥ 7) was significantly worse than in group CP-A (37.9% versus 80.8% for 5-year survival; $p = 0.0001$, log-rank test). After multivariate Cox analysis, a Child-Pugh score of 7 or more (hazard ratio [HR] 4.316; $p = 0.0028$), mediastinal irradiation (HR, 23.872; $p < 0.0001$), age (HR, 1.064; $p = 0.0042$), and end-stage renal disease (HR, 4.670; $p = 0.029$) were identified as independent prognostic factors for mortality after radical pericardiectomy. CONCLUSIONS: It is meaningful to apply the Child-Pugh scoring system for the prediction of mortality after radical pericardiectomy in patients with constrictive pericarditis.

TÍTULO / TITLE: - Correlation of Nrf2 and HIF-1alpha in glioblastoma and their relationships to clinicopathologic features and survival.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Neurol Res. 2013 Aug 16.

●● Enlace al texto completo (gratis o de pago)

[1179/1743132813Y.0000000251](https://doi.org/10.1179/1743132813Y.0000000251)

AUTORES / AUTHORS: - Ji X; Wang H; Zhu J; Tang Y; Zhou Y; Zhu L; Gao C; Li W; You W; Yu B; Xia Q

RESUMEN / SUMMARY: - OBJECTIVES: Glioblastoma (GB) is the most common, aggressive, and proliferative among all brain tumors. The prognosis of GB is still far from satisfactory currently, thus demanding great modification and enhancement, which may be acquired by the help of the molecular target therapy. Nuclear factor E2-related

factor 2 (Nrf2), a pivotal transcriptional factor of cellular responses to oxidative stress, was observed to function remarkably in cancer pathobiology. In the current study, we analyzed the correlation between Nrf2 and Hypoxia-inducible factor-1alpha (HIF-1alpha) in GB, together with their association to the features and survival of clinicopathology. METHODS: We examined the expression of Nrf2 and HIF-1alpha in 68 specimens of GB by tissue microarray and immunohistochemistry, and correlated this investigation to the outcome of GB patients. RESULTS: Nrf2 and HIF-1alpha were overexpressed in GB tissues. There was significant correlation between the high level of Nrf2 and tumor necrosis on MRI and 1-year survival. There was significant correlation between HIF-1alpha level and Nrf2 status ($r=0.294$, $P=0.015$). Kaplan-Meier analysis showed that high Nrf2 expression was significantly associated with shorter overall survival (OS) (log-rank test, $P=0.006$), and was identified as an independent prognostic factor in multivariate analysis ($P=0.034$). HIF-1alpha was another independent factor for both OS and progression-free survival by Cox regression analysis ($P=0.048$ and $P=0.032$, respectively). DISCUSSION: Mutual association between Nrf2 and HIF-1alpha was found in GB: higher Nrf2 expression and poorer outcome of GB patients. Nrf2 would therefore be a new molecular marker for the targeted treatment of GB.

TÍTULO / TITLE: - Selecting the optimal time to perform biopsy for preimplantation genetic testing.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Fertil Steril. 2013 Sep;100(3):608-14. doi: 10.1016/j.fertnstert.2013.07.004.

●● Enlace al texto completo (gratis o de pago) 1016/j.fertnstert.2013.07.004

AUTORES / AUTHORS: - Scott KL; Hong KH; Scott RT Jr

INSTITUCIÓN / INSTITUTION: - Atlantic Reproductive Medicine, Raleigh, North Carolina.

RESUMEN / SUMMARY: - A consistent requirement for all preimplantation genetic testing is the need to obtain DNA from the oocyte or embryo. Currently this sample is attained through biopsy of one or both polar bodies, blastomere biopsy at the cleavage stage, or trophectoderm biopsy after blastulation. Selecting the optimal time for biopsy requires careful consideration. Polar body biopsy is less invasive and provides more time for analysis but fails to capture as many as one in three embryonic aneuploidies. Additionally, the inability to readily distinguish nondysjunction from premature separation of sister chromatids greatly limits the predictive value of the technique and may lead to an overdiagnosis of aneuploidy in as many as 45% of cases with first polar-body errors. Cleavage-stage biopsy provides adequate samples but is detrimental to the embryo. The adverse effect of blastomere biopsy may result in approximately two of every five reproductively competent embryos losing their ability to implant and sustain development. Trophectoderm biopsy does not adversely impact

the embryos. However, for the majority of clinical programs without a genetics laboratory, vitrification would be necessary to allow time for the genetic analysis. Although this extends the time required for treatment, clinical outcomes are equivalent after transfer of euploid blasts during fresh IVF and cryopreserved embryo transfer cycles, so that excellent outcomes are maintained. At present the blastocyst stage is the optimal time to perform biopsies for preimplantation genetic testing.

TÍTULO / TITLE: - The use of an integrated electroanatomic mapping system and intracardiac echocardiography to reduce radiation exposure in children and young adults undergoing ablation of supraventricular tachycardia.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Europace. 2013 Aug 8.

●● Enlace al texto completo (gratis o de pago) [1093/europace/eut237](#)

AUTORES / AUTHORS: - Mah DY; Miyake CY; Sherwin ED; Walsh A; Anderson MJ; Western K; Abrams DJ; Alexander ME; Cecchin F; Walsh EP; Triedman JK

INSTITUCIÓN / INSTITUTION: - Department of Cardiology, Boston Children's Hospital and the Department of Pediatrics, Harvard Medical School, 300 Longwood Avenue, Boston, MA 02115, USA.

RESUMEN / SUMMARY: - AIMS: Non-fluoroscopic imaging (NFI) devices are increasingly used in ablations. The objective was to determine the utility of intracardiac echocardiography (ICE) in ablating paediatric supraventricular tachycardias (SVTs) and assess whether its integrated use with electroanatomic mapping (EAM) resulted in lower radiation exposure than use of EAM alone. METHODS AND RESULTS: Prospective, controlled, single-centre study of patients (pts) age ≥ 10 years, weight ≥ 35 kg, with SVT and normal cardiac anatomy. Patients were randomized to ICE + EAM (ICE) or EAM only (no ICE). Both had access to fluoroscopy as needed. Eighty-four pts were enrolled (42 ICE, 42 no ICE). Median age was 15 years (range 10.4-23.7 years); 57% had accessory pathways, 42% atrioventricular nodal reentry tachycardia. There was no difference in radiation dose (9 mGy ICE vs. 23 mGy no ICE, $P = 0.37$) or fluoroscopy time (1.1 min ICE vs. 1.5 min no ICE, $P = 0.38$). Transseptal punctures were performed in 25 pts (16 ICE, 9 no ICE), with ICE reducing radiation (8 mGy ICE vs. 62 mGy no ICE, $P = 0.002$) and fluoroscopy time (1.1 min ICE vs. 4.5 min no ICE, $P = 0.01$). Zero fluoroscopy was achieved in 13 pts (15% of total, 5 ICE, 8 no ICE), and low-dose cases (< 50 mGy) in 57 pts (68% of total, 33 ICE, 24 no ICE). Acute success was 95% for ICE, 88% for no ICE. CONCLUSION: Use of an integrated EAM/ICE system was no better than EAM alone in limiting radiation, but can be helpful for transseptal punctures. Given the low dose savings, use of ICE may be weighed against its financial cost. Low-fluoroscopy cases are performed in most NFI procedures.

TÍTULO / TITLE: - Retrospective study of alemtuzumab vs ATG-based conditioning without irradiation for unrelated and matched sibling donor transplants in acquired severe aplastic anemia: a study from the British Society for Blood and Marrow Transplantation.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Bone Marrow Transplant. 2013 Aug 5. doi: 10.1038/bmt.2013.115.

●● [Enlace al texto completo \(gratis o de pago\) 1038/bmt.2013.115](#)

AUTORES / AUTHORS: - Marsh JC; Pearce RM; Koh MB; Lim Z; Pagliuca A; Mufti GJ; Perry J; Snowden JA; Vora AJ; Wynn RT; Russell N; Gibson B; Gilleece M; Milligan D; Veys P; Samarasinghe S; McMullin M; Kirkland K; Cook G

INSTITUCIÓN / INSTITUTION: - Department of Haematological Medicine, King's College Hospital and King's College London,, London, UK.

RESUMEN / SUMMARY: - This retrospective national study compared the use of alemtuzumab-based conditioning regimens for hematopoietic SCT (HSCT) in acquired severe aplastic anemia with antithymocyte globulin (ATG)-based regimens. One hundred patients received alemtuzumab and 55 ATG-based regimens. A matched sibling donor (MSD) was used in 87 (56%), matched unrelated donor (MUD) in 60 (39%) and other related or mismatched unrelated donor (UD) in 8 (5%) patients. Engraftment failure occurred in 9% of the alemtuzumab group and 11% of the ATG group. Five-year OS was 90% for the alemtuzumab and 79% for the ATG groups, $P=0.11$. For UD HSCT, OS of patients was better when using alemtuzumab (88%) compared with ATG (57%), $P=0.026$, although smaller numbers of patients received ATG. Similar outcomes for MSD HSCT using alemtuzumab or ATG were seen (91% vs 85%, respectively, $P=0.562$). A lower risk of chronic GVHD (cGVHD) was observed in the alemtuzumab group (11% vs 26%, $P=0.031$). On multivariate analysis, use of BM as stem cell source was associated with better OS and EFS, and less acute and cGVHD; young age was associated with better EFS and lower risk of graft failure. This large study confirms successful avoidance of irradiation in the conditioning regimens for MUD HSCT patients. Bone Marrow Transplantation advance online publication, 5 August 2013; doi:10.1038/bmt.2013.115.

TÍTULO / TITLE: - Discovery of asymptomatic Krukenberg tumors diagnosed during caesarean section: therapy with hyperthermic intraperitoneal chemotherapy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Postgrad Med. 2013 Jul;125(4):87-90. doi: 10.3810/pgm.2013.07.2681.

●● [Enlace al texto completo \(gratis o de pago\) 3810/pgm.2013.07.2681](#)

AUTORES / AUTHORS: - Burgazli KM; Mericli M; Kavukcu E; Erdogan A; Ertan AK

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, Wuppertal Primary Health Care and Research Center, Wuppertal, Germany. burgazlk@uni-koeln.de

RESUMEN / SUMMARY: - We report a case of the discovery of asymptomatic Krukenberg tumors in a 37-year-old woman in the 37th week of pregnancy during caesarean section. Subsequent gastroscopy revealed an adenocarcinoma of the stomach as the primary tumor site. The patient was treated with hyperthermic intraperitoneal chemotherapy (HIPEC). Tumor surgery (Partial parietal peritonectomy and partial gastrectomy) and HIPEC treatment were successful, with no complications found during follow-up. Use of HIPEC seems to be a promising option after radical surgery, including its use in patients with gastric tumors that are in advanced stages, and use in patients who have tumors with poor prognoses, such as Krukenberg tumors.

TÍTULO / TITLE: - 18F-ICMT-11, a Caspase-3-Specific PET Tracer for Apoptosis: Biodistribution and Radiation Dosimetry.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Nucl Med. 2013 Sep;54(9):1551-6. doi: 10.2967/jnumed.112.118760. Epub 2013 Aug 15.

●● [Enlace al texto completo \(gratis o de pago\) 2967/jnumed.112.118760](#)

AUTORES / AUTHORS: - Challapalli A; Kenny LM; Hallett WA; Kozlowski K; Tomasi G; Gudi M; Al-Nahhas A; Coombes RC; Aboagye EO

INSTITUCIÓN / INSTITUTION: - Department of Surgery and Cancer, Imperial College London, London, United Kingdom.

RESUMEN / SUMMARY: - Effective anticancer therapy induces tumor cell death through apoptosis. Noninvasive monitoring of apoptosis during therapy may provide predictive outcome information and help tailor treatment. A caspase-3-specific imaging radiotracer, (18)F-(S)-1-((1-(2-fluoroethyl)-1H-[1,2,3]-triazol-4-yl)methyl)-5-(2(2,4-difluoro phenoxy)methyl)-pyrrolidine-1-sulfonyl)isatin ((18)F-ICMT-11), has been developed for use in PET studies. We report the safety, biodistribution, and internal radiation dosimetry profiles of (18)F-ICMT-11 in 8 healthy human volunteers.

METHODS: (18)F-ICMT-11 was intravenously administered as a bolus injection (mean +/- SD, 159 +/- 2.75 MBq; range, 154-161 MBq) to 8 healthy volunteers (4 men, 4 women). Whole-body (vertex to mid thigh) PET/CT scans were acquired at 6 time points, up to 4 h after tracer injection. Serial whole blood, plasma, and urine samples were collected for radioactivity measurement and radiotracer stability. In vivo (18)F activities were determined from quantitative analysis of the images, and time-activity curves were generated. The total numbers of disintegrations in each organ normalized to injected activity (residence times) were calculated as the area under the curve of the time-activity curve, normalized to injected activities and standard values of organ volumes. Dosimetry calculations were then performed using OLINDA/EXM 1.1.

RESULTS: Injection of (18)F-ICMT-11 was well tolerated in all subjects, with no serious tracer-related adverse events reported. The mean effective dose averaged over both men and women was estimated to be 0.025 +/- 0.004 mSv/MBq (men, 0.022 +/- 0.004

mSv/MBq; women, 0.027 +/- 0.004 mSv/MBq). The 5 organs receiving the highest absorbed dose (mGy/MBq), averaged over both men and women, were the gallbladder wall (0.59 +/- 0.44), small intestine (0.12 +/- 0.05), upper large intestinal wall (0.08 +/- 0.07), urinary bladder wall (0.08 +/- 0.02), and liver (0.07 +/- 0.01). Elimination was both renal and via the hepatobiliary system. CONCLUSION: (18)F-ICMT-11 is a safe PET tracer with a dosimetry profile comparable to other common (18)F PET tracers. These data support the further development of (18)F-ICMT-11 for clinical imaging of apoptosis.

TÍTULO / TITLE: - The effects of radiation on antitumor efficacy of an oncolytic adenovirus vector in the Syrian hamster model.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Gene Ther. 2013 Sep;20(9):531-7. doi: 10.1038/cgt.2013.50. Epub 2013 Aug 9.

●● Enlace al texto completo (gratis o de pago) [1038/cgt.2013.50](#)

AUTORES / AUTHORS: - Young BA; Spencer JF; Ying B; Toth K; Wold WS

INSTITUCIÓN / INSTITUTION: - Department of Molecular Microbiology and Immunology, Saint Louis University School of Medicine, St Louis, MO, USA.

RESUMEN / SUMMARY: - We report that radiation enhances the antitumor efficacy of the oncolytic adenovirus vector VRX-007 in Syrian hamster tumors. We used tumor-specific irradiation of subcutaneous tumors and compared treatment options of radiation alone or combined with VRX-007 and cyclophosphamide (CP). Radiation therapy further augmented the VRX-007-mediated inhibition of tumor growth, in both CP-treated and non-CP-treated hamsters, even though radiation did not lead to increased viral replication in tumors when compared with those treated with VRX-007 alone. Moreover, tumor growth inhibition was similar in tumors irradiated either 1 week before or after injection with VRX-007, which suggests that radiation exerts its antitumor effect independently from vector therapy. Thus, our results demonstrate that these two therapies do not have to be provided simultaneously to enhance their combined effectiveness against subcutaneous hamster tumors.

TÍTULO / TITLE: - Re: transperineal template-guided saturation biopsy using a modified technique: outcome of 270 cases requiring repeat prostate biopsy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Urol. 2013 Oct;190(4):1245-6. doi: 10.1016/j.juro.2013.06.102. Epub 2013 Jul 4.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.06.102](#)

AUTORES / AUTHORS: - Taneja SS

TÍTULO / TITLE: - Is Mode of Presentation of B3 Breast Core Biopsies (Screen-Detected or Symptomatic) a Distinguishing Factor in the Final Histopathologic Result or Risk of Diagnosis of Malignancy?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - World J Surg. 2013 Nov;37(11):2607-2612.

●● Enlace al texto completo (gratis o de pago) [1007/s00268-013-2191-6](#)

AUTORES / AUTHORS: - Maclean GM; Courtney SP; Umeh H; Sanjeev S; McCormick C; Smith BM

INSTITUCIÓN / INSTITUTION: - Breast Surgery Unit, Royal Berkshire Hospital, London Road, Reading, RG1 5AN, UK, gaelmaclean@doctors.org.uk.

RESUMEN / SUMMARY: - BACKGROUND: The relation between histopathologic subclassification and mode of patient presentation (with a screen-detected vs. symptomatic lesion) with an abnormality in the breast core biopsy classified as having uncertain malignant potential (B3) has not been previously examined. We compared the histopathologic subclassification of these lesions and the frequency of malignancy in screen-detected and symptomatic patient groups. METHODS: All B3 core biopsies from one breast unit at the Royal Berkshire Hospital over a 5-year period (2006-2010) were analyzed (n = 131). After dividing the B3 biopsies into screen-detected and symptomatic groups, the National Health Service Breast Screening Programme histopathologic subclassification was used to further divide the groups into six subtypes. After surgery, a final diagnosis of invasive or in situ carcinoma was also noted. RESULTS: B3 classification comprised 3.8 % (131/3,440) of all core biopsies during that time period. There were 78 specimens from symptomatic (59 %) and 53 from screen-detected (41 %) patients. There was no statistically significant difference between papillary and fibroepithelial diagnoses between the two groups (47 vs. 42 %, p = 0.59, NS). There was no difference between the groups for atypia, lobular neoplasia, or sclerosing lesions (49 vs. 51 %, p = 0.8, NS). Cancer was found in 20 % of the symptomatic patients and in 17 % of the screen-detected group (p = 0.65, NS). CONCLUSIONS: Mode of patient presentation (with a screen-detected or symptomatic lesion) was not a distinguishing factor for breast histopathologic subclassification or for the final cancer diagnosis in patients whose breast core biopsy was classified as B3.

TÍTULO / TITLE: - Comprehensive Assessment of the Impact of Cigarette Smoking on Survival in Clear Cell Kidney Cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Urol. 2013 Sep 6. pii: S0022-5347(13)05328-7. doi: 10.1016/j.juro.2013.08.081.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.08.081](#)

AUTORES / AUTHORS: - Ehdai B; Furberg H; Zabor EC; Hakimi AA; Russo P

INSTITUCIÓN / INSTITUTION: - Urology Service, Sidney Kimmel Center for Prostate and Urologic Cancers, Memorial Sloan-Kettering Cancer Center, New York, New York, USA; Epidemiology and Biostatistics, Memorial Sloan-Kettering Cancer Center, New York, New York, USA. Electronic address: ehdaieb@mskcc.org.

