

#15#

Revisiones (todas) *** Reviews (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: - 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](https://doi.org/10.1111/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: - 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](https://doi.org/10.1097/01.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](#)

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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: - Use of EORTC Target Definition Guidelines for Dose-Intensified Salvage Radiation Therapy for Recurrent Prostate Cancer: Results of the Quality Assurance Program of the Randomized Trial SAKK 09/10.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Nov 1;87(3):534-41. doi: 10.1016/j.ijrobp.2013.06.2053. Epub 2013 Aug 22.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijrobp.2013.06.2053](#)

AUTORES / AUTHORS: - Sassowsky M; Gut P; Holscher T; Hildebrandt G; Muller AC; Najafi Y; Kohler G; Kranzbuhler H; Guckenberger M; Zwahlen DR; Azinwi NC; Plasswilm L; Takacs I; Reuter C; Sumila M; Manser P; Ost P; Bohmer D; Pilop C; Aebbersold DM; Ghadjar P

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology and Division of Medical Radiation Physics, Bern University Hospital, Switzerland.

RESUMEN / SUMMARY: - **PURPOSE:** Different international target volume delineation guidelines exist and different treatment techniques are available for salvage radiation therapy (RT) for recurrent prostate cancer, but less is known regarding their respective applicability in clinical practice. **METHODS AND MATERIALS:** A randomized phase III trial testing 64 Gy vs 70 Gy salvage RT was accompanied by an intense quality assurance program including a site-specific and study-specific questionnaire and a dummy run (DR). Target volume delineation was performed according to the European Organisation for the Research and Treatment of Cancer guidelines, and a DR-based treatment plan was established for 70 Gy. Major and minor protocol deviations were noted, interobserver agreement of delineated target contours was assessed, and dose-volume histogram (DVH) parameters of different treatment techniques were compared. **RESULTS:** Thirty European centers participated, 43% of which were using 3-dimensional conformal RT (3D-CRT), with the remaining centers using intensity modulated RT (IMRT) or volumetric modulated arc technique (VMAT). The first submitted version of the DR contained major deviations in 21 of 30 (70%) centers, mostly caused by inappropriately defined or lack of prostate bed (PB). All but 5 centers completed the DR successfully with their second submitted version. The interobserver agreement of the PB was moderate and was improved by the DR review, as indicated by an increased kappa value (0.59 vs 0.55), mean sensitivity (0.64 vs 0.58), volume of total agreement (3.9 vs 3.3 cm³), and decrease in the union volume (79.3 vs 84.2 cm³). Rectal and bladder wall DVH parameters of IMRT and VMAT vs 3D-CRT plans were not significantly different. **CONCLUSIONS:** The interobserver agreement of PB delineation was moderate but was improved by the DR. Major deviations could be identified for the majority of centers. The DR has improved the acquaintance of the participating centers with the trial protocol.

TÍTULO / TITLE: - Do implantable cardioverter defibrillators improve survival in patients with chronic kidney disease at high risk of sudden cardiac death? A meta-analysis of observational studies.

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

REVISTA / JOURNAL: - Europace. 2013 Sep 20.

●● Enlace al texto completo (gratis o de pago) [1093/europace/eut277](https://doi.org/10.1093/europace/eut277)

AUTORES / AUTHORS: - Makki N; Swaminathan PD; Hanmer J; Olshansky B

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, University of Iowa, 200 Hawkins Drive, Room 4426^a JCP, Iowa City, IA 52242, USA.