RESUMEN / SUMMARY: - PURPOSE: The impact of modifiable environmental factors on kidney cancer-specific outcomes is understudied. We evaluated the impact of smoking exposure on cancer-specific survival (CSS) in clear cell renal cell carcinoma (ccRCC) patients treated with surgery. MATERIALS AND METHODS: Characteristics from 1,625 ccRCC patients treated with surgery between 1995 through 2012 were collected from a prospectively maintained database at a single center. The associations between smoking status and both advanced disease (American Joint Committee on Cancer stage>2) and CSS were determined. RESULTS: The prevalence rates of current, former, and never smoking at diagnosis were 16%, 30%, and 54%, respectively, and 62% of patients reported a ≥ 20 pack-year smoking history. The median follow-up period among survivors was 4.5 years (IQR 2.2-7.9). On univariable analysis, ≥ 20 pack-year smoking history was associated with a significantly increased risk for advanced disease (OR 1.43, 95%CI 1.02-2.00); however it did not achieve an independent association after adjusting for age and gender. Pathologic stage and Fuhrman grade adversely affected CSS on multivariable competing risks analysis. Although the association between smoking and CSS did not achieve statistical significance on multivariable analysis, the direction of the central estimate (HR 1.5, 95%CI 0.89-2.52) suggests smoking adversely impacts CSS. Current smokers faced a higher risk for death from other causes as compared with never smokers (HR 1.93, 95%CI 1.29-2.88). CONCLUSIONS: Smoking exposure substantially increases risk for death from other causes and adversely impacts CSS in patients with ccRCC. Treatment plans to promote smoking cessation are recommended for these patients.

TÍTULO / TITLE: - Malignant ovarian germ cell tumors: Presentation, survival and second cancer in a population based Norwegian cohort (1953-2009).

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Gynecol Oncol. 2013 Aug 31. pii: S0090-8258(13)01113-X. doi: 10.1016/j.ygyno.2013.08.028.

●● Enlace al texto completo (gratis o de pago) [1016/j.ygyno.2013.08.028](https://doi.org/10.1016/j.ygyno.2013.08.028)

AUTORES / AUTHORS: - Solheim O; Kaern J; Trope CG; Rokkones E; Dahl AA; Nesland JM; Fossa SD

INSTITUCIÓN / INSTITUTION: - Department of Gynaecologic Oncology, Oslo University Hospital, The Norwegian Radium Hospital, Oslo, Norway; National Resource Centre for Late Effects after Cancer Treatment, Oslo University Hospital, The Norwegian Radium Hospital, Oslo, Norway. Electronic address: OLSOLH@ous-hf.no.

RESUMEN / SUMMARY: - PURPOSE: To quantify and compare survival in women with malignant ovarian germ cell tumors (MOGCTs) in Norway before and after the introduction of cisplatin-based chemotherapy (around 1980), and to explore the association between different types of treatment and the development of a second cancer. PATIENTS AND METHODS: We identified 351 patients diagnosed with MOGCTs from 1953 to 2009 in the Cancer Registry of Norway. Ovarian cancer-specific survival was calculated separately for patients diagnosed before and after 1980. Patients were divided into subgroups by histological subtype (pure dysgerminoma, malignant teratoma, other MOGCTs) and extent of disease (localized and metastatic). We estimated the cumulative incidence of a second cancer in 10-year MOGCT survivors. Kaplan-Meier estimates were used, and $p < 0.05$ was considered significant. RESULTS: 20-Year ovarian cancer-specific survival increased from 59% (95% CI 51% to 66%) before 1980 to 88% (95% CI 83%-93%) thereafter. Significant improvement was observed in all subgroups. No second cancer was diagnosed in any of 31 10-year MOGCT survivors treated with surgery only; second cancer was diagnosed in 23 of 139 patients who underwent cytotoxic treatment (98 radiotherapy+/-chemotherapy, 41 chemotherapy only; $p=0.08$). Patients aged >50 years had a significantly poorer ovarian cancer-specific survival than younger patients (HR=5.98, 95% CI 3.39-10.57) after adjustment for histological subtype and stage at presentation. Our results favor the treatment of patients with metastatic MOGCTs at large cancer centers. CONCLUSION: Today women with MOGCTs have an excellent prognosis if treated according to modern therapeutic principles.

TÍTULO / TITLE: - Implementation of adaptive radiation therapy for urinary bladder carcinoma: Imaging, planning and image guidance.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Acta Oncol. 2013 Oct;52(7):1451-7. doi: 10.3109/0284186X.2013.813639. Epub 2013 Aug 23.

●● Enlace al texto completo (gratis o de pago) [3109/0284186X.2013.813639](#)

AUTORES / AUTHORS: - Tuomikoski L; Korhonen J; Collan J; Keyrilainen J; Visapaa H; Sairanen J; Tenhunen M

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Helsinki University Central Hospital, Helsinki, Finland.

RESUMEN / SUMMARY: - Abstract Background. Adaptive radiation therapy (ART) for urinary bladder cancer has emerged as a promising alternative to conventional RT with potential to minimize radiation-induced toxicity to healthy tissues. In this work we have studied bladder volume variations and their effect on healthy bladder dose sparing and intrafractional margins, in order to refine our ART strategy. Material and methods. An online ART treatment strategy was followed for five patients with urinary bladder cancer with the tumors demarcated using Lipiodol®. A library of 3-4

predefined treatment plans for each patient was created based on four successive computed tomography (CT) scans. Cone beam CT (CBCT) images were acquired before each treatment fraction and after the treatment at least weekly. In partial bladder treatment the sparing of the healthy part of the bladder was investigated. The bladder wall displacements due to bladder filling were determined in three orthogonal directions (CC, AP, DEX-SIN) using the treatment planning CT scans. An ellipsoidal model was applied in order to find the theoretical maximum values for the bladder wall displacements. Moreover, the actual bladder filling rate during treatment was evaluated using the CBCT images. Results. In partial bladder treatment the volume of the bladder receiving high absorbed doses was generally smaller with a full than empty bladder. The estimation of the bladder volume and the upper limit for the intrafractional movement of the bladder wall could be represented with an ellipsoidal model with a reasonable accuracy. Observed maximum growth of bladder dimensions was less than 10 mm in all three orthogonal directions during 15 minute interval. Conclusion. The use of Lipiodol contrast agent enables partial bladder treatment with reduced irradiation of the healthy bladder volume. The ellipsoidal bladder model can be used for the estimation of the bladder volume changes and the upper limit of the bladder wall movement during the treatment fraction.

TÍTULO / TITLE: - Prognosis and value of adjuvant chemotherapy in stage III mucinous colorectal carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ann Oncol. 2013 Sep 20.

●● [Enlace al texto completo \(gratis o de pago\) 1093/annonc/mdt378](#)

AUTORES / AUTHORS: - Hugén N; Verhoeven RH; Radema SA; de Hingh IH; Pruijt JF; Nagtegaal ID; Lemmens VE; de Wilt JH

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Radboud University Nijmegen Medical Centre, Nijmegen.

RESUMEN / SUMMARY: - BACKGROUND: Colorectal mucinous adenocarcinoma (MC) has been associated with impaired prognosis compared with nonmucinous adenocarcinoma (NMC). Response to palliative chemotherapy is poor in metastatic disease, but the benefit of adjuvant chemotherapeutic treatment has never been assessed in large patient groups. This study analyses overall survival and efficacy of adjuvant chemotherapy in terms of survival in patients following radical resection for MC. PATIENTS AND METHODS: This population-based study involved 27 251 unselected patients diagnosed with colorectal carcinoma between 1990 and 2010 and recorded in a prospective pathology-based registry. Kaplan-Meier analysis and log-rank testing were used to estimate survival. Cox proportional hazard model was used to calculate multivariate hazard ratios for death. RESULTS: MC was found in 12.3% (N = 3052) of colorectal tumors with a different distribution compared with NMC, with

24.4% located in the rectum and 54.3% in the proximal colon (versus 38.0% and 30.6%), $P < 0.0001$. NMC was more often classified as stage I disease than MC (20.5% versus 10.9%), $P < 0.0001$. After adjustments for covariates, MC was associated with a higher risk of death only when located in the rectum [hazard ratio 1.22; 95% confidence interval (CI) 1.11-1.34]. Multivariate regression analysis showed a similar survival after adjuvant chemotherapy for stage III MC and NMC patients.

CONCLUSIONS: The poor prognosis for MC is only present in rectal cancer. In the adjuvant setting, there is no difference in the efficacy of chemotherapy between MC and NMC; therefore, current adjuvant treatment recommendations should not take histology into account.

TÍTULO / TITLE: - Loss of chromosome 4 correlates with better long-term survival and lower relapse rate after R0-resection of colorectal liver metastases.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Cancer Res Clin Oncol. 2013 Sep 6.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s00432-013-1505-2](#)

AUTORES / AUTHORS: - Aust N; Schule S; Altendorf-Hofmann AK; Chen Y; Knosel T; Dirsch O; Settmacher U; Weise A; Mrasek K; Liehr T

INSTITUCIÓN / INSTITUTION: - Institute of Human Genetics, Jena University Hospital, Friedrich Schiller University, Kollegiengasse 10, Postfach, 07743, Jena, Germany.

RESUMEN / SUMMARY: - **PURPOSE:** Liver metastases are the major cause of cancer-related death in colorectal cancer patients with a tendency to recur in over 50 % of the cases even after curatively intended surgery. Prognosis after liver resection, however, can neither be based on macroscopic or light microscopic evaluation of the metastases nor on clinical data alone. This is a pilot study in order to determine a potential influence of chromosomal aberrations on overall survival and relapse rate after curative liver resection. **METHODS:** Twenty randomly selected cases (10 patients with a survival of more and 10 patients with a survival of less than 5 years after resection) were studied by array comparative genomic hybridization. **RESULTS:** The distributions concerning age, gender, stage and grading of primary tumor, percentage of patients with chemotherapy, number and distribution of the liver metastases, Nordlinger and Fong scores showed no differences between long- and short-term survivors and no correlation to any chromosomal aberration. However, the relapse rate of patients with (partial) monosomy 4 was lower and the long-time survival better than in the other patients. **CONCLUSIONS:** Loss of chromosome 4 in colorectal liver metastases seems not only to be associated with the progression of the primary tumor as reported in the literature, but also with the long-term survival and the cumulative relapse rate after complete resection of colorectal liver metastases.

TÍTULO / TITLE: - Examining tumor control and toxicity following stereotactic body radiotherapy in locally-recurrent, previously-irradiated head-and-neck cancers: Implications of treatment duration and tumor volume.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Head Neck. 2013 Aug 22. doi: 10.1002/hed.23462.

●● Enlace al texto completo (gratis o de pago) [1002/hed.23462](#)

AUTORES / AUTHORS: - Vargo JA; Heron DE; Ferris RL; Rwigema JC; Kalash R; Wegner RE; Ohr J; Burton S

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of Pittsburgh Cancer Institute, Pittsburgh, PA.

RESUMEN / SUMMARY: - Purpose: Stereotactic Body Radiotherapy (SBRT) has been studied in locally-recurrent previously-irradiated head-and-neck cancers (rHNC); however the optimum fractionation and patient selection continues to be defined. Methods: Patients (n=132) with rHNC salvaged via SBRT +/- cetuximab (median: 44Gy/5 fractions) from November 2004 - May 2011 were retrospectively reviewed. Disease outcomes and toxicity were analyzed by predictive factors including treatment duration and tumor volume. Results: At a median 6-months follow-up (range: 0-55), treatment duration <14days was associated with significantly improved recurrence-free survival at the expense of increased late toxicity (p=0.029). Tumor volume >25cc remained a significant predictor of inferior survival and tumor control; and was associated with significantly more acute toxicity (p=0.017) but no difference in late toxicity. Conclusions: SBRT +/- cetuximab achieves promising tumor control and survival with low rates of acute/late toxicity even for recurrences >25cc. Prolongations in treatment time may decrease late toxicity at the expense of disease control. Head Neck, 2013.

TÍTULO / TITLE: - Hydroxyl Radical Generation from Environmentally Persistent Free Radicals (EPFRs) in PM2.5.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Environ Sci Technol. 2013 Sep 4.

●● Enlace al texto completo (gratis o de pago) [1021/es401770y](#)

AUTORES / AUTHORS: - Gehling WM; Khachatryan L; Dellinger B

RESUMEN / SUMMARY: - Hydroxyl radicals were generated from an aqueous suspension of ambient PM2.5 and detected utilizing 5,5-dimethyl-1-pyrroline-N-oxide (DMPO) as a spin trap coupled with electron paramagnetic resonance (EPR) spectroscopy. Results from this study suggested the importance of environmentally persistent free radicals (EPFRs) in PM2.5 to generate significant levels of OH without the addition of H2O2. Particles for which the EPFRs were allowed to decay over time induced less hydroxyl radical. Additionally, higher particle concentrations produced more hydroxyl radical.

Some samples did not alter hydroxyl radical generation when the solution was purged by air. This is ascribed to internal, rather than surface associated EPFRs.

TÍTULO / TITLE: - Comparing Radiation Exposure Between Ablative Therapies For Small Renal Masses.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Endourol. 2013 Sep 2.

●● Enlace al texto completo (gratis o de pago) [1089/end.2013-0209.ECC13](#)

AUTORES / AUTHORS: - Arnold Ii DC; Shroeder G; Smith J; Wahjudi IN; Heldt JP; Richards GD; Agarwal G; Brisbane W; Farley D; Baldwin DD

INSTITUCIÓN / INSTITUTION: - Loma Linda University, Urology, 11234 Anderson St , Room A560, Loma Linda, California, United States, 92354 ; darnol2@gmail.com.

RESUMEN / SUMMARY: - Purpose The purpose of this study was to evaluate the amount of radiation exposure patients with small renal masses undergoing percutaneous cryotherapy (PCA) or percutaneous radiofrequency ablation (PRFA) receive during treatment and follow-up. Material and Methods A retrospective review was conducted on all patients with small renal masses < 4 cm treated with PCA or PRFA over a 7-year period in a single academic center. Preoperative, operative and postoperative variables were collected and compared. Radiation exposure received during treatment and one-year of follow-up were also determined for each modality. Statistical analysis was conducted using SPSS V.17 (SPSS, Chicago, IL). The groups were compared using the Mann-Whitney U and Pearson Chi-Square tests. Statistical significance was considered at $p < 0.05$. Results There was no significant difference in pretreatment parameters or oncologic outcomes. The average PCA treatment radiation exposure was 39.7 mSv (15.5-133.4 mSv) compared to 22.2 mSv (8.1-67.7 mSv) for PRFA ($p=.001$). During the initial year following treatment the estimated mean treatment and follow-up radiation exposure for PCA was 134.5 mSv, compared to 117mSv for RFA when routine CT imaging was employed. Conclusion This is the first published study to our knowledge to quantify radiation exposure in PCA and PRFA treatment for small renal masses. These relatively high radiation exposures should be included in the informed consent for these procedures. In addition, caution should be employed when applying these technologies in young patients that are most susceptible to long-term radiation damage.

TÍTULO / TITLE: - A semi-automated method for isolating functionally intact mitochondria from cultured cells and tissue biopsies.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Anal Biochem. 2013 Aug 19;443(1):66-74. doi: 10.1016/j.ab.2013.08.007.

●● Enlace al texto completo (gratis o de pago) [1016/j.ab.2013.08.007](https://doi.org/10.1016/j.ab.2013.08.007)

AUTORES / AUTHORS: - Schmitt S; Saathoff F; Meissner L; Schropp EM; Lichtmannegger J; Schulz S; Eberhagen C; Borchard S; Aichler M; Adamski J; Plesnila N; Rothenfusser S; Kroemer G; Zischka H

INSTITUCIÓN / INSTITUTION: - Institute of Molecular Toxicology and Pharmacology, Helmholtz Center Munich, German Research Center for Environmental Health, D-85764 Neuherberg, Germany.

RESUMEN / SUMMARY: - Mitochondrial dysfunctions decisively contribute to the progression of human diseases, implying that functional tests of isolated mitochondria may furnish conclusive information for diagnosis and therapy. Classical mitochondrial isolation methods, however, lack precisely adjustable settings for cell rupture, which is the most critical step in this procedure, and this complicates subsequent analyses. Here, we present an efficient method to isolate functionally active, intact mitochondria from cultured or primary cells and minute tissue samples in a rapid, highly reproducible manner.

TÍTULO / TITLE: - Prolactin promotes normal liver growth, survival, and regeneration in rodents: effects on hepatic IL-6, suppressor of cytokine signaling-3, and angiogenesis.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Am J Physiol Regul Integr Comp Physiol. 2013 Oct;305(7):R720-R726. Epub 2013 Aug 15.

●● Enlace al texto completo (gratis o de pago) [1152/ajpregu.00282.2013](https://doi.org/10.1152/ajpregu.00282.2013)

AUTORES / AUTHORS: - Moreno-Carranza B; Goya-Arce M; Vega C; Adan N; Triebel J; Lopez-Barrera F; Quintanar-Stephano A; Binart N; Martinez de la Escalera G; Clapp C

INSTITUCIÓN / INSTITUTION: - Instituto de Neurobiología, Universidad Nacional Autónoma de México, Querétaro, México;

RESUMEN / SUMMARY: - Prolactin (PRL) is a potent liver mitogen and proangiogenic hormone. Here, we used hyperprolactinemic rats and PRL receptor-null mice (PRLR^{-/-}) to study the effect of PRL on liver growth and angiogenesis before and after partial hepatectomy (PH). Liver-to-body weight ratio (LBW), hepatocyte and sinusoidal endothelial cell (SEC) proliferation, and hepatic expression of VEGF were measured before and after PH in hyperprolactinemic rats, generated by placing two anterior pituitary glands (AP) under the kidney capsule. Also, LBW and hepatic expression of IL-6, as well as suppressor of cytokine signaling-3 (SOCS-3), were evaluated in wild-type and PRLR^{-/-} mice before and after PH. Hyperprolactinemia increased the LBW, the proliferation of hepatocytes and SECs, and VEGF hepatic expression. Also, liver regeneration was increased in AP-grafted rats and was accompanied by elevated hepatocyte and SEC proliferation, and VEGF expression compared with nongrafted controls. Lowering circulating PRL levels with CB-154, an inhibitor of AP PRL secretion, prevented AP-induced stimulation of liver growth. Relative to wild-type animals, PRLR^{-/-}

/- mice had smaller livers, and soon after PH, they displayed an approximately twofold increased mortality and elevated and reduced hepatic IL-6 and SOCS-3 expression, respectively. However, liver regeneration was improved in surviving PRLR-/- mice. PRL stimulates normal liver growth, promotes survival, and regulates liver regeneration by mechanisms that may include hepatic downregulation of IL-6 and upregulation of SOCS-3, increased hepatocyte proliferation, and angiogenesis. PRL contributes to physiological liver growth and has potential clinical utility for ensuring survival and regulating liver mass in diseases, injuries, or surgery of the liver.

TÍTULO / TITLE: - Resolution of radiation-induced acneform eruption following treatment with tretinoin and minocycline: a case report.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cutis. 2013 Jul;92(1):27-8.

AUTORES / AUTHORS: - Parr K; Mahmoudizad R; Grimwood R

INSTITUCIÓN / INSTITUTION: - Scott & White Healthcare, 2401 S 31st St, Temple, TX, USA.
karina_parr@hotmail.com.

RESUMEN / SUMMARY: - Postradiation comedogenesis is an uncommon side effect of radiation therapy, with few cases reported in the medical literature. The proposed etiology of this reaction is alteration of pilosebaceous unit secretions and retention of proliferating ductal keratinocytes due to stricture and scarring. We report a case of a 48-year-old woman who had been treated for infiltrating ductal carcinoma of the right breast with lumpectomy and radiation therapy. She subsequently developed open and closed comedones as well as tender inflammatory papules and papulopustules in the irradiated area. Our patient was treated with tretinoin cream and oral minocycline, with rapid improvement in symptoms and complete resolution of lesions after 2 months of therapy. We review the literature on the pathogenesis, clinical features, and treatment of postradiation acne, and discuss rapid resolution of a radiation-induced acneform eruption after combination treatment with tretinoin and minocycline.

TÍTULO / TITLE: - The impact of radiation therapy on the antitumor immunity: Local effects and systemic consequences.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Lett. 2013 Aug 27. pii: S0304-3835(13)00599-5. doi: 10.1016/j.canlet.2013.08.024.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.canlet.2013.08.024](#)

AUTORES / AUTHORS: - Lumniczky K; Safrany G

INSTITUCIÓN / INSTITUTION: - Frederic Joliot-Curie National Research Institute for Radiobiology and Radiohygiene, Budapest, Hungary. Electronic address:
lumniczky.katalin@oski.hu.

RESUMEN / SUMMARY: - The main antitumor efficacy of irradiation relies in its direct cytotoxic effect. Increasing evidence indicates a systemic effect of radiation though, mediated mainly by the immune system. In this review we wish to focus on the radiotherapy induced modifications of the soluble and cellular mediators of the antitumor immune response and summarize some of the mechanisms by which radiation driven local and systemic bystander effects can influence tumor immunogenicity. In different tumor types due to the intrinsic immunogenicity of the tumor cells and the immunological characteristics of the tumor microenvironment, different radiation induced immune modulatory mechanisms are predominant. Radiation most probably can only amplify or augment a pro-immunogenic phenotype and can hardly change by itself a net immune suppressing environment into an immune stimulating one. This immune modulatory potential of radiotherapy could be exploited in tumor treatment by developing combined radiotherapeutic and immunotherapeutic approaches. The last few years showed a dramatic increase in the knowledge of radiation induced out-of field and systemic effects, which foresees a rapid progress in the development and clinical application of these new, combined therapies for cancer cure.

TÍTULO / TITLE: - Zinc oxide nanoparticles inhibit Ca-ATPase expression in human lens epithelial cells under UVB irradiation.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Toxicol In Vitro. 2013 Sep 20. pii: S0887-2333(13)00224-5. doi: 10.1016/j.tiv.2013.09.015.

●● Enlace al texto completo (gratis o de pago) [1016/j.tiv.2013.09.015](https://doi.org/10.1016/j.tiv.2013.09.015)

AUTORES / AUTHORS: - Wang D; Guo D; Bi H; Wu Q; Tian Q; Du Y

INSTITUCIÓN / INSTITUTION: - Affiliated Eye Hospital of Shandong University of Traditional Chinese Medicine, No. 48#, Yingxiongshan Road, Jinan 250002, China.

RESUMEN / SUMMARY: - Epidemiological and experimental studies have revealed that lens epithelial cells exposed to ultraviolet B (UVB) light could be induced apoptosis, and lens epithelial cell apoptosis can initiate cataractogenesis. Posterior capsular opacification (PCO), the most frequent complication after cataract surgery, is induced by the proliferation, differentiation, migration of lens epithelial cells. Thus, inhibiting the proliferation of lens epithelial cells could reduce the occurrence of PCO. It is reported that zinc oxide (ZnO) nanoparticles have great potential for the application of biomedical field including cancer treatment. In the present study, we investigated the cytotoxic effect of ZnO nanoparticles on human lens epithelial cell (HLEC) viability. In addition, changes in cell nuclei, apoptosis, reactive oxygen species and intracellular calcium ion levels were also investigated after cells treated with ZnO nanoparticles in the presence and absence of UVB irradiation. Meanwhile, the expression of plasma membrane calcium ATPase 1 (PMCA1) was also determined at gene and protein levels.

The results indicate that ZnO nanoparticles and UVB irradiation have synergistic inhibitory effect on HLEC proliferation in a concentration-dependent manner. ZnO nanoparticles can increase the intracellular calcium ion level, disrupt the intracellular calcium homeostasis, and decrease the expression level of PMCA1. UVB irradiation can strengthen the effect of reduced expression of PMCA1, suggesting that both UVB irradiation and ZnO nanoparticles could exert inhibitory effect on HLECs via calcium-mediated signaling pathway. ZnO nanoparticles have great potential for the treatment of PCO under UVB irradiation.

TÍTULO / TITLE: - Is there an impact of heart exposure on the incidence of radiation pneumonitis? Analysis of data from a large clinical cohort.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Acta Oncol. 2013 Aug 30.

●● Enlace al texto completo (gratis o de pago) [3109/0284186X.2013.831185](#)

AUTORES / AUTHORS: - Tucker SL; Liao Z; Dinh J; Bian SX; Mohan R; Martel MK; Grosshans DR

INSTITUCIÓN / INSTITUTION: - Department of Bioinformatics and Computational Biology, The University of Texas MD Anderson Cancer Center , Houston, Texas , USA.

RESUMEN / SUMMARY: - Background. The goal of the present study was to determine, in a large clinical cohort, whether incidental radiation exposure to the heart during definitive radiotherapy of inoperable non-small cell lung cancer (NSCLC) detectably increased the risk of radiation pneumonitis (RP) beyond that resulting from radiation exposure to lung. Material and methods. Data were analyzed from all patients who received definitive three-dimensional (3D) concurrent radiotherapy or intensity-modulated radiotherapy for the treatment of NSCLC over a 10-year period at our institution, except those who had previous lung cancer or for whom radiation treatment plans were unavailable for calculation of heart and lung dose-volume histograms (DVHs). Parameters computed from heart and lung DVHs included mean lung dose (MLD), effective lung dose computed using volume parameter $n = 0.5$ (Deff), mean heart dose (MHD), percentage of heart receiving > 65 Gy (V65), and minimum dose to the hottest 10% of heart (D10). Univariate and multivariate normal-tissue complication probability (NTCP) models were used to analyze incidence of Grade ≥ 2 or Grade ≥ 3 RP as a function of these and other parameters. Results. The study cohort included 629 patients, with crude rates of Grade ≥ 2 RP and Grade ≥ 3 RP of $N = 263$ (42%) and $N = 124$ (20%), respectively. Univariate NTCP models based on dosimetric lung parameters (MLD and Deff) fit the data better than models based on univariate heart parameters (heart D10, heart V65 or MHD). In multivariate modeling, incorporation of heart parameters did not significantly improve the fit of RP risk models based on lung parameters alone ($p > 0.38$ in each case). Conclusions. In this large clinical cohort, there was no evidence that incidental heart exposure during

radiotherapy of NSCLC had a detectable impact on the occurrence of moderate or severe RP.

TÍTULO / TITLE: - Maintenance of cellular ATP level by caloric restriction correlates chronological survival of budding yeast.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Biochem Biophys Res Commun. 2013 Sep 13;439(1):126-31. doi: 10.1016/j.bbrc.2013.08.014. Epub 2013 Aug 11.

●● Enlace al texto completo (gratis o de pago) [1016/j.bbrc.2013.08.014](https://doi.org/10.1016/j.bbrc.2013.08.014)

AUTORES / AUTHORS: - Choi JS; Lee CK

INSTITUCIÓN / INSTITUTION: - Division of Biotechnology, College of Life Sciences & Biotechnology, Korea University, Seoul 136-701, Republic of Korea.

RESUMEN / SUMMARY: - The free radical theory of aging emphasizes cumulative oxidative damage in the genome and intracellular proteins due to reactive oxygen species (ROS), which is a major cause for aging. Caloric restriction (CR) has been known as a representative treatment that prevents aging; however, its mechanism of action remains elusive. Here, we show that CR extends the chronological lifespan (CLS) of budding yeast by maintaining cellular energy levels. CR reduced the generation of total ROS and mitochondrial superoxide; however, CR did not reduce the oxidative damage in proteins and DNA. Subsequently, calorie-restricted yeast had higher mitochondrial membrane potential (MMP), and it sustained consistent ATP levels during the process of chronological aging. Our results suggest that CR extends the survival of the chronologically aged cells by improving the efficiency of energy metabolism for the maintenance of the ATP level rather than reducing the global oxidative damage of proteins and DNA.

TÍTULO / TITLE: - Comparison of PHITS, GEANT4, and HIBRAC simulations of depth-dependent yields of beta(+)-emitting nuclei during therapeutic particle irradiation to measured data.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Phys Med Biol. 2013 Sep 21;58(18):6355-68. doi: 10.1088/0031-9155/58/18/6355. Epub 2013 Sep 2.

●● Enlace al texto completo (gratis o de pago) [1088/0031-9155/58/18/6355](https://doi.org/10.1088/0031-9155/58/18/6355)

AUTORES / AUTHORS: - Rohling H; Sihver L; Priegnitz M; Enghardt W; Fiedler F

INSTITUCIÓN / INSTITUTION: - Technische Universität Dresden, OncoRay-National Center for Radiation Research in Oncology, Fetscherstr. 74, PO Box 41, D-01307 Dresden, Germany.

RESUMEN / SUMMARY: - For quality assurance in particle therapy, a non-invasive, in vivo range verification is highly desired. Particle therapy positron-emission-tomography

(PT-PET) is the only clinically proven method up to now for this purpose. It makes use of the beta(+)-activity produced during the irradiation by the nuclear fragmentation processes between the therapeutic beam and the irradiated tissue. Since a direct comparison of beta(+)-activity and dose is not feasible, a simulation of the expected beta(+)-activity distribution is required. For this reason it is essential to have a quantitatively reliable code for the simulation of the yields of the beta(+)-emitting nuclei at every position of the beam path. In this paper results of the three-dimensional Monte-Carlo simulation codes PHITS, GEANT4, and the one-dimensional deterministic simulation code HIBRAC are compared to measurements of the yields of the most abundant beta(+)-emitting nuclei for carbon, lithium, helium, and proton beams. In general, PHITS underestimates the yields of positron-emitters. With GEANT4 the overall most accurate results are obtained. HIBRAC and GEANT4 provide comparable results for carbon and proton beams. HIBRAC is considered as a good candidate for the implementation to clinical routine PT-PET.

TÍTULO / TITLE: - Oxygen levels determine the ability of glucocorticoids to influence neutrophil survival in inflammatory environments.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Leukoc Biol. 2013 Aug 20.

●● [Enlace al texto completo \(gratis o de pago\) 1189/jlb.0912462](#)

AUTORES / AUTHORS: - Marwick JA; Dorward DA; Lucas CD; Jones KO; Sheldrake TA; Fox S; Ward C; Murray J; Brittan M; Hirani N; Duffin R; Dransfield I; Haslett C; Rossi AG

INSTITUCIÓN / INSTITUTION: - *MRC Centre for Inflammation Research, The Queen's Medical Research Institute, University of Edinburgh Medical School, Edinburgh, Scotland, United Kingdom;

RESUMEN / SUMMARY: - GCs are highly effective in treating a wide range of inflammatory diseases but are limited in their ability to control neutrophilic lung inflammation in conditions such as COPD. Neutrophil apoptosis, a central feature of inflammation resolution, is delayed in response to microenvironmental cues, such as hypoxia and inflammatory cytokines, present at inflamed sites. GCs delay neutrophil apoptosis in vitro, and this may therefore limit the ability of GCs to control neutrophilic inflammation. This study assesses the effect GCs have on hypoxia- and inflammatory cytokine-induced neutrophil survival. Human neutrophils were treated with GCs in the presence or absence of GM-CSF or inflammatory macrophage-CM at a range of oxygen concentrations (21-1% oxygen). Neutrophil apoptosis and survival were assessed by flow cytometry and morphological analysis and neutrophil function, by stimulus-induced shape change and respiratory burst. Dexamethasone promoted neutrophil survival at 21%, 10%, and 5% oxygen but not at 1% oxygen. Interestingly, GM-CSF and inflammatory CM increased neutrophil survival significantly, even at 1% oxygen, with cells remaining functionally active at 96 h. Dexamethasone was able to reduce the

prosurvival effect of GM-CSF and inflammatory CM in a hypoxic environment. In conclusion, we found that GCs do not augment neutrophil survival in the presence of severe hypoxia or proinflammatory mediators. This suggests that GCs would not promote neutrophil survival at sites of inflammation under these conditions.

TÍTULO / TITLE: - Prostate-specific Antigen-Based Prostate Cancer Screening: Reduction of Prostate Cancer Mortality After Correction for Nonattendance and Contamination in the Rotterdam Section of the European Randomized Study of Screening for Prostate Cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur Urol. 2013 Aug 11. pii: S0302-2838(13)00826-9. doi: 10.1016/j.eururo.2013.08.005.

●● Enlace al texto completo (gratis o de pago) [1016/j.eururo.2013.08.005](#)

AUTORES / AUTHORS: - Bokhorst LP; Bangma CH; van Leenders GJ; Lous JJ; Moss SM; Schroder FH; Roobol MJ

INSTITUCIÓN / INSTITUTION: - Department of Urology, Erasmus University Medical Center, Rotterdam, The Netherlands. Electronic address: l.bokhorst@erasmusmc.nl.

RESUMEN / SUMMARY: - BACKGROUND: Large randomized screening trials provide an estimation of the effect of screening at a population-based level. The effect of screening for individuals, however, is diluted by nonattendance and contamination in the trial arms. OBJECTIVE: To determine the prostate cancer (PCa) mortality reduction from screening after adjustment for nonattendance and contamination. DESIGN, SETTING, AND PARTICIPANTS: A total of 34 833 men in the core age group, 55-69 yr, were randomized to a screening or control arm in the Rotterdam section of the European Randomized Study of Screening for Prostate Cancer (ERSPC). Prostate-specific antigen (PSA) testing was offered to all men in the screening arm at 4-yr intervals. A prostate biopsy was offered to men with an elevated PSA. The primary end point was PCa-specific mortality. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: Nonattendance was defined as nonparticipation in the screening arm. Contamination in the control arm was defined as receiving asymptomatic PSA testing or a prostate biopsy in the absence of symptoms. Relative risks (RRs) were calculated with an intention to screen (ITS) analysis and after correction for nonattendance and contamination using a method that preserves the benefits obtained by randomization. RESULTS AND LIMITATIONS: The ITS analysis resulted in an RR of 0.68 (95% confidence interval [CI], 0.53-0.89) in favor of screening at a median follow-up of 13 yr. Correction for both nonattendance and contamination resulted in an RR of 0.49 (95% CI, 0.27-0.87) in favor of screening. CONCLUSIONS: PCa screening as conducted in the Rotterdam section of the ERSPC can reduce the risk of dying from PCa up to 51% for an individual man choosing to be screened repeatedly compared with a man who was not

screened. This benefit of screening should be balanced against the harms of overdiagnosis and subsequent overtreatment. TRIAL REGISTRATION: ISRCTN49127736.

TÍTULO / TITLE: - Is disseminated intravascular coagulation the major cause of mortality from radiation at relatively low whole body doses?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Radiat Res. 2013 Sep;180(3):231-4. doi: 10.1667/RR3321.1. Epub 2013 Aug 14.

●● Enlace al texto completo (gratis o de pago) [1667/RR3321.1](#)

AUTORES / AUTHORS: - Krigsfeld GS; Kennedy AR

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania 19104-6072.

TÍTULO / TITLE: - Surface-Coating-Dependent Dissolution, Aggregation, and Reactive Oxygen Species (ROS) Generation of Silver Nanoparticles under Different Irradiation Conditions.

RESUMEN / SUMMARY: -

ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=23952964

●● Enlace al texto completo (gratis o de pago) [1021/es400945v](#)

AUTORES / AUTHORS: - Li Y; Zhang W; Niu J; Chen Y

INSTITUCIÓN / INSTITUTION: - State Key Laboratory of Water Environment Simulation, School of Environment, Beijing Normal University, Beijing 100875, People's Republic of China.

RESUMEN / SUMMARY: - Dissolution, aggregation, and reactive oxygen species (ROS) generation are three major processes that silver nanoparticles (AgNPs) undergo in aqueous environments. In this study, the effects of AgNP surface coatings on these three processes were systematically evaluated under three irradiation conditions (UV-365, UV-254, and xenon lamp) to advance knowledge on the environmental fate and photochemical kinetics of AgNPs. The AgNPs used were (a) bare-AgNPs, (b) electrostatically stabilized citrate-AgNPs, and (c) sterically stabilized polyvinylpyrrolidone-AgNPs (PVP-AgNPs), and the light exposures greatly promoted the three processes. Both the 5-h released Ag(+) concentrations and the 2.5-h aggregation rate followed the order UV-365 > xenon lamp > UV-254 for all three types of AgNPs. For all irradiation conditions, the 5-h released Ag(+) concentration was highest for bare-AgNPs, followed by PVP-AgNPs and citrate-AgNPs; the 2.5-h aggregation rate was highest for bare-AgNPs, followed by citrate-AgNPs and PVP-AgNPs, which indicated that surface coating significantly determines the process kinetics of AgNPs. Under UV-365 irradiation, the bare-AgNPs generated superoxide and hydroxyl radicals, but the citrate-AgNPs yielded only superoxide radical, and the

PVP-AgNPs did not generate any ROS. This study highlights the different fates and kinetic behaviors of AgNPs during photochemical interactions, providing important insight into the environmental implications of AgNP release.

TÍTULO / TITLE: - Systemic effects of fractionated, whole-brain irradiation in young adult and aging rats.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Radiat Res. 2013 Sep;180(3):326-33. doi: 10.1667/RR3313.1. Epub 2013 Aug 16.

●● Enlace al texto completo (gratis o de pago) [1667/RR3313.1](#)

AUTORES / AUTHORS: - Forbes ME; Paitsel M; Bourland JD; Riddle DR

INSTITUCIÓN / INSTITUTION: - a Departments of Neurobiology and Anatomy and.

RESUMEN / SUMMARY: - Cranial irradiation is a critical and effective treatment for primary brain tumors and metastases. Unfortunately, most patients who are treated and survive for more than a few months develop neural and cognitive problems as the result of radiation-induced normal tissue injury. The neurobiological mechanisms underlying these cognitive deficits remain largely unknown and there are no validated treatments to prevent or ameliorate them; thus, there is a significant and continuing need for preclinical studies in animal models. Investigations from several laboratories have demonstrated neurobiological changes after cranial irradiation in rodents. To date, however, experimental studies in animal models have included little assessment of the systemic effects of cranial irradiation, despite evidence from the clinic that cranial irradiation results in changes throughout the body and recognition that systemic responses may influence the development of neural and cognitive deficits. This study evaluated systemic effects of clinically relevant, fractionated whole-brain irradiation in adult rats and demonstrates effects on the growth hormone/insulin-like growth factor-I axis, which may contribute to the development of neural changes. These and other systemic responses are important to consider in ongoing efforts to understand the mechanisms of radiation-induced normal tissue injury.

TÍTULO / TITLE: - Realistic Approach to Estimate Lens Doses and Cataract Radiation Risk in Cardiology When Personal Dosimeters Have not Been Regularly Used.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Health Phys. 2013 Oct;105(4):330-9. doi: 10.1097/HP.0b013e318299b5d9.

●● Enlace al texto completo (gratis o de pago) [1097/HP.0b013e318299b5d9](#)

AUTORES / AUTHORS: - Vano E; Fernandez JM; Sanchez RM; Dauer LT

INSTITUCIÓN / INSTITUTION: - *Medical Physics Service, Instituto de Investigacion Sanitaria del Hospital Clinico San Carlos, Madrid, España; daggerRadiology

Department, Complutense University, Madrid, España; double daggerDepartment of Medical Physics, Memorial Sloan-Kettering Cancer Center, NY; section signDepartment of Radiology, Memorial Sloan-Kettering Cancer Center, NY.