RESUMEN / SUMMARY: - AIMS: Prospective randomized clinical trials show that implantable cardioverter defibrillators (ICDs) can reduce the risk of total mortality in select populations. However, data regarding patients with chronic kidney disease (CKD) are inconclusive. The aim of this study was to evaluate if ICDs affect total mortality in CKD patients at high risk of sudden cardiac death. METHODS AND RESULTS: Two separate meta-analyses were performed to (i) assess the effect of ICD on all-cause mortality in CKD patients at high risk of sudden cardiac death and (ii) assess the effect of CKD on all-cause mortality in patients who already had an ICD for primary or secondary prevention purposes. Medline and EMBASE were searched from 1966 to 2013. A manual search by cross-referencing was performed. Five observational studies with 17 460 CKD patients considered at high risk of sudden cardiac death were included to evaluate the effect of ICDs on patients with severe CKD. Patients with ICD implants had a reduction in all-cause mortality (adjusted hazard ratio (HR) = 0.65, 95% confidence interval (CI) = 0.47-0.91, P < 0.05) compared with a matched control group. Based on 15 observational studies with 5233 patients as part of our second comparison that evaluated the effect of CKD on patients who received an ICD, CKD was associated with higher mortality risk (HR = 2.86, 95% CI = 1.91-4.27, P < 0.05) despite an ICD. CONCLUSION: The meta-analysis indicates that for patients undergoing ICD implant, CKD is associated with greater risk of dying. However, ICD placement reduces mortality in CKD patients at high risk of sudden cardiac death.

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](https://doi.org/10.1007/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: - Targeted therapies and complete responses in first line treatment of metastatic renal cell carcinoma. A meta-analysis of published trials.

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

REVISTA / JOURNAL: - Cancer Treat Rev. 2013 Sep 11. pii: S0305-7372(13)00192-8. doi: 10.1016/j.ctrv.2013.09.003.

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

AUTORES / AUTHORS: - Iacovelli R; Alesini D; Palazzo A; Trenta P; Santoni M; De Marchis L; Cascinu S; Naso G; Cortesi E

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RESUMEN / SUMMARY: - Antiangiogenic agents (AAs) have reported greater efficacy compared to interferon. Despite these advances, radiological complete response to therapy is rare. We meta-analyzed the incidence of complete response in patients treated with AAs and in controls in main randomized clinical trials for first-line therapy in metastatic renal cell carcinoma. PubMed was reviewed for phase II-III randomized

clinical trials with AAs vs. non-AAs in patients with good or intermediate prognosis. We calculated the relative risk of events in patients assigned to AAs compared to control. Five RCTs were found; four were phase III and one was phase II. A total of 2747 patients was valuable for final analysis and randomized to receive AAs or control. Patients in the control-group had interferon (85%) or placebo (15%); patients in the AAs-group received bevacizumab (48%), sunitinib (26%), pazopanib (20%) or sorafenib (6%). The incidence of complete response in patients treated with AAs was 2.0% (95% CI, 1.2-2.8) compared to 1.4% (95% CI, 0.7-2.1) in the control arm. Comparing the different type of AAs, the incidence of complete response was 2.5% (95% CI, 1.2-3.8) in the bevacizumab group and 1.6% (95% CI, 0.1-2.5) in the TKIs group. The relative risk to have a complete response was 1.52 (95% CI, 0.85-2.73; p=0.16) in patients treated with AAs compared to controls; this was found higher in patients treated with TKIs compared to bevacizumab. The complete response is a rare event in metastatic kidney tumor, even if AAs reported greater efficacy in terms of progression-free survival and of overall response rate, they did not increase the curative rate of metastatic disease. Probably, some biologic factors other than angiogenesis may influence the complete response in this disease.

TÍTULO / TITLE: - Renal adenocarcinoma presenting as a spontaneous perirenal hematoma in a patient on warfarin therapy—case report and literature review.

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

REVISTA / JOURNAL: - Coll Antropol. 2013 Jun;37(2):629-32.

AUTORES / AUTHORS: - Tomic M; Ulamec M; Trnski D; Dimanovski J; Spajic M; Tomas D; Kruslin B; Spajic B

INSTITUCIÓN / INSTITUTION: - University of Zagreb, “Sestre milosrdnice” University Hospital Center, Clinical Department of Urology, Zagreb, Croatia.