RESUMEN / SUMMARY: - Interventional fluoroscopic guided cardiac procedures lead to radiation exposure to the lenses of the eyes of cardiologists, which over time may be associated with an increased risk of cataracts. This study derives radiation doses to the lens of the eye in cardiac catheterization laboratories from measurements of individual procedures to allow for estimates of such doses for those cases when personal dosimeters have not been used regularly. Using active electronic dosimeters at the C-arm (at 95 cm from the isocenter), scatter radiation doses have been measured for cardiac procedures and estimated radiation doses to the lenses of the cardiologists for different groups of procedures (diagnostic, PTCA, and valvular). Correlation factors with kerma area product included in the patient dose reports have been derived. The mean, median, and third quartile scatter dose values per procedure at the C-arm for 1,969 procedures were 0.99, 0.78 and 1.25 mSv, respectively; for coronary angiography, 0.51, 0.45, and 0.61 mSv, respectively; for PTCA, 1.29, 1.07, and 1.56 mSv; and for valvular procedures, 1.64, 1.45, and 2.66 mSv, respectively. For all the procedures, the ratio between the scatter dose at the C-arm and the kerma area product resulted in between 10.3-11.3 $\mu\text{Sv Gy cm}$. The experimental results of this study allow for realistic estimations of the dose to the lenses of the eyes from the workload of the cardiologists and from the level of use of radiation protection tools when personal dosimeters have not been regularly used.

TÍTULO / TITLE: - Antitumor and chemosensitizing action of dichloroacetate implicates modulation of tumor microenvironment: A role of reorganized glucose metabolism, cell survival regulation and macrophage differentiation.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Toxicol Appl Pharmacol. 2013 Sep 17;273(1):196-208. doi: 10.1016/j.taap.2013.09.005.

●● Enlace al texto completo (gratis o de pago) [1016/j.taap.2013.09.005](#)

AUTORES / AUTHORS: - Kumar A; Kant S; Singh SM

INSTITUCIÓN / INSTITUTION: - School of Biotechnology, Banaras Hindu University, Varanasi 221005, India.

RESUMEN / SUMMARY: - Targeting of tumor metabolism is emerging as a novel therapeutic strategy against cancer. Dichloroacetate (DCA), an inhibitor of pyruvate dehydrogenase kinase (PDK), has been shown to exert a potent tumoricidal action against a variety of tumor cells. The main mode of its antineoplastic action implicates a shift of glycolysis to oxidative metabolism of glucose, leading to generation of cytotoxic reactive oxygen intermediates. However, the effect of DCA on tumor microenvironment, which in turn regulates tumor cell survival; remains speculative to

a large extent. It is also unclear if DCA can exert any modulatory effect on the process of hematopoiesis, which is in a compromised state in tumor-bearing hosts undergoing chemotherapy. In view of these lacunas, the present study was undertaken to investigate the so far unexplored aspects with respect to the molecular mechanisms of DCA-dependent tumor growth retardation and chemosensitization. BALB/c mice were transplanted with Dalton's lymphoma (DL) cells, a T cell lymphoma of spontaneous origin, followed by administration of DCA with or without cisplatin. DCA-dependent tumor regression and chemosensitization to cisplatin was found to be associated with altered repertoire of key cell survival regulatory molecules, modulated glucose metabolism, accompanying reconstituted tumor microenvironment with respect to pH homeostasis, cytokine balance and alternatively activated TAM. Moreover, DCA administration also led to an alteration in the MDR phenotype of tumor cells and myelopoietic differentiation of macrophages. The findings of this study shed a new light with respect to some of the novel mechanisms underlying the antitumor action of DCA and thus may have immense clinical applications.

TÍTULO / TITLE: - Post-chemotherapy maturation in supratentorial primitive neuroectodermal tumors.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Brain Pathol. 2013 Aug 30. doi: 10.1111/bpa.12089.

●● [Enlace al texto completo \(gratis o de pago\) 1111/bpa.12089](#)

AUTORES / AUTHORS: - Lafay-Cousin L; Hader W; Wei X; Nordal R; Strother D; Hawkins C; Chan J

INSTITUCIÓN / INSTITUTION: - Division of Pediatric Hematology Oncology and Bone Marrow Transplantation, Alberta Children's Hospital, Calgary, Alberta, Canada.

RESUMEN / SUMMARY: - Maturation in CNS embryonal tumors is an uncommon phenomenon that is mainly reported in the context of specific histological subgroups of medulloblastoma. In this report we describe 2 cases of histological maturation in patients with supratentorial PNETs with strikingly different outcomes. We discuss the potential impact of such findings on treatment and outcome.

TÍTULO / TITLE: - Left-sided breast cancer radiotherapy with and without breath-hold: Does IMRT reduce the cardiac dose even further?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Radiother Oncol. 2013 Sep 14. pii: S0167-8140(13)00394-0. doi: 10.1016/j.radonc.2013.07.017.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.radonc.2013.07.017](#)

AUTORES / AUTHORS: - Mast ME; van Kempen-Harteveld L; Heijenbrok MW; Kalidien Y; Rozema H; Jansen WP; Petoukhova AL; Struikmans H

INSTITUCIÓN / INSTITUTION: - Radiotherapy Centre West, The Hague, The Netherlands.
Electronic address: m.mast@mchaaglanden.nl.

RESUMEN / SUMMARY: - PURPOSE: In radiotherapy for left-sided breast cancer, Active Breathing Control enables a decrease of cardiac and Left Anterior Descending (LAD) coronary artery dose. We compared 3D-Conformal (3D-CRT) to Intensity Modulated Radiotherapy (IMRT) treatment plans based on free-breathing (FB) and breath-hold (BH). We investigated whether IMRT enables an additional decrease of cardiac dose in radiotherapy plans with and without BH. METHODS AND MATERIALS: Twenty patients referred for whole breast irradiation were included. The whole breast, heart and LAD-region were contoured. Four treatment plans were generated: FB_3D-CRT; FB_IMRT; BH_3D-CRT; BH_IMRT. Several doses were obtained from Dose Volume Histograms and compared. Results were compared statistically using the Wilcoxin Signed Rank Test. RESULTS: For heart and LAD-region, a significant dose reduction was found in BH ($p < 0.01$). For both BH and FB, a significant dose reduction was found using IMRT ($p < 0.01$). By using IMRT an average reduction of 5% was noted in the LAD-region for the volume receiving 20Gy. In 5 cases, the LAD-region remained situated in the vicinity of the radiation portals even in BH. Nevertheless, with IMRT the LAD dose was reduced in these cases. CONCLUSION: IMRT results in a significant additional decrease of dose in the heart and LAD-region in both breath-hold and free-breathing.

TÍTULO / TITLE: - Role of the renin-angiotensin-aldosterone system and the glutathione S-transferase Mu, Pi and Theta gene polymorphisms in cardiotoxicity after anthracycline chemotherapy for breast carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Biol Markers. 2013 Aug 30:0. doi: 10.5301/jbm.5000041.

●● Enlace al texto completo (gratis o de pago) [5301/jbm.5000041](#)

AUTORES / AUTHORS: - Vivenza D; Feola M; Garrone O; Monteverde M; Merlano M; Lo Nigro C

INSTITUCIÓN / INSTITUTION: - 1 Laboratory of Cancer Genetics and Translational Oncology, Oncology Division S. Croce General Hospital, Cuneo - Italy.

RESUMEN / SUMMARY: - **Background:** Anthracyclines are among the most active drugs against breast cancer, but can exert cardiotoxic effects eventually resulting in congestive heart failure (CHF). Identifying breast cancer patients at high risk of developing cardiotoxicity after anthracycline therapy would be of value in guiding the use of these agents. **Aims:** We determined whether polymorphisms in the renin-angiotensin-aldosterone system (RAAS) and in the glutathione S-transferase (GST) family of phase II detoxification enzymes might be useful predictors of left ventricular ejection fraction (LVEF) kinetics and risk of developing CHF. We sought correlations between the development of cardiotoxicity and gene polymorphisms in 48 patients with early breast cancer treated

with adjuvant anthracycline

chemotherapy.

Methods: We analyzed the following polymorphisms: p.Met235Thr and p.Thr174Met in angiotensinogen (*AGT*), Ins/Del in angiotensin-converting enzyme (*ACE*), A1166C in angiotensin II type-1 receptor (*AGTR1A*), c.-344T>C in aldosterone synthase (*CYP11B2*), p.Ile105Val in *GSTP1*. Additionally, we analyzed the presence or absence of the *GSTT1* and *GSTP1* genes. A LVEF $\leq 50\%$ was detected at least once during the 3 years of follow-up period in 13 out of 48 patients (27.1%).

Conclusion: RAAS gene polymorphisms were not significantly associated with the development of cardiotoxicity. *GSTM1* may be useful as a biomarker of higher risk of cardiotoxicity, as demonstrated in our cohort of patients ($p=0.147$).

TÍTULO / TITLE: - Tadalafil once daily in the treatment of lower urinary tract symptoms (LUTS) suggestive of benign prostatic hyperplasia (BPH) in men without erectile dysfunction.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - BJU Int. 2013 May 23. doi: 10.1111/bju.12251.

●● Enlace al texto completo (gratis o de pago) 1111/bju.12251

AUTORES / AUTHORS: - Brock G; Broderick G; Roehrborn CG; Xu L; Wong D; Viktrup L

INSTITUCIÓN / INSTITUTION: - St Joseph's Health Care London, University of Western Ontario, London, Canada.

RESUMEN / SUMMARY: - **OBJECTIVES:** To assess the safety and efficacy of tadalafil once daily on lower urinary tract symptoms suggestive of clinical benign prostatic hyperplasia (BPH-LUTS) in men without erectile dysfunction (ED). To compare these with effects in men with ED. **PATIENTS AND METHODS:** After a 4-week washout period and 4-week placebo run-in period, 1089 men without ED ($n = 338$) and with ED ($n = 751$) were randomly assigned to placebo or tadalafil 5 mg once daily for 12 weeks in three global clinical studies with similar designs. In the pooled dataset, post hoc analyses of covariance assessed the impact and severity of BPH-LUTS using the International Prostate Symptom Score (IPSS) and the BPH Impact Index (BII) and IPSS quality-of-life (IPSS-QoL) subscores. Safety was assessed using treatment-emergent adverse events. The treatment-by-ED-status interaction was used to assess efficacy differences between the with/without ED subgroups. **RESULTS:** Men without ED were similar in BPH-LUTS severity/previous therapy to men with ED. Tadalafil significantly reduced BPH-LUTS from baseline when compared with placebo in men without ED (IPSS -5.4 vs -3.3, $P < 0.01$; IPSS voiding subscore -3.5 vs -2.0, $P < 0.01$; IPSS storage subscore -1.9 vs -1.3, $P < 0.05$). Tadalafil also significantly improved quality of life from baseline when compared with placebo in men without ED (IPSS-QoL -1.0 vs -0.7, BII -

1.4 vs -1.0; both $P < 0.05$). Between-ED-subgroup interactions were not significant (all $P > 0.68$). Tadalafil was safe and well tolerated. CONCLUSION: Tadalafil 5 mg once daily improved BPH-LUTS in men without ED by a magnitude similar to that observed in men with ED. The adverse event profile in men without ED was consistent with that observed in men with ED.

TÍTULO / TITLE: - GSTO2 polymorphism Asn142Asp modifies the risk of age-related cataract in smokers and subjects exposed to UV irradiation.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Experiment Ophthalmol. 2013 Aug 8. doi: 10.1111/ceo.12180.

●● Enlace al texto completo (gratis o de pago) [1111/ceo.12180](#)

AUTORES / AUTHORS: - Stamenkovic M; Radic T; Stefanovic I; Coric V; Sencanic I; Pljesa-Ercegovac M; Matic M; Jaksic V; Simic T; Savic-Radojevic A

INSTITUCIÓN / INSTITUTION: - University Eye Clinic, Medical Center Zvezdara, D. Tucovica 161, Belgrade, Serbia; Faculty of Special Education and Rehabilitation, University of Belgrade, Belgrade, Serbia.

RESUMEN / SUMMARY: - BACKGROUND: Glutathione S-transferase omega-1 and 2 (GSTO1, GSTO2) proteins have a unique range of enzymatic activities, including the regeneration of ascorbate by their dehydroascorbate reductase activities. Since GSTO enzymes could have a protective role from oxidative damage in the lens, we addressed the question of whether the two coding GSTO polymorphisms confer the risk of age-related cataract (ARC). METHODS: We assessed rs4925 (Ala140Asp) of GSTO1 and rs156697 (Asn142Asp) of GSTO2 polymorphisms in 100 patients with ARC and 130 controls. RESULTS: Presence of one mutant GSTO1*Asp or GSTO2*Asp allele did not contribute independently toward the risk of ARC, however, homozygous carriers of GSTO1*Asp/GSTO2*Asp haplotype demonstrated 3.42-fold enhanced risk of cataract development (95% CI=0.84-13.93; $p=0.086$). When GSTO genotype was analyzed in association with smoking or professional exposure to UV irradiation, carriers of at least one mutant GSTO2*Asp allele had increased risk of ARC development in comparison with individuals with wild type GSTO2*Asn/Asn genotype with no history of smoking or UV exposure (OR=6.89, CI=1.81-16.21, $p=0.005$; OR=4.10, 95% CI=1.23-13.74, $p=0.022$, respectively). Regarding the distribution of particular GSTO genotype and ARC type, the highest frequency of mutant GSTO2*Asp allele was found in patients with nuclear cataract. CONCLUSION: The results obtained indicate that mutant GSTO2*Asp genotype is associated with increased risk of ARC in smokers and UV exposed subjects, suggesting a role of inefficient ascorbate regeneration in cataract development.

TÍTULO / TITLE: - Postnatal Shifts in Ischemic Tolerance and Cell Survival Signaling in Murine Myocardium.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Am J Physiol Regul Integr Comp Physiol. 2013 Sep 25.

●● Enlace al texto completo (gratis o de pago) [1152/ajpregu.00198.2013](#)

AUTORES / AUTHORS: - Liaw NY; See Hoe LE; Sheeran FL; Peart JN; Headrick JP; Cheung MM; Pepe S

INSTITUCIÓN / INSTITUTION: - Murdoch Children's Research Institute & University of Melbourne.

RESUMEN / SUMMARY: - The immature heart is known to be resistant to ischemia-reperfusion (IR) injury, however key proteins engaged in phospho-dependent signaling pathways crucial to cell survival are not yet defined. Our goal was to determine the post-natal changes in myocardial tolerance to IR, including baseline expression of key proteins governing IR tolerance and their phosphorylation during IR. Hearts from male C57Bl/6 mice (neonates, 2, 4, 8, and 12 weeks of age, n=6/group) were assayed for survival signaling/effectors (Akt, p38MAPK, GSK3beta, HSP27, connexin-43, HIF1alpha, caveolin-3), regulators of apoptosis (Bax, Bcl-2) and autophagy (LC3B, Parkin, Beclin1). The effect of IR on ventricular function was measured in isolated perfused hearts from immature (4 week) and adult (12 week) mice. Neonatal myocardium exhibits a large pool of inactive Akt; high phospho-activation of p38MAPK, HSP27 and connexin-43; phospho-inhibition of GSK3beta; and high expression of caveolin-3, HIF1alpha, LC3B, Beclin1, Bax and Bcl-2. Immature hearts sustained less dysfunction and infarction following IR than adults. Emergence of IR intolerance in adult vs. immature hearts was associated with complex proteomic changes: decreased expression of Akt, Bax and Bcl-2; increased GSK3beta, connexin-43, HIF1alpha, LC3B and Bax:Bcl-2; enhanced post-ischemic HIF1alpha, caveolin-3, Bax and Bcl-2; and greater post-ischemic GSK3beta and HSP27 phosphorylation. Neonatal myocardial stress-resistance reflects high expression of pro-survival and autophagy proteins, and apoptotic regulators. Notably, there is high phosphorylation of GSK3beta, p38MAPK, HSP27, and low phosphorylation of Akt (high Akt 'reserve'). Subsequent maturational reductions in IR tolerance are associated with reductions in Akt, Bcl-2, LC3B and Beclin1.

TÍTULO / TITLE: - Hypofractionated stereotactic photon radiotherapy of posteriorly located choroidal melanoma with five fractions at ten Gy - Clinical results after six years of experience.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Radiother Oncol. 2013 Sep 14. pii: S0167-8140(13)00383-6. doi: 10.1016/j.radonc.2013.08.004.

●● Enlace al texto completo (gratis o de pago) [1016/j.radonc.2013.08.004](#)

AUTORES / AUTHORS: - Dunavoelgyi R; Zehetmayer M; Gleiss A; Geitzenauer W; Kircher K; Georg D; Schmidt-Erfurth U; Poetter R; Dieckmann K

INSTITUCIÓN / INSTITUTION: - Department of Ophthalmology, Medical University of Vienna, Austria; Comprehensive Cancer Center (CCC) Vienna, Medical University of Vienna, Austria.

RESUMEN / SUMMARY: - **PURPOSE:** To evaluate long-term safety and efficacy of hypofractionated stereotactic photon radiotherapy with 5 five fractions at 10Gy each in patients with centrally located choroidal melanoma. **MATERIALS AND METHODS:** Ninety-one patients with centrally located choroidal melanoma were treated stereotactically at a linear accelerator with 6MV photon beams with 5 fractions at 10Gy each. Examinations were performed at baseline and every 3months in the first 2years, then every 6months until 5years and yearly thereafter. Median follow-up was 37.8months (IQR 19.2-49.9). They included visual acuity assessment, routine ophthalmological examinations with fundoscopy, echography for measurement of tumor dimensions, medical examinations and, if necessary, fluorescein angiography. **RESULTS:** Initial tumor base diameters, height and volume were 11.20mm (IQR 9.10-13.70), 9.80mm (IQR 7.80-11.70), 4.53mm (IQR 3.33-6.43) and 253.8mm³ (IQR 127.5-477.0). Local tumor control and eye retention rates were 97.7% and 86.4% after 5years, respectively. Eight patients developed metastatic disease and 3 of them died due to metastatic disease during the follow-up period. Median visual acuity decreased from 0.67 initially to 0.05 at the last individual follow-up ($p<0.001$). The most common toxicities (any grade) were radiation retinopathy (n=39), optic neuropathy (n=32), radiogenic cataract (n=21), neovascular glaucoma (n=15) and dry eye syndrome (n=10). The 5year probabilities to remain free of these side effects (any grade) were 26.0%, 45.4%, 55.4%, 72.6% and 80.5%, respectively. The most important prognostic factors for toxicities were the largest tumor base diameter, tumor height and tumor distance to the optic disk. **CONCLUSION:** Hypofractionated stereotactic photon radiotherapy with a total dose of 50Gy delivered in 5 fractions is a highly effective treatment option in patients with centrally located choroidal melanoma and has a moderate toxicity profile.

TÍTULO / TITLE: - Monitoring child survival in 'real time' using routine health facility records: results from Malawi.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Trop Med Int Health. 2013 Oct;18(10):1231-9. doi: 10.1111/tmi.12167. Epub 2013 Aug 1.

●● Enlace al texto completo (gratis o de pago) 1111/tmi.12167

AUTORES / AUTHORS: - Amouzou A; Kachaka W; Banda B; Chimzimu M; Hill K; Bryce J

INSTITUCIÓN / INSTITUTION: - Institute for International Programs, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA.

RESUMEN / SUMMARY: - OBJECTIVES: Few developing countries have the accurate civil registration systems needed to track progress in child survival. However, the health information systems in most of these countries do record facility births and deaths, at least in principle. We used data from two districts of Malawi to test a method for monitoring child mortality based on adjusting health facility records for incomplete coverage. METHODS: Trained researchers collected reports of monthly births and deaths among children younger than 5 years from all health facilities in Balaka and Salima districts of Malawi in 2010-2011. We estimated the proportion of births and deaths occurring in health facilities, respectively, from the 2010 Demographic and Health Survey and a household mortality survey conducted between October 2011 and February 2012. We used these proportions to adjust the health facility data to estimate the actual numbers of births and deaths. The survey also provided 'gold-standard' measures of under-five mortality. RESULTS: Annual under-five mortality rates generated by adjusting health facility data were between 35% and 65% of those estimated by the gold-standard survey in Balaka, and 46% and 50% in Salima for four overlapping 12-month periods in 2010-2011. The ratios of adjusted health facility rates to gold-standard rates increased sharply over the four periods in Balaka, but remained relatively stable in Salima. CONCLUSIONS: Even in Malawi, where high proportions of births and deaths occur in health facilities compared with other countries in sub-Saharan Africa, routine Health Management Information Systems data on births and deaths cannot be used at present to estimate annual trends in under-five mortality.

TÍTULO / TITLE: - Survival After Resection of Colorectal Cancer Based on Anatomical Segment of Involvement.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Sep 18.

●● [Enlace al texto completo \(gratis o de pago\) 1245/s10434-013-3104-5](#)

AUTORES / AUTHORS: - Bhangu A; Kiran RP; Slesser A; Fitzgerald JE; Brown G; Tekkis P

INSTITUCIÓN / INSTITUTION: - Department of Colorectal Surgery, Royal Marsden Hospital, London, UK.

RESUMEN / SUMMARY: - PURPOSE: To determine survival differences for patients undergoing colonic or rectal resection for cancer on the basis of the specific anatomical location of primary tumor. METHODS: A total of 143,747 patients undergoing segmental colectomy, hemicolectomy, anterior resection, or abdominoperineal resection (APER) for adenocarcinoma from 1995 to 2009 were identified from 13 Surveillance, Epidemiology, and End Results regions. The primary end point was overall survival determined by adjusted hazard ratios (HRs); the secondary end point was lymph node yield. RESULTS: Total lymph node yield significantly decreased from proximal to distal resected segment in stage 0-II cancer, but not in stage III cancer. Lymph node ratio increased from cecum to hepatic flexure

and then decreased distally ($p < 0.001$). Adjusted HRs revealed that survival after right colonic resection for ascending hepatic flexure and transverse colon cancer was not significantly different from cecal cancer. Survival after left colonic resection for descending colon cancer was not different from splenic flexure cancer, but sigmoid colectomy carried improved survival (HR 0.95, $p = 0.027$). APER carried worse survival compared to anterior resection (HR 1.28, $p < 0.001$) or right colonic resection for cecal cancer (HR 1.61, $p < 0.001$). CONCLUSIONS: Survival after resection from colorectal cancer depends on specific anatomical segment and not just the division between colon and rectum, or left and right colon. This may be related to inherent differences in the anatomical characteristics of the particular colorectal segment, with varying lymph node yields contributing to understaging. This supports an individualized approach to colorectal cancer, with particular attention to surgical technique, leading to survival improvement.

TÍTULO / TITLE: - Unshuntable extrahepatic portal hypertension revisited: 43 years' experience with radical esophagogastrectomy treatment of bleeding esophagogastric varices.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Am J Surg. 2013 Sep 23. pii: S0002-9610(13)00437-6. doi: 10.1016/j.amjsurg.2013.06.001.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.amjsurg.2013.06.001](#)

AUTORES / AUTHORS: - Orloff MJ; Orloff MS; Orloff SL; Orloff LA; Daily PO; Girard B; Isenberg JI; Wheeler HO

INSTITUCIÓN / INSTITUTION: - Department of Surgery, University of California, San Diego Medical Center, 200 West Arbor Drive, San Diego, CA 92103-8999, USA. Electronic address: morloff@ucsd.edu.

RESUMEN / SUMMARY: - BACKGROUND: In 1994, the authors reported their experience with radical esophagogastrectomy for bleeding esophagogastric varices due to unshuntable extra-hepatic portal hypertension. Since then, the series has expanded from 22 to 44 patients. The aim of this study was to assess the validity of the previous observations and conclusions in the largest series with the longest follow-up.

METHODS: From 1968 to 2005, 44 patients with unshuntable extra-hepatic portal hypertension were treated by total gastrectomy and resection of the distal two thirds of the esophagus. Before referral, the patients experienced 4 to 24 episodes of variceal bleeding requiring a mean 130 U of blood transfusion, 15 hospital admissions, and 6 previous unsuccessful operations. RESULTS: Transient postoperative complications occurred in 50% of patients. The survival rate is 100%, with no recurrence of variceal bleeding during 7 to 43 years of follow-up. Liver function and biopsy results have been normal. Quality of life has been excellent or good in 91%. Eighty-six percent have resumed employment or full-time housekeeping. CONCLUSIONS: In unshuntable extra-

hepatic portal hypertension, radical esophagogastrectomy is the only consistently effective treatment of variceal hemorrhage. Prompt use of this lifesaving procedure is warranted.

TÍTULO / TITLE: - Prediction of Intravesical Recurrence After Radical Nephroureterectomy: Development of a Clinical Decision-making Tool.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur Urol. 2013 Sep 19. pii: S0302-2838(13)00990-1. doi: 10.1016/j.eururo.2013.09.003.

●● Enlace al texto completo (gratis o de pago) [1016/j.eururo.2013.09.003](https://doi.org/10.1016/j.eururo.2013.09.003)

AUTORES / AUTHORS: - Xylinas E; Kluth L; Passonni N; Trinh QD; Rieken M; Lee RK; Fajkovic H; Novara G; Margulis V; Raman JD; Lotan Y; Roupret M; Aziz A; Fritsche HM; Weizer A; Martinez-Salamanca JI; Matsumoto K; Seitz C; Remzi M; Walton T; Karakiewicz PI; Montorsi F; Zerbib M; Scherr DS; Shariat SF

INSTITUCIÓN / INSTITUTION: - Department of Urology, Weill Cornell Medical College, New York-Presbyterian Hospital, New York, NY, USA; Department of Urology Cochin Hospital, APHP, Paris Descartes University, Paris, France.

RESUMEN / SUMMARY: - BACKGROUND: Intravesical recurrence after radical nephroureterectomy (RNU) is a frequent event requiring intense cystoscopic surveillance. Recently, a prospective randomized clinical trial has shown that a single intravesical postoperative dose of mitomycin C (MMC) reduces the absolute risk of intravesical recurrence after RNU. OBJECTIVE: The aim of the current study was to identify predictors of intravesical recurrence and to develop a tool to allow a risk-stratified approach supporting patient counseling for cystoscopic surveillance and postoperative intravesical MMC administration. DESIGN, SETTING, AND PARTICIPANTS: We performed a retrospective analysis of 1839 patients with upper tract urothelial carcinoma (UTUC). The data set was split into a development cohort of 1261 patients from North America and a validation cohort of 578 patients from Europe. INTERVENTIONS: RNU with bladder cuff excision was performed. The surgical approach was open in 1424 patients (77.4%) and laparoscopic in 415 patients (22.6%). OUTCOME MEASUREMENTS AND STATISTICAL ANALYSES: Univariable and multivariable Cox regression models addressed time to intravesical recurrence after RNU. We developed a nomogram for prediction of the probability of intravesical recurrence at 3, 6, 9, 12, 18, 24, and 36 mo. Predictive accuracy was quantified using the concordance index. Decision curve analysis was performed to evaluate the clinical benefit associated with the use of our nomograms. RESULTS AND LIMITATIONS: With a median follow-up of 45 mo, intravesical recurrence occurred in 577 patients (31%). The probability of intravesical recurrence-free survival at 6, 12, 24, and 36 mo was 85%+/-1%, 78%+/-1%, 68%+/-1%, and 47%+/-2%, respectively. In multivariable Cox regression analysis, advanced age, male gender, ureteral tumor location, laparoscopic

surgical technique, endoscopic distal ureteral management, previous bladder cancer, higher tumor stage, concomitant carcinoma in situ, and lymph node involvement were all significantly associated with intravesical recurrence (p values ≤ 0.04). The nomograms were highly accurate for predicting intravesical recurrence in the external validation cohort (concordance index of 67.8% and 69.0% for the reduced model and the full model, respectively), and calibration plots revealed only minor overestimation beyond 24 mo. If one decided to perform postoperative instillation based on the risk of intravesical recurrence of 15% at 24 mo, one would spare 23% of the patients while not preventing only 0.3% of intravesical recurrences. The lack of information on the stage and grade of the intravesical recurrences is the main limitation of the study. CONCLUSIONS: Intravesical recurrence after RNU is a common event in patients with UTUC. We developed nomograms that predict intravesical recurrence after RNU with reasonable accuracy. Such nomograms could improve the clinical decision-making process with regard to cystoscopic surveillance scheduling and postoperative intravesical instillations of MMC after RNU.

TÍTULO / TITLE: - Immunofluorescence Analysis of Testicular Biopsies With Germ Cell and Sertoli Cell Markers Shows Significant MVH Negative Germ Cell Depletion With Older Age of Orchidopexy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Urol. 2013 Sep 5. pii: S0022-5347(13)05322-6. doi: 10.1016/j.juro.2013.08.075.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.08.075](#)

AUTORES / AUTHORS: - Li R; Thorup J; Sun C; Cortes D; Southwell B; Hutson J

INSTITUCIÓN / INSTITUTION: - Surgical Research Laboratory, Murdoch Childrens Research Institute, Parkville, Victoria, 3052, Australia; Department of Paediatrics, University of Melbourne, Parkville, Victoria, Australia. Electronic address: ruili.li@mcri.edu.au.

RESUMEN / SUMMARY: - PURPOSE: Undescended testis is the most common defect in newborn boys. It is associated with increased risks of infertility and testicular malignancy due to abnormal germ cell development in these testes. Early surgery may limit such risks. The aim of our study was to analyse germ cell development versus age of orchidopexy using a germ cell marker and a Sertoli cell marker on testicular biopsies. MATERIALS AND METHODS: Human testicular biopsies at orchidopexy (n=22, 5-24.5 months old) were fixed and embedded in paraffin. Sections were processed and labeled with anti-Mullerian hormone (AMH) antibody for Sertoli cells and mouse VASA homolog (MVH) antibody for germ cells for immunofluorescent histochemistry. Confocal images were counted using image-J for germ cells and testicular tubules. The data were analysed using linear regression. RESULTS: Sertoli cells were clearly distinguished from both MVH+ and MVH- germ cells located centrally or on basement membranes of tubules. Percentage of tubules with MVH- germ cells significantly

decreased with increasing age of orchidopexy ($\beta = -0.03$, $P = 0.03$). Both total tubular numbers and “empty” tubules without germ cells significantly increased when orchidopexy age increased ($\beta = 1.15$, $P = 0.02$ and $\beta = 0.44$, $P = 0.04$, respectively). CONCLUSION: AMH antibody distinguished Sertoli cells from germ cells and MVH antibody distinguished two types of germ cells at different developmental stages. Orchidopexy at older ages showed significant germ cell depletion. These results lend support to early surgery to optimize germ cell number.

TÍTULO / TITLE: - Effects of endostar combined multidrug chemotherapy in osteosarcoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Bone. 2013 Nov;57(1):111-5. doi: 10.1016/j.bone.2013.07.035. Epub 2013 Aug 1.

●● Enlace al texto completo (gratis o de pago) [1016/j.bone.2013.07.035](#)

AUTORES / AUTHORS: - Xu M; Xu CX; Bi WZ; Song ZG; Jia JP; Chai W; Zhang LH; Wang Y

INSTITUCIÓN / INSTITUTION: - Department of Orthopaedics, The General Hospital of Chinese People’s Liberation Army, Beijing100853, China.

RESUMEN / SUMMARY: - Angiogenesis is closely related to tumor development and metastasis. Osteosarcoma is an angiogenesis-dependent tumor, and studies have shown that chemotherapy often induces angiogenesis. Endostatin is a broad spectrum angiogenesis inhibitor and, while pre-clinical trials have shown that the combination of endostatin with chemotherapy can enhance anti-tumor effects, this effect has not yet been shown in clinical trials. Here, we aimed to evaluate the clinical efficacy of endostar (ES, human recombinant endostatin) combined with chemotherapy in the treatment of osteosarcoma patients. A total of 116 newly diagnosed patients with osteosarcoma were enrolled in this study. All patients received 4 cycles of chemotherapy with (54 cases) or without (62 cases) ES. ES was administered intravenously at a dose of 15mg/day for 2 weeks during each cycle of chemotherapy. The tumors were removed by surgery after 2 cycles of chemotherapy treatment, and their histologic response to chemotherapy was evaluated. Immunohistochemistry was used to measure VEGF and CD 31 expression. Chemotherapy increased VEGF expression and the presence of microvessels in osteosarcoma tissues compared with pre-chemotherapy. No significant difference was observed in the histologic response between the ES treatment and non-treatment groups. However, ES treatment significantly inhibited the chemotherapy-induced VEGF expression and presence of microvessels. The ES treatment did not affect the overall survival rate but did increase the event-free survival rate and decreased the occurrence of metastases. In conclusion, our results indicate that antiangiogenic therapy using ES has the potential to prevent the progression of metastases.

TÍTULO / TITLE: - An Anti-CD154 Domain Antibody Prolongs Graft Survival and Induces Foxp3 iTreg in the Absence and Presence of CTLA-4 Ig.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Am J Transplant. 2013 Sep 5. doi: 10.1111/ajt.12417.

●● Enlace al texto completo (gratis o de pago) [1111/ajt.12417](#)

AUTORES / AUTHORS: - Pinelli DF; Wagener ME; Liu D; Yamniuk A; Tamura J; Grant S; Larsen CP; Suri A; Nadler SG; Ford ML

INSTITUCIÓN / INSTITUTION: - Emory Transplant Center, Department of Surgery, Emory University School of Medicine, Atlanta, GA.

RESUMEN / SUMMARY: - The use of monoclonal antibodies targeting the CD154 molecule remains one of the most effective means of promoting graft tolerance in animal models, but thromboembolic complications during early clinical trials have precluded their use in humans. Furthermore, the role of Fc-mediated deletion of CD154-expressing cells in the observed efficacy of these reagents remains controversial. Therefore, determining the requirements for anti-CD154-induced tolerance will instruct the development of safer but equally efficacious treatments. To investigate the mechanisms of action of anti-CD154 therapy, two alternative means of targeting the CD40-CD154 pathway were used: a nonagonistic anti-CD40 antibody and an Fc-silent anti-CD154 domain antibody. We compared these therapies to an Fc-intact anti-CD154 antibody in both a fully allogeneic model and a surrogate minor antigen model in which the fate of alloreactive cells could be tracked. Results indicated that anti-CD40 mAbs as well as Fc-silent anti-CD154 domain antibodies were equivalent to Fc-intact anti-CD154 mAbs in their ability to inhibit alloreactive T cell expansion, attenuate cytokine production of antigen-specific T cells and promote the conversion of Foxp3+ iTreg. Importantly, iTreg conversion observed with Fc-silent anti-CD154 domain antibodies was preserved in the presence of CTLA4-Ig, suggesting that this therapy is a promising candidate for translation to clinical use.

TÍTULO / TITLE: - p16, p53, EGFR expression and KRAS mutation status in squamous cell cancers of the anus: Correlation with outcomes following chemo-radiotherapy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Radiother Oncol. 2013 Sep 7. pii: S0167-8140(13)00374-5. doi: 10.1016/j.radonc.2013.08.002.

●● Enlace al texto completo (gratis o de pago) [1016/j.radonc.2013.08.002](#)

AUTORES / AUTHORS: - Gilbert DC; Williams A; Allan K; Stokoe J; Jackson T; Linsdall S; Bailey CM; Summers J

INSTITUCIÓN / INSTITUTION: - Sussex Cancer Centre, Brighton and Sussex University Hospitals NHS Trust, United Kingdom; Brighton and Sussex Medical School, University of Sussex, Brighton, United Kingdom. Electronic address: dcgilbert@doctors.org.uk.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: Squamous cell carcinomas of the anal canal are associated with infection with Human Papilloma Viruses (HPVs). Chemo-radiotherapy (CRT) gives 70% 3-year relapse-free survival. Improved predictive markers and therapeutic options are required. METHODS: Tumours from 153 patients treated with radical chemo-radiotherapy (50.4Gy in 28# with concurrent Mitomycin and 5-Fluorouracil between 2004 and 2009) were retrieved and immunohistochemistry performed for p16INK4A, p53 and EGFR and correlated with outcome. Primary and relapsed samples were analysed for mutations in KRAS. RESULTS: 137/153 (89.5%) stained moderately or strongly for p16INK4A. p16INK4A correlated strongly with outcome. 37/137 patients demonstrating moderate/strong p16INK4A expression relapsed (27.0%), as opposed to 10/16 (62.5%) with absent/weak staining (log rank test $p < 0.001$). p16 and p53 expression were inversely correlated. p16INK4A negative tumours were more frequent in men. p16INK4A negative patients had significantly worse overall survival ($p < 0.001$). No mutations in KRAS were identified in primary tumours or relapses following treatment. CONCLUSIONS: p16INK4A is strongly associated with relapse in SCC of the anus and identifies patients with very poor rates of relapse-free and overall survival. Primary and recurrent anal cancer expresses wild type KRAS, unaffected by treatment, supporting trials targeting EGFR in poor risk/recurrent anal cancer.

TÍTULO / TITLE: - MR-guided breast radiotherapy: feasibility and magnetic-field impact on skin dose.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Phys Med Biol. 2013 Sep 7;58(17):5917-30. doi: 10.1088/0031-9155/58/17/5917. Epub 2013 Aug 6.

●● Enlace al texto completo (gratis o de pago) [1088/0031-9155/58/17/5917](#)

AUTORES / AUTHORS: - van Heijst TC; den Hartogh MD; Lagendijk JJ; van den Bongard HJ; van Asselen B

INSTITUCIÓN / INSTITUTION: - Department of Radiotherapy, University Medical Centre Utrecht, Heidelberglaan 100, 3584 CX, Utrecht, The Netherlands.

RESUMEN / SUMMARY: - The UMC Utrecht MRI/linac (MRL) design provides image guidance with high soft-tissue contrast, directly during radiotherapy (RT). Breast cancer patients are a potential group to benefit from better guidance in the MRL. However, due to the electron return effect, the skin dose can be increased in presence of a magnetic field. Since large skin areas are generally involved in breast RT, the purpose of this study is to investigate the effects on the skin dose, for whole-breast irradiation (WBI) and accelerated partial-breast irradiation (APBI). In ten patients with early-stage breast cancer, targets and organs at risk (OARs) were delineated on postoperative CT scans co-registered with MRI. The OARs included the skin, comprising the first 5 mm of ipsilateral-breast tissue, plus extensions. Three intensity-modulated

RT techniques were considered (2x WBI, 1x APBI). Individual beam geometries were used for all patients. Specially developed MRL treatment-planning software was used. Acceptable plans were generated for 0 T, 0.35 T and 1.5 T, using a class solution. The skin dose was augmented in WBI in the presence of a magnetic field, which is a potential drawback, whereas in APBI the induced effects were negligible. This opens possibilities for developing MR-guided partial-breast treatments in the MRL.