RESUMEN / SUMMARY: - We are presenting a rare case of a spontaneous extensive perirenal hematoma caused by ruptured renal adenocarcinoma in a patient who was on warfarin therapy because she had atrial fibrillation and three myocardial infarctions. A 77-year-old woman was admitted to our department with acute right flank pain and hemorrhagic shock. The anamnestic data revealed no trauma and hematuria. Abdominal ultrasonography and computed tomography scan showed large retroperitoneal hematoma. The patient underwent urgent surgery and radical nephrectomy was performed. A large retroperitoneal hematoma was found originating from a ruptured renal neoplasm in the upper pole of the right kidney. The pathohistological diagnosis was chromophobe renal cell carcinoma. The clinical, diagnostic and therapeutic peculiarities of this rare condition are presented, along with the literature review on the topic.

TÍTULO / TITLE: - Extended versus Non-extended Pelvic Lymph Node Dissection and Their Influence on Recurrence-free Survival in Patients Undergoing Radical Cystectomy for Bladder Cancer: A systematic Review and Meta-analysis of Comparative Studies.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jul 19. doi: 10.1111/bju.12371.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12371](#)

AUTORES / AUTHORS: - Fan X; Huang H; Bi L; Li K; Xu K; Jiang C; Liu H; Dong W; Zhang S; Yang X; Lin T; Huang J

INSTITUCIÓN / INSTITUTION: - Department of Urology, Sun Yat-sen Memorial Hospital, Sun Yat-sen University, Guangzhou, China; Key Laboratory of Malignant Tumor Gene Regulation and Target Therapy of Guangdong Higher Education Institutes, Sun Yat-sen University, Guangzhou, China.

RESUMEN / SUMMARY: - **OBJECTIVE:** To compare extended versus non-extended PLND and their influence on recurrence-free survival (RFS) in patient undergoing radical cystectomy for bladder cancer. **METHODS:** Through a comprehensive searching of PubMed, Embase, and the Cochrane Library databases in September 2012, we performed a systematic review and cumulative meta-analysis of all comparative studies assessing the extent of PLND and its influence on RFS. **RESULTS:** Six studies including 2824 patients were identified. On overall analysis, a significantly better RFS was observed in extended PLND (e-PLND) compared with non e-PLND (HR: 0.65; p 0.001). On subgroup analysis, compared with non e-PLND, e-PLND was associated with better RFS for both lymph node negative (LN-) (HR: 0.68; p = 0.007) and positive (LN+) (HR: 0.58; p0.001) patients. When stratified by pathologic T stage, e-PLND could provide additional RFS benefits for pT3-4 patients (HR: 0.61; p0.001), but not for </=pT2 patients (HR: 0.95; p = 0.81). **CONCLUSIONS:** The results of this meta-analysis indicate that e-PLND provides more RFS benefit compared with non e-PLND. On subgroup analysis, e-PLND provides better RFS for not only LN+ patients, pT3-4 patients, but also LN- patients. Two RCTs are awaited to provide more clinically meaningful results for this topic.

TÍTULO / TITLE: - The current status of tailor-made medicine with molecular biomarkers for patients with clear cell renal cell carcinoma.

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

REVISTA / JOURNAL: - Clin Exp Metastasis. 2013 Aug 20.

●● Enlace al texto completo (gratis o de pago) [1007/s10585-013-9612-7](#)

AUTORES / AUTHORS: - Shoji S; Nakano M; Sato H; Tang XY; Osamura YR; Terachi T; Uchida T; Takeya K