TÍTULO / TITLE: - Phase II study of docetaxel and vinorelbine as adjuvant chemotherapy for resected non-small cell lung cancers.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Chemother Pharmacol. 2013 Oct;72(4):931-4. doi: 10.1007/s00280-013-2263-1. Epub 2013 Aug 22.

●● Enlace al texto completo (gratis o de pago) [1007/s00280-013-2263-1](#)

AUTORES / AUTHORS: - Chaft JE; Rekhtman N; Sima CS; Rusch V; Kris MG; Zakowski M; Azzoli CG

INSTITUCIÓN / INSTITUTION: - Thoracic Oncology Service, Division of Solid Tumor Oncology, Department of Medicine, Memorial Sloan-Kettering Cancer Center, 300 E, 66th Street, New York, NY, 10065, USA, chaftj@mskcc.org.

RESUMEN / SUMMARY: - PURPOSE: For patients with resected stage II-III non-small cell lung cancers (NSCLCs), adjuvant cisplatin-based chemotherapy improves survival over surgery alone. For cisplatin ineligible patients, there is no standard adjuvant option. We evaluated drug delivery and toxicity of docetaxel and vinorelbine in patients who could not receive cisplatin. METHODS: Patients with completely resected stage IB-III NSCLCs were treated with up to 4 cycles of docetaxel and vinorelbine at the recommended phase II dose. The primary endpoint was drug delivery compared to historical delivery of adjuvant cisplatin plus vinorelbine. Secondary endpoints were toxicity and feasibility. RESULTS: Twenty-five patients were enrolled. Overall, 13/25 (52 %, 95 % CI 34-70) completed 4 cycles, and 19/25 (76 %, 95 % CI 60-87) completed ≥ 3 cycles. Twenty of 25 patients (80 %) experienced a Grade 3 or 4 adverse event. CONCLUSIONS: Delivery of this dose and schedule of docetaxel and vinorelbine was difficult with a dose delivery comparable to cisplatin plus vinorelbine, and cisplatin plus docetaxel, used in this setting.

TÍTULO / TITLE: - Impact of head and neck malignancies on risk factors and survival in systemic lupus erythematosus.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Acta Otolaryngol. 2013 Oct;133(10):1088-95. doi: 10.3109/00016489.2013.800228.

●● Enlace al texto completo (gratis o de pago) [3109/00016489.2013.800228](#)

AUTORES / AUTHORS: - Chang SL; Hsu HT; Weng SF; Lin YS

INSTITUCIÓN / INSTITUTION: - Department of Otolaryngology, Chi Mei Medical Center.

RESUMEN / SUMMARY: - Abstract Conclusions: Systemic lupus erythematosus (SLE) is associated with an increased risk of developing a head and neck malignancy (HNM). A history of SLE did not significantly impact the survival of our study cohort after cancer developed. Objectives: To examine the risk and survival rates of HNM in patients with SLE. Methods: This was a population-based, retrospective cohort study. We compared patients newly diagnosed with SLE between 2001 and 2008 (n = 8751) with age-matched controls (1:10) (n = 87 510). The incidence of HNMs at the end of 2009 was then determined. Results: We found a 2.16-fold higher risk of HNMs in patients diagnosed with SLE compared with the risk of first malignancy in the age-matched controls (incidence rate ratio, IRR = 2.16, p < 0.05). The site with the highest incidence of HNMs in SLE patients was the oral cavity (5/11, 45.45%), followed by the nasopharynx (4/11, 36.36%). SLE displayed no synergic effect on the survival of SLE patients with an HNM compared with age-matched controls with a new HNM (p = 0.2446).

TÍTULO / TITLE: - Contribution of surgical specialization to improved colorectal cancer survival.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Br J Surg. 2013 Sep;100(10):1388-95. doi: 10.1002/bjs.9227.

●● [Enlace al texto completo \(gratis o de pago\) 1002/bjs.9227](#)

AUTORES / AUTHORS: - Oliphant R; Nicholson GA; Horgan PG; Molloy RG; McMillan DC; Morrison DS

INSTITUCIÓN / INSTITUTION: - University Department of Surgery, Faculty of Medicine, University of Glasgow, Glasgow Royal Infirmary, Glasgow, UK; West of Scotland Cancer Surveillance Unit, Faculty of Medicine, Department of Public Health, University of Glasgow, Glasgow, UK.

RESUMEN / SUMMARY: - BACKGROUND: Reorganization of colorectal cancer services has led to surgery being increasingly, but not exclusively, delivered by specialist surgeons. Outcomes from colorectal cancer surgery have improved, but the exact determinants remain unclear. This study explored the determinants of outcome after colorectal cancer surgery over time. METHODS: Postoperative mortality (within 30 days of surgery) and 5-year relative survival rates for patients in the West of Scotland undergoing surgery for colorectal cancer between 1991 and 1994 were compared with rates for those having surgery between 2001 and 2004. RESULTS: The 1823 patients who had surgery in 2001-2004 were more likely to have had stage I or III tumours, and to have undergone surgery with curative intent than the 1715 patients operated on in 1991-1994. The proportion of patients presenting electively who received surgery by a specialist surgeon increased over time (from 14.9 to 72.8 per cent; P < 0.001).

Postoperative mortality increased among patients treated by non-specialists over time (from 7.4 to 10.3 per cent; $P = 0.026$). Non-specialist surgery was associated with an increased risk of postoperative death (adjusted odds ratio 1.72, 95 per cent confidence interval (c.i.) 1.17 to 2.55; $P = 0.006$) compared with specialist surgery. The 5-year relative survival rate increased over time and was higher among those treated by specialist compared with non-specialist surgeons (62.1 versus 53.0 per cent; $P < 0.001$). Compared with the earlier period, the adjusted relative excess risk ratio for the later period was 0.69 (95 per cent c.i. 0.61 to 0.79; $P < 0.001$). Increased surgical specialization accounted for 18.9 per cent of the observed survival improvement. CONCLUSION: Increased surgical specialization contributed significantly to the observed improvement in longer-term survival following colorectal cancer surgery.

TÍTULO / TITLE: - Parameters associated with short- and midterm survival in bridging to lung transplantation with extracorporeal membrane oxygenation.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Transplant. 2013 Jul 31. doi: 10.1111/ctr.12197.

●● [Enlace al texto completo \(gratis o de pago\) 1111/ctr.12197](#)

AUTORES / AUTHORS: - Weig T; Irlbeck M; Frey L; Zwissler B; Winter H; Preissler G; Schramm R; Neurohr C; Dolch ME

INSTITUCIÓN / INSTITUTION: - Department of Anesthesiology, Ludwig-Maximilians-University, Munich, Germany; Munich Lung Transplant Group, Ludwig-Maximilians-University, Munich, Germany.

RESUMEN / SUMMARY: - Patients with terminal lung failure may be bridged to lung transplantation (LTX) by extracorporeal membrane oxygenation (ECMO). With the present shortage of donor organs and the high level of invasiveness of ECMO treatment, appropriate selection criteria for bridge to transplant need to be defined. We report retrospective data from 26 patients on ECMO listed for LTX. Seven patients were successfully transplanted (LTX-s). Six patients survived until transplantation, but died intra- or post-operatively (LTX-ns). Thirteen patients died before transplantation (Fail). There was no difference between LTX-s and the 19 overall non-survivors (NS) prior to ECMO initiation with regard to demographic data or ventilator parameters except for higher PaO₂ /FiO₂ in the LTX-s. Time on ECMO pre-LTX did not differ in the LTX-s and LTX-ns groups. SOFA score was lower in LTX-s when compared to LTX-ns before ECMO ($p = 0.0155$), during bridging ($p = 0.028$), and right before transplantation ($p = 0.0038$). Maximal bilirubin during bridging and bilirubin prior to transplantation was markedly elevated in the LTX-ns group [4.2 (2.4-4.7) vs. 1.1 (0.8-2.0) mg/dL; $p = 0.0266$ and 1.6 (1.2-3.0) vs. 0.5 (0.5-0.5) mg/dL; $p = 0.0047$). Bridging to LTX is a challenging but viable option for selected patients. Special consideration should be given to hepatic function.

TÍTULO / TITLE: - Robotic and Laparoscopic Radical Cystectomy for Bladder Cancer: Long-term Oncologic Outcomes.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur Urol. 2013 Aug 20. pii: S0302-2838(13)00849-X. doi: 10.1016/j.eururo.2013.08.021.

●● Enlace al texto completo (gratis o de pago) [1016/j.eururo.2013.08.021](#)

AUTORES / AUTHORS: - Snow-Lisy DC; Campbell SC; Gill IS; Hernandez AV; Fergany A; Kaouk J; Haber GP

INSTITUCIÓN / INSTITUTION: - Glickman Urological and Kidney Institute, Cleveland Clinic Lerner College of Medicine, Cleveland, OH, USA.

RESUMEN / SUMMARY: - BACKGROUND: Extended oncologic outcomes after minimally invasive cystectomy have not been previously reported. OBJECTIVE: To report outcomes of robot-assisted radical cystectomy (RARC) and laparoscopic radical cystectomy (LRC) for bladder cancer (BCa) at up to 12-yr follow-up. DESIGN, SETTING, AND PARTICIPANTS: All 121 patients undergoing RARC or LRC for BCa between December 1999 and September 2008 at a tertiary referral center were retrospectively evaluated from a prospectively maintained database. INTERVENTION: RARC or LRC. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: Primary end points were overall survival (OS), cancer-specific survival (CSS), and recurrence-free survival (RFS) calculated using Kaplan-Meier curves. Secondary end points were survival analysis by number of lymph nodes (LNs) and type of procedure. Surgical outcomes, including complications, were analyzed. RESULTS AND LIMITATIONS: Most tumors were muscle invasive (\geq pT2; n=81; 67%) urothelial carcinomas (n=102; 84%). Extended LN dissection was performed in 98 patients (81%), with a median of 14 nodes removed (interquartile range [IQR]: 8-18). Twenty-four patients (20%) had node-positive disease (N1: 10 [8%]; N2: 14 [12%]). Eight patients (6.6%) had positive soft tissue margins. Median follow-up was 5.5 yr (mean: 5.9; IQR: 4.2-8.2; range: 0.13-12.1). At last follow-up, 58 patients (48%) had no evidence of disease, 3 (2%) were alive with recurrence, 59 (49%) had died, and status was unknown in 1. Twenty-eight patients (23%) died from cancer-specific causes, 20 (17%) from unrelated causes, and 11 (9%) from unknown causes. The 10-yr actuarial OS, CSS, and RFS rates were 35%, 63%, and 54%, respectively. At last follow-up, OS for pT0, pTis/a, pT1, pT2, and pT3 versus pT4 was 67%, 73%, 53%, 50%, and 16% versus 0%, respectively (p=0.02). At last follow-up, CSS for pT0, pTis/a, pT1, pT2, and pT3 versus pT4 was 100%, 91%, 74%, 77%, and 56% versus 0%, respectively (p=0.03). CONCLUSIONS: The longest oncologic outcomes following RARC and LRC for BCa reported demonstrates results similar to those reported for open RC. Continued analysis and direct randomized comparison between techniques is necessary.

TÍTULO / TITLE: - A Comparison of Speech Outcomes Using Radical Intravelar Veloplasty or Furlow Palatoplasty for the Treatment of Velopharyngeal Insufficiency Associated With Occult Submucous Cleft Palate.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ann Plast Surg. 2013 Sep 18.

●● Enlace al texto completo (gratis o de pago) [1097/SAP.0b013e3182956632](#)

AUTORES / AUTHORS: - Afrooz PN; Macisaac Z; Rottgers SA; Ford M; Grunwaldt LJ; Kumar AR

INSTITUCIÓN / INSTITUTION: - From the Department of Pediatric Plastic and Reconstructive Surgery, University of Pittsburgh, Cleft/Craniofacial Center, Children's Hospital of Pittsburgh, Pittsburgh, PA.

RESUMEN / SUMMARY: - BACKGROUND: The safety, efficacy, and direct comparison of various surgical treatments for velopharyngeal insufficiency (VPI) associated with occult submucous cleft palate (OSMCP) are poorly characterized. The aim of this study was to report and analyze the safety and efficacy of Furlow palatoplasty (FP) versus radical intravelar veloplasty (IVV) for treatment of VPI associated with OSMCP.

METHODS: A retrospective review of one institution's experience treating VPI associated with OSMCP using IVV (group 1) or FP (group 2) during 24 months was performed. Statistical significance was determined by Wilcoxon matched-pair, Independent-Samples Mann-Whitney U, and analysis of variance (SPSS 20.0.0).

RESULTS: In group 1 (IVV), 18 patients were identified from August 2010 to 2011 (12 male and 6 female patients; average age, 5.39 years). Seven patients were syndromic and 11 were nonsyndromic. In group 2 (FP), 17 patients were identified from August 2009 to 2011 (8 male and 9 female patients; average age, 8.37 years). Three patients were syndromic and 14 patients were nonsyndromic. There was statistical significance between the average pretreatment Pittsburgh Weighted Speech Score (PWSS) of the 2 groups (group 1 and 2 averages 19.06 and 11.05, respectively, $P = 0.002$), but there was no statistical significance postoperatively (group 1 and 2 averages 4.50 and 4.69, respectively, $P = 0.405$). One patient from each group required secondary speech surgery. Average operative time was greater for FP (140 minutes; range, 93-177 minutes) compared to IVV (95 minutes; range, 58-135 minutes), $P < 0.001$. Average hospital stay was 3.9 days for IVV (range, 2-9 days) and 3.2 days for FP (range, 2-6 days), with no significant difference ($P = 0.116$). There were no postsurgical wound infections, oral-nasal fistulas, postoperative bleeding complications, or mortalities. CONCLUSIONS: Nonsyndromic patients with hypernasal speech are treated effectively and safely with either IVV or FP. Intravelar veloplasty trended toward lower speech scores than FP (76% IVV, 58% FP PWSS absolute reduction). Syndromic patients with OSMCP may be more effectively treated with FP (72% IVV vs 79% FP PWSS absolute reduction). Intravelar veloplasty is associated with shorter operative times. Both techniques are associated with low morbidity, improved speech scores, and low reoperative rates.

TÍTULO / TITLE: - Optimization of tumor radiotherapy with modulators of cell metabolism: toward clinical applications.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Semin Radiat Oncol. 2013 Oct;23(4):262-72. doi: 10.1016/j.semradonc.2013.05.008.

●● Enlace al texto completo (gratis o de pago)

[1016/j.semradonc.2013.05.008](#)

AUTORES / AUTHORS: - Danhier P; De Saedeleer CJ; Karroum O; De Preter G; Porporato PE; Jordan BF; Gallez B; Sonveaux P

INSTITUCIÓN / INSTITUTION: - Biomedical Magnetic Resonance Research Group, Louvain Drug Research Institute (LDRI), Université catholique de Louvain (UCL) Medical School, Brussels, Belgium; Pole of Pharmacology, Institut de Recherche Experimentale et Clinique (IREC), Université catholique de Louvain (UCL) Medical School, Brussels, Belgium.

RESUMEN / SUMMARY: - Most solid tumors are characterized by unstable perfusion patterns, creating regions of hypoxia that are detrimental to radiotherapy treatment response. Because postsurgical radiotherapy, alone or in combination with other interventions, is a first-line treatment for many malignancies, strategies aimed at homogeneously increasing tumor pO₂ have been the focus of intense research over the past decades. Among other approaches of demonstrable clinical and preclinical utility, this review focuses on those directly targeting oxygen consumption to redirect oxygen from a metabolic fate to the stabilization of radiation-induced DNA damage, more particularly drugs targeting glucose and lactate metabolism, nitric oxide donors or inducers, and mitogen-activated protein kinase pathway inhibitors. Their utility as adjuvant treatments with radiotherapy has been proven preclinically, which should foster further their clinical development and evaluation.

TÍTULO / TITLE: - Survival in women with grade 1 serous ovarian carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Obstet Gynecol. 2013 Aug;122(2 Pt 1):225-32. doi: 10.1097/AOG.0b013e31829ce7ec.

●● Enlace al texto completo (gratis o de pago) [1097/AOG.0b013e31829ce7ec](#)

AUTORES / AUTHORS: - Fader AN; Java J; Ueda S; Bristow RE; Armstrong DK; Bookman MA; Gershenson DM

INSTITUCIÓN / INSTITUTION: - Johns Hopkins Medical Institutions, Baltimore, Maryland; the Gynecologic Oncology Group Statistical and Data Center, Roswell Park Cancer Institute, Buffalo, New York; the University of California San Francisco, Comprehensive Cancer Center, San Francisco, and the University of California, Irvine Medical Center,

Orange, California; the University of Arizona, Tucson, Arizona; and the University of Texas, MD Anderson Cancer Center, Houston, Texas.

RESUMEN / SUMMARY: - OBJECTIVE: To examine clinicopathologic variables associated with survival among women with low-grade (grade 1) serous ovarian carcinoma enrolled in a phase III study. METHODS: This was an ancillary data analysis of Gynecologic Oncology Group protocol 182, a phase III study of women with stage III-IV epithelial ovarian carcinoma treated with carboplatin and paclitaxel compared with triplet or sequential doublet regimens. Women with grade 1 serous carcinoma (a surrogate for low-grade serous disease) were included in the analysis. RESULTS: Among the 3,686 enrolled participants, 189 had grade 1 disease. The median age was 56.5 years and 87.3% had stage III disease. The median follow-up time was 47.1 months. Stratification according to residual disease after primary surgery was microscopic residual in 24.9%, 0.1-1.0 cm of residual in 51.3%, and more than 1.0 cm of residual in 23.8%. On multivariate analysis, only residual disease status ($P=.006$) was significantly associated with survival. Patients with microscopic residual had a significantly longer median progression-free (33.2 months) and overall survival (96.9 months) compared with those with residual 0.1-1.0 cm (14.7 months and 44.5 months, respectively) and more than 1.0 cm of residual disease (14.1 months and 42.0 months, respectively; progression-free and overall survival, $P<.001$). After adjustment for other variables, patients with low-grade serous carcinoma with measurable residual disease had a similar adjusted hazard ratio for death (2.12; $P=.002$) as their high-grade serous carcinoma counterparts with measurable disease (2.31; $P<.001$). CONCLUSIONS: Surgical cytoreduction to microscopic residual was associated with improved progression-free and overall survival in women with advanced-stage low-grade serous ovarian carcinoma. CLINICAL TRIAL REGISTRATION: ClinicalTrials.gov, www.clinicaltrials.gov, NCT00011986. LEVEL OF EVIDENCE: : II.

TÍTULO / TITLE: - Carbon nanotube lipid drug approach for targeted delivery of a chemotherapy drug in a human breast cancer xenograft animal model.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Biomaterials. 2013 Sep 20. pii: S0142-9612(13)01090-9. doi: 10.1016/j.biomaterials.2013.09.007.