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RESUMEN / SUMMARY: - Appropriate use of multiple reliable molecular biomarkers in the right context will play a role in tailor-made medicine of clear cell renal cell carcinoma (RCC) patients in the future. A total of 11,056 patients from 53 studies were included in this review. The article numbers of the each evidence levels, using the grading system defined by the Oxford Centre for Evidence-based Medicine, in 1b, 2^a, 2b, and 3b were 5 (9 %), 18 (34 %), 29 (55 %), and 1 (2 %), respectively. The main goal of using biomarkers is to refine predictions of tumor progression, pharmacotherapy responsiveness, and cancer-specific and/or overall survival. Currently, carbonic anhydrase (CA9) and vascular endothelial growth factor (VEGF) in peripheral blood and p53 in tumor tissues are measured to predict metastasis, while VEGF-related proteins in peripheral blood are used to assess pharmacotherapy responsiveness with sunitinib. Furthermore, interleukin 8, osteopontin, hepatocyte growth factor, and tissue inhibitors of metalloproteinases-1 in peripheral blood enable assessment of responsiveness to pazopanib treatment. Other reliable molecular biomarkers include von Hippel-Lindau gene alteration, hypoxia-inducible factor-1alpha, CA9, and survivin in tumor tissues and VEGF in peripheral blood for predicting cancer-specific survival. In the future, studies should undergo external validation for developing tailored management of clear cell RCC with molecular biomarkers, since individual institutional studies lack the generalization and consistency required to maintain accuracy among different patient series.

TÍTULO / TITLE: - Variation in Treatment Recommendations of Adjuvant Radiation Therapy for High-risk Prostate Cancer by Physician Specialty.

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

REVISTA / JOURNAL: - Urology. 2013 Oct;82(4):807-13. doi: 10.1016/j.urology.2013.04.060. Epub 2013 Aug 1.

●● Enlace al texto completo (gratis o de pago) 1016/j.urology.2013.04.060

AUTORES / AUTHORS: - Kim SP; Tilburt JC; Karnes RJ; Ziegenfuss JY; Han LC; Shah ND; Frank I; Smaldone MC; Gross CP; Yu JB; Trinh QD; Sun M; O'Malley RL; Nguyen PL

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RESUMEN / SUMMARY: - OBJECTIVE: To assess the treatment recommendations from a nationally representative sample of radiation oncologists and urologists on adjuvant radiotherapy for patients with pathologically advanced prostate cancer after radical prostatectomy. METHODS: From a random sample of 1422 physicians (n = 711 radiation oncologists; n = 711 urologists) in the American Medical Association Masterfile, a mail survey queried treatment recommendations for adjuvant radiotherapy that varied by the following pathologic features: extraprostatic extension (pT3a) vs seminal vesicle invasion (pT3b), Gleason 7 vs Gleason 8-10, and margin negative (MN) vs margin positive (MP). Pearson chi-square and multivariable logistic

regression were used to test for differences in treatment recommendations by physician specialty. RESULTS: Response rates for radiation oncologists and urologists were similar (44% vs 46%; P = .42). Radiation oncologists were more likely to recommend adjuvant radiotherapy than urologists for all the varying pathologic scenarios from pT3a, Gleason 7, and MN (42.5% vs 9.7%; adjusted odds ratio [OR]: 7.82, P <.001) to pT3b, Gleason 8-10, and MP disease (94.5% vs 89.1%, adjusted OR: 2.46, P <.001). Compared with radiation oncologists, urologists were more likely to recommend salvage radiotherapy pT3a, Gleason 7, and MN (90.3% vs 57.7%; adjusted OR: 7.72, P <.001) to pT3b, Gleason 8-10, and MP disease (10.9% vs 5.5%; adjusted OR: 2.22, P <.001). CONCLUSION: In this national survey, radiation oncologists and urologists have markedly different treatment recommendations for adjuvant and salvage radiotherapy. Patients with adverse pathologic features after radical prostatectomy should consult with both a urologist and radiation oncologist to hear a diversity of opinions to make the most informed decision possible.

TÍTULO / TITLE: - Small molecule targeted therapies for the second-line treatment for metastatic renal cell carcinoma: a systematic review and indirect comparison of safety and efficacy.

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

REVISTA / JOURNAL: - J Cancer Res Clin Oncol. 2013 Sep 14.

●● Enlace al texto completo (gratis o de pago) [1007/s00432-013-1510-5](#)

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RESUMEN / SUMMARY: - BACKGROUND: Patients with metastatic renal cell carcinoma (mRCC) and a good performance status typically receive an anti-vascular endothelial growth factor receptor (VEGFR) TKI (sunitinib or pazopanib) as initial therapy. Upon disease progression or intolerance, there are four orally administered agents approved in the second-line setting (including cytokine-refractory). However, head-to-head comparative trial data are limited. In this study, an indirect statistical comparison of safety and efficacy was undertaken between axitinib, sorafenib, pazopanib and everolimus in second-line therapy mRCC. METHODS: A systematic review of major databases was conducted from January 2005 to June 2013 for randomized controlled trials (RCTs) evaluating at least one of the four agents in second-line mRCC. Bayesian mixed treatment comparison models were fitted to assess relative effectiveness on multiple endpoints such as objective response rates, dose-limiting grade III/IV toxicities, treatment discontinuations and progression-free survival (PFS). RESULTS: Four RCTs met the inclusion criteria. All four agents seem able to induce tumor shrinkage and to provide patients with a clinically meaningful PFS benefit. Axitinib was superior to pazopanib [hazard ratio (HR) 0.64; 95 % credible interval (95 % CrI) 0.42-

0.96] and sorafenib (HR 0.70; 95 % CrI 0.57-0.87) in terms of PFS. However, axitinib was associated with an elevated risk of fatigue and to a lesser extent stomatitis. CONCLUSIONS: Keeping in mind the caveats associated with cross-trial statistical comparisons, axitinib provides superior PFS relative to pazopanib and sorafenib. Everolimus, an mammalian target of rapamycin inhibitor, is mechanistically distinct from the other agents and remains a useful option for patient's post-anti-VEGFR TKI failure.

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](#)

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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: - The role of elective pelvic radiotherapy in clinically node-negative prostate cancer: A systematic review.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Aug 27. pii: S0167-8140(13)00330-7. doi: 10.1016/j.radonc.2013.06.046.

●● Enlace al texto completo (gratis o de pago) [1016/j.radonc.2013.06.046](#)

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RESUMEN / SUMMARY: - The role of elective radiotherapy of the pelvic nodal regions in clinically node-negative prostate cancer patients remains highly controversial. This review will address the difficulty of non-invasive nodal staging, even with more advanced imaging techniques, and will show that surgical staging still finds a relatively high percentage of patients with intermediate- or high-risk prostate cancer that have microscopic tumor invasion in the pelvic nodes. Finally, an overview of the current literature on elective pelvic irradiation will be provided.

TÍTULO / TITLE: - Handling and Staging of Renal Cell Carcinoma: The International Society of Urological Pathology Consensus (ISUP) Conference Recommendations.

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

REVISTA / JOURNAL: - Am J Surg Pathol. 2013 Oct;37(10):1505-1517.

AUTORES / AUTHORS: - Trpkov K; Grignon DJ; Bonsib SM; Amin MB; Billis A; Lopez-Beltran A; Samaratunga H; Tamboli P; Delahunt B; Egevad L; Montironi R; Srigley JR

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RESUMEN / SUMMARY: - The International Society of Urologic Pathology 2012 Consensus Conference on renal cancer, through working group 3, focused on the issues of staging and specimen handling of renal tumors. The conference was preceded by an online