●● Enlace al texto completo (gratis o de pago)

1016/j.biomaterials.2013.09.007

AUTORES / AUTHORS: - Shao W; Paul A; Zhao B; Lee C; Rodes L; Prakash S

INSTITUCIÓN / INSTITUTION: - Biomedical Technology and Cell Therapy Research Laboratory, Department of Biomedical Engineering, Faculty of Medicine, McGill University, 3775 University Street, Montreal, Quebec H3A 2B4, Canada.

RESUMEN / SUMMARY: - Carbon nanotube (CNT) possesses excellent properties as a drug carrier. To overcome the challenge of drug functionalization with CNT, we have

developed a lipid-drug approach for efficient drug loading onto CNT, in which a long chain lipid molecule is conjugated to the drug molecule so that the lipid-drug can be loaded directly onto CNT through binding of the lipid 'tail' in the drug molecule to CNT surfaces via hydrophobic interactions. In a proof-of-concept study, drug paclitaxel (PTX) was conjugated with a non-toxic lipid molecule docosanol for functionalization with CNT. Folic acid was also conjugated to CNT for targeted drug delivery. High level of drug loading onto SWNT could be achieved by lipid-drug approach. Conjugation of FA to SWNT-lipid-PTX led to an increase in cell penetration capacity, and the targeted SWNT-lipid-PTX showed much improved drug efficacy in vitro in comparison to free drug Taxol and non-targeted SWNT-lipid-PTX at 48 h (78.5% vs. 31.6% and 59.1% in cytotoxicity respectively, $p < 0.01$). In vivo analysis using a human breast cancer xenograft mice model also confirmed the improved drug efficacy. The targeted SWNT-lipid-PTX was found non-toxic as evaluated by biochemical analysis using blood samples, and by histological analysis of major organs.

TÍTULO / TITLE: - MicroRNA-187, down-regulated in clear cell renal cell carcinoma and associated with lower survival, inhibits cell growth and migration through targeting B7-H3.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Biochem Biophys Res Commun. 2013 Aug 23;438(2):439-44. doi: 10.1016/j.bbrc.2013.07.095. Epub 2013 Jul 31.

●● Enlace al texto completo (gratis o de pago) [1016/j.bbrc.2013.07.095](#)

AUTORES / AUTHORS: - Zhao J; Lei T; Xu C; Li H; Ma W; Yang Y; Fan S; Liu Y

INSTITUCIÓN / INSTITUTION: - Foshan Maternal and Child Health Care Hospital, Foshan, China.

RESUMEN / SUMMARY: - Aberrantly expressed microRNAs (miRNAs) are frequently associated with the aggressive malignant behavior of human cancers, including clear cell renal cell carcinoma (ccRCC). Based on the preliminary deep sequencing data, we hypothesized that miR-187 may play an important role in ccRCC development. In this study, we found that miR-187 was down-regulated in both tumor tissue and plasma of ccRCC patients. Lower miR-187 expression levels were associated with higher tumor grade and stage. All patients with high miR-187 expression survived 5 years, while with low miR-187 expression, only 42% survived. Suppressed in vitro proliferation, inhibited in vivo tumor growth, and decreased motility were observed in cells treated with the miR-187 expression vector. Further studies showed that B7 homolog 3 (B7-H3) is a direct target of miR-187. Over-expression of miR-187 decreased B7-H3 mRNA level and repressed B7-H3-3'-UTR reporter activity. Knockdown of B7-H3 using siRNA resulted in similar phenotype changes as that observed for overexpression of miR-187. Our data suggest that miR-187 is emerging as a novel player in the disease state of ccRCC. miR-187 plays a tumor suppressor role in ccRCC.

TÍTULO / TITLE: - Pain in chemotherapy-induced neuropathy - More than neuropathic?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Pain. 2013 Aug 30. pii: S0304-3959(13)00491-0. doi: 10.1016/j.pain.2013.08.028.

●● Enlace al texto completo (gratis o de pago) [1016/j.pain.2013.08.028](#)

AUTORES / AUTHORS: - Geber C; Breimhorst M; Burbach B; Egenolf C; Baier B; Fechir M; Koerber J; Treede RD; Vogt T; Birklein F

INSTITUCIÓN / INSTITUTION: - Klinik und Poliklinik für Neurologie, Universitätsmedizin der Johannes Gutenberg-Universität, Mainz, Germany. Electronic address: geber@uni-mainz.de.

RESUMEN / SUMMARY: - Chemotherapy-induced neuropathy (CIN) is an adverse effect of chemotherapy. Pain in CIN might comprise neuropathic and nonneuropathic (ie, musculoskeletal) pain components, which might be characterized by pain patterns, electrophysiology, and somatosensory profiling. Included were 146 patients (100 female, 46 male; aged 56+/-0.8years) with CIN arising from different chemotherapy regimens. Patients were characterized clinically through nerve conduction studies (NCS) and quantitative sensory testing (QST). Questionnaires for pain (McGill) and anxiety/depression (Hospital Anxiety and Depression Scale) were supplied. Patients were followed-up after 17days. Large- (61%) and mixed- (35%) fibre neuropathies were more frequent than small-fibre neuropathy (1.4%). Chemotherapeutics impaired large- but not small-fibre function and did not predict painfulness. Chronic pain associated with CIN was reported in 41.7%. Painless and painful CIN did not differ in QST profiles or electrophysiological findings, but different somatosensory patterns were found in CIN subgroups (pain at rest [RestP], n=25; movement-associated pain [MovP], n=15; both pain characteristics [MovP+RestP], n=21; or no pain [NonP], n=85): small-fibre function (cold-detection threshold, CDT: z score: -1.46+/-0.21, P<0.01) was most impaired in RestP; mechanical hyperalgesia was exclusively found in MovP (z score: +0.81+/-0.30, P<0.05). "Anxiety" discriminated between painful and painless CIN; "CDT" and "anxiety" discriminated between patients with ongoing (RestP) and movement-associated pain (MovP) or pain components (MovP+RestP). The detrimental effect of chemotherapy on large fibres failed to differentiate painful from painless CIN. Patients stratified for musculoskeletal or neuropathic pain, however, differed in psychological and somatosensory parameters. This stratification might allow for the application of a more specific therapy.

TÍTULO / TITLE: - Management of contralateral axillary sentinel lymph nodes detected on lymphoscintigraphy for breast cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Oct;20(10):3317-22. doi: 10.1245/s10434-013-3151-y. Epub 2013 Aug 22.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3151-y](https://doi.org/10.1245/s10434-013-3151-y)

AUTORES / AUTHORS: - Lizarraga IM; Scott-Conner CE; Muzahir S; Weigel RJ; Graham MM; Sugg SL

INSTITUCIÓN / INSTITUTION: - Department of Surgery, University of Iowa Hospitals and Clinics, Iowa City, IA, USA, ingrid-lizarraga@uiowa.edu.

RESUMEN / SUMMARY: - BACKGROUND: Detection of a contralateral axillary sentinel lymph node (SLN) during lymphoscintigraphy for breast cancer is rare, and its significance and management are unclear. The purpose of this study was to review our experience and analyze our results together with similar patients in the literature to identify common characteristics and propose a management strategy. METHODS: A PubMed search was performed for articles describing patients in whom contralateral axillary drainage was identified on lymphoscintigraphy. Additionally, a chart review was performed of all patients who had lymphoscintigraphy for breast cancer at our institution. RESULTS: At our institution, two of 988 (0.3 %) consecutive patients were identified with contralateral axillary drainage on lymphoscintigraphy. Twenty-seven publications describing 105 patients with contralateral axillary drainage were found. This comprised our study group of 107 patients. Lymphoscintigraphy patterns varied depending on the history and type of prior surgery. A history of chest/axillary surgery was significantly associated with absence of an ipsilateral SLN ($p < 0.05$). This was observed in 84.2 % of patients with prior axillary lymph node dissection versus 33.3 % with prior SLN. Contralateral SLN biopsy was attempted in 85 patients (79.4 %); 22 (20.6 %) were positive for tumor. In 17 patients (15.9 %), the contralateral node was the only positive SLN. CONCLUSIONS: These findings suggest that contralateral uptake on lymphoscintigraphy, though rare (0.2 %), is clinically significant and such nodes should undergo excision. Because contralateral uptake is significantly associated with prior chest/axillary surgery, routine lymphoscintigraphy should be considered in this group, as it has potential to change disease stage and management.

TÍTULO / TITLE: - Complete Cytoreduction and HIPEC Improves Survival in Desmoplastic Small Round Cell Tumor.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Sep 18.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3269-y](https://doi.org/10.1245/s10434-013-3269-y)

AUTORES / AUTHORS: - Hayes-Jordan A; Green HL; Lin H; Owusu-Agyemang P; Fitzgerald N; Arunkumar R; Mejia R; Okhuysen-Cawley R; Mauricio R; Fournier K; Ludwig J; Anderson P

INSTITUCIÓN / INSTITUTION: - Department of Surgical Oncology, University of Texas, MD Anderson Cancer Center, Houston, TX, USA, ahjordan@mdanderson.org.

RESUMEN / SUMMARY: - BACKGROUND: Desmoplastic small round cell tumor (DSRCT) is a rare tumor of adolescents and young adults. Less than 100 cases per year are reported in North America. Extensive peritoneal metastases are characteristic of this disease. We performed cytoreductive surgery and hyperthermic peritoneal perfusion with chemotherapy (HIPEC) using cisplatin (CDDP) for DSRCT. METHODS: A retrospective cohort study was performed on 26 pediatric and adult patients who underwent cytoreduction/HIPEC using CDDP for DSRCT at a single cancer center. Neoadjuvant chemotherapy, adjuvant chemotherapy, and postoperative enteral nutrition were given to all patients. Postoperative radiation therapy was given to most patients. Follow-up was from 6 months to 6 years. Outcome variables were evaluated for disease-free and overall survival (OS). RESULTS: Five patients (19 %) were less than 12 years of age at surgery. Patients who had disease outside the abdomen at surgery had a larger risk of recurrence or death than those who did not ($p = 0.0158$, $p = 0.0393$ time from surgery to death respectively). Age, liver metastasis, and peritoneal cancer index level did not significantly predict disease-free or OS. Patients who had CR0 or CR1 and HIPEC had significantly longer median survival compared with patients who had HIPEC and CR2 cytoreduction (63.4 vs. 26.7 months). CONCLUSIONS: HIPEC may be an effective therapy for children and young adults with DSRCT. Patients with DSRCT require complete cytoreduction before HIPEC to optimize outcome. Patients with DSRCT and disease outside the abdomen at the time of surgery do not benefit from HIPEC.

TÍTULO / TITLE: - Discovering Combinatorial Interactions in Survival Data.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Bioinformatics. 2013 Sep 13.

●● [Enlace al texto completo \(gratis o de pago\) 1093/bioinformatics/btt532](#)

AUTORES / AUTHORS: - Duverle DA; Takeuchi I; Murakami-Tonami Y; Kadomatsu K; Tsuda K

INSTITUCIÓN / INSTITUTION: - Computational Biology Research Center, National Institute of Advanced Industrial Science and Technology, Tokyo, Japan.

RESUMEN / SUMMARY: - MOTIVATION: While several methods exist to relate high-dimensional gene expression data to various clinical phenotypes, finding combinations of features in such input remains a challenge, particularly when fitting complex statistical models such as those used for survival studies. RESULTS: Our proposed method builds on existing “regularisation path-following” techniques to produce regression models that can extract arbitrarily complex patterns of input features (such as gene combinations) from large-scale data that relate to a known clinical outcome. Through the use of the data’s structure and itemset mining techniques, we are able to avoid combinatorial complexity issues typically encountered with such methods and our algorithm performs in similar orders of duration as single-variable versions.

Applied to data from various clinical studies of cancer patient survival time, our method was able to produce a number of promising gene-interaction candidates whose tumour-related roles appear confirmed by literature. AVAILABILITY: An R implementation of the algorithm described in this paper can be found at <https://github.com/david-duverle/regularisation-path-following> CONTACT: dave.duverle@aist.go.jp.

TÍTULO / TITLE: - Real-time and label-free detection of the prostate-specific antigen in human serum by a polycrystalline silicon nanowire field-effect transistor biosensor.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Anal Chem. 2013 Aug 20;85(16):7912-8. doi: 10.1021/ac401610s. Epub 2013 Jul 30.

●● Enlace al texto completo (gratis o de pago) [1021/ac401610s](#)

AUTORES / AUTHORS: - Huang YW; Wu CS; Chuang CK; Pang ST; Pan TM; Yang YS; Ko FH

INSTITUCIÓN / INSTITUTION: - Department of Materials Science and Engineering, Chiao-Tung University, Hsinchu 300, Taiwan.

RESUMEN / SUMMARY: - In this research, we used a polycrystalline silicon nanowire field-effect transistor (poly-Si NWFET) as a biosensor that employs the sidewall spacer technique instead of an expensive electron beam lithography method. When compared with commercial semiconductor processes, the sidewall spacer technique has the advantages of simplicity and low cost. In this study, we employed a novel poly-Si NWFET device for real-time, label-free, and ultrahigh-sensitivity detection of prostate-specific antigen (PSA) in human serum. Since serum proteome is very complex containing high levels of salts and other interfering compounds, we hereby developed a standard operating procedure for real-sample pretreatment to keep a proper pH value and ionic strength of the desalted serum and also utilized Tween 20 to serve as the passivation agent by surface modification on the NWFET to reduce nonspecific binding for medical diagnostic applications. We first modified 3-aminopropyltriethoxysilane on the surface of a poly-Si nanowire device followed by glutaraldehyde functionalization, and the PSA antibodies were immobilized on the aldehyde terminal. While PSA was prepared in the buffers to maintain an appropriate pH value and ionic strength, the results indicated that the sensor could detect trace PSA at less than 5 fg/mL in a microfluidic channel. The novel poly-Si NWFET is developed as a diagnostic platform for monitoring prostate cancer and predicting the risk of early biochemical relapse.

TÍTULO / TITLE: - The impact of near-infrared light on dopaminergic cell survival in a transgenic mouse model of parkinsonism.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Brain Res. 2013 Oct 16;1535C:61-70. doi: 10.1016/j.brainres.2013.08.047. Epub 2013 Aug 30.

●● Enlace al texto completo (gratis o de pago) [1016/j.brainres.2013.08.047](https://doi.org/10.1016/j.brainres.2013.08.047)

AUTORES / AUTHORS: - Purushothuman S; Nandasena C; Johnstone DM; Stone J; Mitrofanis J

INSTITUCIÓN / INSTITUTION: - Discipline of Physiology, University of Sydney, Australia; Bosch Institute, University of Sydney, Australia.

RESUMEN / SUMMARY: - We have examined whether near-infrared light (Nir) treatment mitigates oxidative stress and increased expression of hyperphosphorylated tau in a tau transgenic mouse strain (K3) that has a progressive degeneration of dopaminergic cells in the substantia nigra pars compacta (SNc). The brains of wild-type (WT), untreated K3 and Nir-treated K3 mice, aged five months (thus after the onset of parkinsonian signs and neuropathology), were labelled immunohistochemically for the oxidative stress markers 4-hydroxynonenal (4-HNE) and 8-hydroxy-2'-deoxyguanosine (8-OHdG), hyperphosphorylated tau (using the AT8 antibody) and tyrosine hydroxylase (TH). The average intensity and area of 4-HNE, 8-OHdG and AT8 immunoreactivity were measured using the MetaMorph software and TH+ cell number was estimated using stereology. Our results showed immunoreactivity for 4-HNE, 8-OHdG and AT8 within the SNc was increased in K3 mice compared to WT, and that this increase was mitigated by Nir. Results further showed that TH+ cell number was lower in K3 mice than in WT, and that this loss was mitigated by Nir. In summary, Nir treatment reduced the oxidative stress caused by the tau transgene in the SNc of K3 mice and saved SNc cells from degeneration. Our results, when taken together with those in other models, strengthen the notion that Nir treatment saves dopaminergic cells in the parkinsonian condition.

TÍTULO / TITLE: - Re: ipsilateral adrenalectomy at the time of radical nephrectomy impacts overall survival.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Urol. 2013 Oct;190(4):1205-6. doi: 10.1016/j.juro.2013.06.048. Epub 2013 Jun 21.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.06.048](https://doi.org/10.1016/j.juro.2013.06.048)

AUTORES / AUTHORS: - Laguna MP

TÍTULO / TITLE: - RSK2-induced stress tolerance enhances cell survival signals mediated by inhibition of GSK3beta activity.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Biochem Biophys Res Commun. 2013 Sep 17. pii: S0006-291X(13)01513-1. doi: 10.1016/j.bbrc.2013.09.042.

●● Enlace al texto completo (gratis o de pago) [1016/j.bbrc.2013.09.042](https://doi.org/10.1016/j.bbrc.2013.09.042)

AUTORES / AUTHORS: - Lee CJ; Lee MH; Lee JY; Song JH; Lee HS; Cho YY

INSTITUCIÓN / INSTITUTION: - Integrated Research Institute of Pharmaceutical Sciences, College of Pharmacy, The Catholic University of Korea, 43 Jibong-ro, Wonmi-gu, Bucheon-si, Gyeonggi-do 420-743, Republic of Korea.

RESUMEN / SUMMARY: - Our previous studies demonstrated that RSK2 plays a key role in cell proliferation and transformation induced by tumor promoters such as epidermal growth factor (EGF) in mouse and human skin cells. However, no direct evidence has been found regarding the relationship of RSK2 and cell survival. In this study, we found that RSK2 interacted and phosphorylated GSK3beta at Ser9. Notably, GSK3beta phosphorylation at Ser9 was suppressed in RSK2^{-/-} MEFs compared with RSK2^{+/+} MEFs by stimulation of EGF and calcium ionophore A23187, a cellular calcium stressor. In proliferation, we found that RSK2 deficiency suppressed cell proliferation compared with RSK2^{+/+} MEFs. In contrast, GSK3beta^{-/-} MEFs induced the cell proliferation compared with GSK3beta^{+/+} MEFs. Importantly, RSK2^{-/-} MEFs were induced severe cellular morphology change by A23187 and enhanced G1/G0 and sub-G1 accumulation of the cell cycle phase compared with RSK2^{+/+} MEFs. The sub-G1 induction in RSK2^{-/-} MEFs by A23187 was correlated with increase of cytochrome c release, caspase-3 cleavage and apoptotic DNA fragmentation compared with RSK2^{+/+} MEFs. Notably, return back of RSK2 into RSK2^{-/-} MEFs restored A23187-induced morphological change, and decreased apoptosis, apoptotic DNA fragmentation and caspase-3 induction compared with RSK2^{-/-}/mock MEFs. Taken together, our results demonstrated that RSK2 plays an important role in stress-tolerance and cell survival, resulting in cell proliferation and cancer development.

TÍTULO / TITLE: - Contemporary management of regional nodes in penile cancer: improvement of survival?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Urol. 2013 Aug 2. pii: S0022-5347(13)05054-4. doi: 10.1016/j.juro.2013.07.088.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.07.088](https://doi.org/10.1016/j.juro.2013.07.088)

AUTORES / AUTHORS: - Djajadiningrat RS; Graafland NM; van Werkhoven E; Meinhardt W; Bex A; van der Poel HG; van Boven HH; Olmos RA; Horenblas S

INSTITUCIÓN / INSTITUTION: - Department of Urology, The Netherlands Cancer Institute, Amsterdam, The Netherlands.

RESUMEN / SUMMARY: - PURPOSE:: Management of regional nodes of penile squamous cell carcinoma (SCCp) has changed over time due to improved knowledge about diagnosis and treatment. In order to determine whether treatment changes of regional nodes have improved survival, we compared contemporary five-year cancer-specific survival (CSS) of SCCp patients with CSS of patients in previous cohorts. MATERIALS

AND METHODS:: In an observational cohort study of 1000 patients treated over a period of 56 years, 944 patients were eligible for analysis. Tumors were staged according to the 2009 TNM classification and patients were divided into four cohorts reflecting changes in clinical practice of regional nodes: 1956-1987, 1988-1993, 1994-2000 and 2001-2012. Kaplan-Meier survival curves with the log-rank test and Cox proportional hazards modeling were used to examine trends in five-year CSS.

RESULTS:: Five-year CSS of cN0-patients treated between 2001-2012 was 92% against 89% (1994-2000), 78% (1988-1993) and 85% (1956-1987). The five-year CSS has significantly improved since 1994, the year dynamic sentinel node biopsy was introduced: 91% (1994-2012) versus 82% (1956-1993) ($p=0.021$). This conclusion still holds after adjustment for pathological T-stage and grade of differentiation (HR 2.46, $p=0.01$). Extranodal extension (ENE), number of tumor-positive nodes and pelvic involvement in node-positive (pN+) patients were associated with worse five-year CSS.

CONCLUSIONS:: Despite less surgery on regional nodes, five-year CSS has improved in cN0-patients. Number of tumor-positive nodes, ENE and pelvic involvement are highly associated with worse cancer-specific survival in pN+ patients. In this group other treatment strategies are needed, as no improvement was observed.

TÍTULO / TITLE: - Comment on 'Beta-blockers increase response to chemotherapy via direct anti-tumour and anti-angiogenic mechanisms in neuroblastoma'

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Br J Cancer. 2013 Oct 1;109(7):2022-2023. doi: 10.1038/bjc.2013.497. Epub 2013 Aug 22.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.497](#)

AUTORES / AUTHORS: - Ji Y; Chen S

INSTITUCIÓN / INSTITUTION: - Division of Oncology, Department of Pediatric Surgery, West China Hospital of Sichuan University, 37# Guo-Xue-Xiang, Chengdu 610041, China.

TÍTULO / TITLE: - Long-term absolute and relative survival after aortic valve replacement: A prospective cohort study.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur J Anaesthesiol. 2013 Nov;30(11):695-703.

●● Enlace al texto completo (gratis o de pago) [1097/EJA.0b013e3283657829](#)

AUTORES / AUTHORS: - Lassnigg A; Hiesmayr M; Frantal S; Brannath W; Mouhieddine M; Presterl E; Isetta C; Bachmann LM; Andreas M; Seitelberger R; Schmidlin D

INSTITUCIÓN / INSTITUTION: - From the Department of Cardiothoracic and Vascular Anaesthesia and Intensive Care Medicine, University Hospital of Vienna (AL,MH,MM), Institute of Medical Statistics, Medical University of Vienna (SF,WB), Clinical Institute

of Infection Control and Hospital Epidemiology, University Hospital of Vienna, Vienna, Austria (EP), Anesthésie Réanimation Chirurgie Cardio-thoracique et Vasculaire, CHU Pierre Zobda-Quitman Fort de France, Martinique, France (CI), Horten Centre, University Hospital Zurich, Zurich, Switzerland (LMB), Department of Cardiac Surgery, University Hospital of Vienna, Vienna (MA), Department of Cardiac Surgery, University Hospital of Salzburg, Salzburg, Austria (RS), Anaesthesia and Intensive Care Medicine, Hirslanden Klinik Im Park, Zurich, Switzerland (DS).

RESUMEN / SUMMARY: - BACKGROUND: Aortic valve replacement is one of the most common cardiac surgical procedures, especially in elderly patients. Whether or not there is a net life gain over a long period of time is a matter for debate. OBJECTIVE: To compare survival of patients with that of the age, sex, and follow-up year-matched normal population (relative survival). DESIGN: Single-centre, prospectively collected data. SETTING: Tertiary care centre, Vienna, Austria. PATIENTS: We enrolled 1848 patients undergoing elective aortic valve replacement between 1997 and the end of 2008. INTERVENTIONS: None. MAIN OUTCOME MEASUREMENT: Relative survival at the end of 2011 as determined by relative Cox regression analysis. RESULTS: Sixty-nine patients (3.7%) died within the first 30 days. Another 70 patients (3.8%) died within the first year and 429 (23.2%) died during the remaining follow-up period. The longest follow-up period was 14 years (median, 5.8; interquartile range, 3.2 to 8.9). Medical risk indicators for relative survival were diabetes mellitus [hazard ratio 1.69, 95% confidence interval, CI 1.37 to 2.07, $P < 0.001$], pulmonary disease (hazard ratio 1.45, 95% CI 1.16 to 1.81, $P = 0.001$), history of atrial fibrillation (hazard ratio 1.35, 95% CI 1.10 to 1.66, $P = .005$) and angiotensin-converting enzyme inhibitor medication (hazard ratio 1.21, 95% CI 1.02 to 1.44, $P = 0.031$). Perioperative risk indicators were urgent surgery (hazard ratio 1.40, 95% CI 1.00 to 1.94, $P = 0.047$), resternotomy at 48 h or less (hazard ratio 1.87, 95% CI 1.29 to 2.70, $P = 0.001$), resternotomy at more than 48 h (hazard ratio 1.80, 95% CI 1.32 to 2.45, $P < 0.001$), blood transfusion (hazard ratio 1.06, 95% CI 1.01 to 1.12, $P = 0.018$) and renal replacement therapy (hazard ratio 2.02, 95% CI 1.41 to 2.90, $P < 0.001$). Relative survival was highest in the oldest age quartile (76 to 94 years) and lowest in the youngest (19 to 58 years) (hazard ratio 0.27, 95% CI 0.21 to 0.36; $P < 0.001$). CONCLUSION: Patients who survived the first year after aortic valve replacement had a similar chance of survival as the matched normal population. Relative survival benefit was higher in the oldest age quartile.

TÍTULO / TITLE: - Effect of hepatic arterial infusion chemotherapy of 5-fluorouracil and cisplatin for advanced hepatocellular carcinoma in the Nationwide Survey of Primary Liver Cancer in Japan.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Br J Cancer. 2013 Oct 1;109(7):1904-1907. doi: 10.1038/bjc.2013.542. Epub 2013 Sep 5.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.542](https://doi.org/10.1038/bjc.2013.542)

AUTORES / AUTHORS: - Nouse K; Miyahara K; Uchida D; Kuwaki K; Izumi N; Omata M; Ichida T; Kudo M; Ku Y; Kokudo N; Sakamoto M; Nakashima O; Takayama T; Matsui O; Matsuyama Y; Yamamoto K

INSTITUCIÓN / INSTITUTION: - Department of Molecular Hepatology, Okayama University Graduate School of Medicine, Dentistry, and Pharmaceutical Sciences, 2-5-1 Shikata-cho, Kita-ku, Okayama-city, Okayama, 700-8558, Japan.

RESUMEN / SUMMARY: - Background: The efficacy of hepatic arterial infusion chemotherapy for the treatment of advanced hepatocellular carcinoma (HCC) remains unclear. Methods: The outcome of 476 patients with HCC who underwent hepatic arterial infusion chemotherapy with 5-fluorouracil and cisplatin (HAIC) were compared with 1466 patients who did not receive active therapy. Results: A survival benefit of the therapy after adjusting for known risk factors was observed (hazard ratio, 0.48; 95% CI, 0.41-0.56; P<0.0001). In propensity score-matched analysis (n=682), median survival time was longer for patients who underwent chemotherapy (14.0 months) than for patients who did not receive active treatment (5.2 months, P<0.0001). Conclusion: For advanced HCC, HAIC is considered to be an effective treatment.

TÍTULO / TITLE: - Whole-tumour CT-perfusion of unresectable lung cancer for the monitoring of anti-angiogenic chemotherapy effects.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Br J Radiol. 2013 Sep;86(1029):20120174. doi: 10.1259/bjr.20120174. Epub 2013 Aug 1.

●● Enlace al texto completo (gratis o de pago) [1259/bjr.20120174](https://doi.org/10.1038/bjr.20120174)

AUTORES / AUTHORS: - Fraioli F; Anzidei M; Serra G; Liberali S; Fiorelli A; Zaccagna F; Longo F; Anile M; Catalano C

INSTITUCIÓN / INSTITUTION: - Department of Nuclear Medicine, University College London Hospitals, NHS Foundation Trust, London, UK. francesco.fraioli@nhs.net

RESUMEN / SUMMARY: - OBJECTIVE: To determine whether CT-perfusion (CT-p) can be used to evaluate the effects of chemotherapy and anti-angiogenic treatment in patients with non-small-cell lung carcinoma (NSCLC) and whether CT-p and standard therapeutic response assessment (RECIST) data obtained before and after therapy correlate. METHODS: 55 patients with unresectable NSCLC underwent CT-p before the beginning of therapy and 50 of them repeated CT-p 90 days after it. Therapeutic protocol included platinum-based doublets plus bevacizumab for non-squamous carcinoma and platinum-based doublets for squamous carcinoma. RECIST measurements and calculations of blood flow (BF), blood volume (BV), time to peak (TTP) and permeability surface (PS) were performed, and baseline and post-treatment measurements were tested for statistically significant differences. Baseline and follow-

up perfusion parameters were also compared based on histopathological subclassification (2004 World Health Organization Classification of Tumours) and therapy response assessed by RECIST. RESULTS: Tumour histology was consistent with large cell carcinoma in 14/50 (28%) cases, adenocarcinoma in 22/50 (44%) cases and squamous cell carcinoma in the remaining 14/50 (28%) cases. BF and PS differences for all tumours between baseline and post-therapy measurements were significant ($p=0.001$); no significant changes were found for BV ($p=0.3$) and TTP ($p=0.1$). The highest increase of BV was demonstrated in adenocarcinoma ($5.2\pm 34.1\%$), whereas the highest increase of TTP was shown in large cell carcinoma ($6.9\pm 22.4\%$), and the highest decrease of PS was shown in squamous cell carcinoma ($-21.5\pm 18.5\%$). A significant difference between the three histological subtypes was demonstrated only for BV ($p<0.007$). On the basis of RECIST criteria, 8 (16%) patients were classified as partial response (PR), 2 (4%) as progressive disease (PD) and the remaining 40 (80%) as stable disease (SD). Among PR, a decrease of both BF ($18\pm 9.6\%$) and BV ($12.6\pm 9.2\%$) were observed; TTP increased in 3 (37.5%) cases, and PS decreased in 6 (75%) cases. SD patients showed an increase of BF, BV, TTP and PS in 6 (15%), 21 (52.5%), 23 (57.5%) and 2 (5%) cases, respectively. PD patients demonstrated an increase of BF ($26\pm 0.2\%$), BV ($2.7\pm 0.1\%$) and TTP ($3.1\pm 0.8\%$) while only PS decreased ($23\pm 0.2\%$). CONCLUSION: CT-p can adequately evaluate therapy-induced alterations in NSCLC, and perfusion parameters correlate with therapy response assessment performed with RECIST criteria. ADVANCES IN KNOWLEDGE: Evaluating perfusional parameters, CT-p can demonstrate therapy-induced changes in patients with different types of lung cancer and identify response to treatment with excellent agreement to RECIST measurements.

TÍTULO / TITLE: - Pharmacological profiling of phosphoinositide-3-kinase inhibitors as mitigators of ionizing radiation-induced cell death.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Pharmacol Exp Ther. 2013 Sep 25.

●● Enlace al texto completo (gratis o de pago) [1124/jpet.113.208421](#)

AUTORES / AUTHORS: - Lazo JS; Sharlow ER; Epperly MW; Lira A; Leimgruber S; Skoda EM; Wipf P; Greenberger JS

INSTITUCIÓN / INSTITUTION: - University of Virginia;

RESUMEN / SUMMARY: - Ionizing radiation (IR) induces genotoxic stress that triggers adaptive cellular responses, such as activation of the phosphoinositide-3-kinase (PI3K)/Akt signaling cascade. Pluripotent cells are the most important population affected by IR because they are required for cellular replenishment. Despite the clear danger to large population centers, we still lack safe and effective therapies to abrogate the life-threatening effects of any accidental or intentional IR exposure. Therefore, we computationally analyzed the chemical structural similarity of previously

published small molecules that, when given after IR, mitigate cell death and found one chemical cluster that was populated with PI3K inhibitors. Subsequently, we evaluated structurally diverse PI3K inhibitors. Remarkably, 9 of 14 PI3K inhibitors mitigated gammaIR-induced death in pluripotent NCCIT cells as measured by caspase 3/7 activation. A single i.p. dose of LY294002, administered to mice 4 or 24 h, or PX-867, administered 4 h after a lethal dose of gammaIR, significantly ($p < 0.02$) enhanced in vivo survival. Because cell cycle checkpoints are important regulators of cell survival after IR, we examined cell cycle distribution in NCCIT cells after gammaIR and PI3K inhibitor treatment. LY294002 and PX-867 treatment of nonirradiated cells produced a marked decrease in S phase cells with a concomitant increase in the G1 population. In irradiated cells, LY294002 and PX-867 treatment also decreased S phase and increased the G1 and G2 populations. Treatment with LY294002 or PX-867 decreased gammaIR-induced DNA damage as measured by gammaH2AX, suggesting reduced DNA damage. These results indicate pharmacological inhibition of PI3K after IR abrogated cell death.

TÍTULO / TITLE: - Lymph Node Counts and Ratio in Axillary Dissections Following Neoadjuvant Chemotherapy for Breast Cancer: A Better Alternative to Traditional pN Staging.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Sep 7.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3245-6](#)

AUTORES / AUTHORS: - Chen S; Liu Y; Huang L; Chen CM; Wu J; Shao ZM

INSTITUCIÓN / INSTITUTION: - Department of Breast Surgery, Shanghai Cancer Center/Cancer Institute, Fudan University, Shanghai, People's Republic of China.

RESUMEN / SUMMARY: - BACKGROUND: Neoadjuvant chemotherapy (NCT) for breast cancer might change the number of involved and detected nodes in axillary lymph node dissections (ALND). In this study, we analyzed whether the number of dissected nodes and the lymph node ratio (LNR, defined as the proportion of involved nodes in dissected nodes) would have a better prognostic value than traditional pN staging. METHODS: A total of 569 patients with stage II, III breast cancer were included in this retrospective study. All patients underwent a median of three cycles of NCT followed by mastectomy and ALND. Clinical and pathological variables were investigated using univariate and multivariate survival analyses. RESULTS: In post-NCT node-negative (LN-) patients, those with 4-9 dissected nodes experienced a significantly lower relapse-free survival (RFS) compared with those with 10 or more dissected nodes (hazard ratio = 0.19, 0.41, for 10-19 nodes, 20+ nodes, respectively; 4-9 nodes as the reference; $P = 0.002$). In post-NCT node-positive (LN+) patients, a lower LNR was correlated with a better RFS on multivariate analysis, and pN staging failed to show independent prognostic significance when the LNR was included in the Cox regression model (hazard ratio = 4.2, 2.97, 2.24, and 1.68 for LNR 81-100, 61-80, 41-60; and 21-40 %,

respectively; LNR 0-20 % as the reference. $P < 0.001$). In addition, there were significant differences in the estimated 5-year RFS for pN1 ($P = 0.043$) and pN3 patients ($P = 0.03$) among the different LNR subgroups. CONCLUSIONS: Our study has provided new evidence that the number of dissected nodes (in LN- patients) and the LNR (in LN+ patients) might be a complementary or alternative method to traditional pN staging when evaluating disease after primary treatment.

TÍTULO / TITLE: - Postoperative enteral nutrition improves survival after orthotopic small bowel transplantation in mice.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Transplant Proc. 2013 Jul-Aug;45(6):2543-5. doi: 10.1016/j.transproceed.2013.02.121.

●● Enlace al texto completo (gratis o de pago)

[1016/j.transproceed.2013.02.121](#)

AUTORES / AUTHORS: - Wang J; Li Y; Li J

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Jinling Hospital, Nanjing University School of Medicine, Nanjing, China.

RESUMEN / SUMMARY: - BACKGROUND: The aim of this study was to assess the effect postoperative enteral nutrition support on the survival after orthotopic small bowel transplantation in mice. METHODS: A model of orthotopic small bowel transplantation used C57BL/6 mice as both donors and recipients. RESULTS: We demonstrated that postoperative ileus was the deciding complication after transplantation. Postoperative enteral nutritional support resolved this problem and significantly improved survival and growth rates after transplantation. CONCLUSION: These data suggest the importance of routine nutritional support after orthotopic small bowel transplantation in mice.

TÍTULO / TITLE: - Senescence-associated protein p400 is a prognostic marker in renal cell carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Oncol Rep. 2013 Nov;30(5):2245-53. doi: 10.3892/or.2013.2698. Epub 2013 Aug 26.

●● Enlace al texto completo (gratis o de pago) [3892/or.2013.2698](#)

AUTORES / AUTHORS: - Macher-Goeppinger S; Bermejo JL; Schirmacher P; Pahernik S; Hohenfellner M; Roth W

INSTITUCIÓN / INSTITUTION: - Institute of Pathology, University Hospital of Heidelberg, D-69120 Heidelberg, Germany.

RESUMEN / SUMMARY: - Mutations of the von Hippel-Lindau (VHL) tumor suppressor gene cause hereditary and sporadic renal cell carcinomas (RCCs). The best

characterized function of VHL protein is suppression of the alpha subunit of hypoxia inducible factor (HIF). Additional VHL functions have been reported, including induction of senescence upon loss of VHL mediated by downregulation of the chromatin remodeling factor p400. Induction of senescence either by oncogene activation or inactivation of tumor suppressors is considered a critical feature of mammalian cells by which to suppress tumorigenesis. In the present study, we investigated the relationship between the expression of p400 and patient survival following RCC diagnosis taking advantage of a large and well-documented series of RCC patients with long-term follow-up information. The expression of p400 was measured by immunohistochemistry using a tissue microarray containing tumor tissue samples from 868 RCC patients. Chi-squared tests, Kaplan-Meier curves, Cox regression models and Spearman's rank correlation estimates were used to investigate the possible relationship between p400 expression and Ki-67 proliferative index, clinical and pathological characteristics and patient survival. Complete loss of p400 expression was detected in 64% of all tumor specimens, and decreased p400 expression was associated with advanced tumor stage, higher grade of malignancy and regional lymph node metastasis. Among well-differentiated RCCs, high proliferation (Ki-67 index >10) was found in 12% of carcinomas with an increased p400 expression, compared to 5% of RCCs with decreased p400 expression. Multiple Cox regression indicated that patients with low proliferative tumors and increased p400 expression had a 60% lower cancer-specific mortality risk compared to those affected by low proliferative RCCs with decreased p400 expression. In summary, patients affected by highly proliferative tumors with decreased p400 expression exhibit a poor prognosis by multiple Cox regression. Our data suggest that the highly proliferative, decreased-p400 subgroup of RCCs represents tumors that are characterized by a loss of the tumor-suppressive mechanism of senescence.