survey of the International Society of Urologic Pathology members, and the results of this were used to inform the focus of conference discussion. On formal voting a $\geq 65\%$ majority was considered a consensus agreement. For specimen handling it was agreed that with radical nephrectomy specimens the initial cut should be made along the long axis and that both radical and partial nephrectomy specimens should be inked. It was recommended that sampling of renal tumors should follow a general guideline of sampling 1 block/cm with a minimum of 3 blocks (subject to modification as needed in individual cases). When measuring a renal tumor, the length of a renal vein/caval thrombus should not be part of the measurement of the main tumor mass. In cases with multiple tumors, sampling should include at a minimum the 5 largest tumors. There was a consensus that perinephric fat invasion should be determined by examining multiple perpendicular sections of the tumor/perinephric fat interface and by sampling areas suspicious for invasion. Perinephric fat invasion was defined as either the tumor touching the fat or extending as irregular tongues into the perinephric tissue, with or without desmoplasia. It was agreed upon that renal sinus invasion is present when the tumor is in direct contact with the sinus fat or the loose connective tissue of the sinus, clearly beyond the renal parenchyma, or if there is involvement of any endothelium-lined spaces within the renal sinus, regardless of the size. When invasion of the renal sinus is uncertain, it was recommended that at least 3 blocks of the tumor-renal sinus interface should be submitted. If invasion is grossly evident, or obviously not present (small peripheral tumor), it was agreed that only 1 block was needed to confirm the gross impression. Other recommendations were that the renal vein margin be considered positive only when there is adherent tumor visible microscopically at the actual margin. When a specimen is submitted separately as "caval thrombus," the recommended sampling strategy is to take 2 or more sections to look for the adherent caval wall tissue. It was also recommended that uninvolved renal parenchyma be sampled by including normal parenchyma with tumor and normal parenchyma distant from the tumor. There was consensus that radical nephrectomy specimens should be examined for the purpose of identifying lymph nodes by dissection/palpation of the fat in the hilar area only; however, it was acknowledged that lymph nodes are found in $<10\%$ of radical nephrectomy specimens.

TÍTULO / TITLE: - Prostate-specific antigen and prostate cancer mortality: a systematic review.

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

REVISTA / JOURNAL: - Am J Prev Med. 2013 Sep;45(3):318-26. doi: 10.1016/j.amepre.2013.04.015.

●● Enlace al texto completo (gratis o de pago) [1016/j.amepre.2013.04.015](https://doi.org/10.1016/j.amepre.2013.04.015)

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RESUMEN / SUMMARY: - CONTEXT: Although findings from recently published clinical trials and a review from the U.S. Preventive Services Task Force suggest that there is limited to no prostate cancer mortality benefit associated with prostate-specific antigen (PSA) screening, confusion remains as to whether the use of PSA as a screening tool for prostate cancer is warranted. EVIDENCE ACQUISITION: A systematic literature review was done in 2012 to identify case-control studies from the past 20 years that focused on evaluating the association between screening for prostate cancer and prostate cancer mortality. Emphasis was put on synthesizing the results of these studies, evaluating their limitations, and identifying remaining questions and issues that should be addressed in future studies. EVIDENCE SYNTHESIS: A total of seven studies were identified in this time period, with the majority suggesting that a reduction in prostate cancer mortality is associated with PSA screening. However, the findings may be limited by various biases inherent to case-control studies of screening tests, such as selection biases resulting from both case and control subject selection, exposure measurement issues, lead and length biases, and issues specific to prostate cancer screening such as the influence of digital rectal examinations. CONCLUSIONS: Findings from existing case-control studies of PSA and prostate cancer mortality suggest that there is a mortality benefit from PSA screening. However, these studies may be limited by bias and must therefore be interpreted with caution. As uncertainty regarding PSA screening remains, future studies to evaluate the association between PSA and prostate cancer mortality should address these potential biases directly.

TÍTULO / TITLE: - Guidelines on processing and reporting of prostate biopsies: the 2013 update of the pathology committee of the European Randomized Study of Screening for Prostate Cancer (ERSPC).

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

REVISTA / JOURNAL: - Virchows Arch. 2013 Sep;463(3):367-77. doi: 10.1007/s00428-013-1466-5. Epub 2013 Aug 6.

●● Enlace al texto completo (gratis o de pago) [1007/s00428-013-1466-5](https://doi.org/10.1007/s00428-013-1466-5)

AUTORES / AUTHORS: - Van der Kwast T; Bubendorf L; Mazerolles C; Raspollini MR; Van Leenders GJ; Pihl CG; Kujala P

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RESUMEN / SUMMARY: - The histopathological examination of a prostate biopsy is the basis of prostate cancer diagnostics. Prostate cancer grade and extent of cancer in the diagnostic biopsy are important determinants of patient management. Quality of the

prostate biopsy and its processing may influence the outcome of the histopathological evaluation. Further, an unambiguous and concise pathology reporting is essential for an appropriate clinical decision process. Since our initial report in 2003, there have been several practice changes, including the increased uptake of follow-up biopsies of patients who are under active surveillance, increasingly taken under guidance of MRI, or who underwent a prostate-sparing therapy. Therefore, we investigated the literature on the current pathology practices and recommendations with regard to prostate biopsy processing and reporting, both at initial diagnosis and in the context of follow-up biopsies in order to update our guidelines on the optimal processing and reporting of prostate biopsies.

TÍTULO / TITLE: - Fast Track Surgery to Reduce Short-Term Complications following Radical Cystectomy and Intestinal Urinary Diversion with Vescica Ileale Padovana Neobladder: Proposal for a Tailored Enhanced Recovery Protocol and Preliminary Report from a Pilot Study.

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

REVISTA / JOURNAL: - Urol Int. 2013 Aug 28.

●● Enlace al texto completo (gratis o de pago) [1159/000351312](#)

AUTORES / AUTHORS: - Cerruto MA; De Marco V; D'Elia C; Bizzotto L; De Marchi D; Cavalleri S; Novella G; Menestrina N; Artibani W

INSTITUCIÓN / INSTITUTION: - Urology Clinic, Azienda Ospedaliera Universitaria Integrata Verona, Verona, Italy.

RESUMEN / SUMMARY: - Objective: Different fast track programs for patients undergoing radical cystectomy (RC) can be found in the current literature. The aim of this work was to develop a new enhanced recovery protocol (ERP). Patients and Methods: The ERP was designed after a structured literature review focusing on reduced bowel preparation, standardized feeding, postoperative nausea, vomiting and pain control. In order to test the ERP, a pilot observational prospective cohort study was planned, enrolling all patients consecutively undergoing RC and Vescica Ileale Padovana (VIP) neobladder. These patients were compared with a matched group of subjects who had undergone RC and VIP neobladder before implementation of the ERP. To achieve good comparability, a propensity score-matching was performed. The primary aim was to assess the ERP's feasibility; the secondary outcome measures were early morbidity and mortality. Results and Limitations: After an exhaustive literature search and a multidisciplinary consultation, an ERP was designed. Nine consecutive patients participated in the pilot study and were compared to 13 patients treated before implementation of the ERP. We did not find any statistically significant difference in terms of mortality rate (none died peri- or postoperatively in both groups). The complication rate, according to the modified Clavien classification, was significantly lower in the ERP group (22.22 vs. 84.61%, $p < 0.004$). The major limitations are the low

number of patients enrolled to test the protocol and the lack of randomization for the comparative evaluations. Conclusion: The introduction of our ERP was proven to be feasible in the management of patients undergoing RC and intestinal urinary diversion with VIP neobladder. The postoperative course was enhanced by a significant reduction in both nasogastric tube insertion and parenteral nutrition support, with early postoperative feeding. All these findings were associated with no deleterious effect on morbidity or mortality, indeed there was a reduced occurrence of postoperative complication rates. © 2013 S. Karger AG, Basel.

TÍTULO / TITLE: - Complications and graft survival in kidney transplants with vascular variants: our experience and literature review.

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

REVISTA / JOURNAL: - Transplant Proc. 2013 Sep;45(7):2663-5. doi: 10.1016/j.transproceed.2013.07.007.

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

[1016/j.transproceed.2013.07.007](#)

AUTORES / AUTHORS: - Vaccarisi S; Bonaiuto E; Spadafora N; Garrini A; Crocco V; Cannistra M; Pellegrino V; Cavallari G; Nardo B

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RESUMEN / SUMMARY: - INTRODUCTION: In the literature several reconstructive techniques for vascular anastomoses in case of kidney graft vascular variants are reported. This article reports our experience in kidney transplants with vascular anomalies. MATERIALS AND METHODS: Between January 1996 and June 2012, 154 cadaveric kidney transplantations were performed at our center. In 35 cases, vascular variants were found. Among the arterial variants we observed 27 double arteries, 2 cases with 3 arteries, and 1 case with 4 arteries. All cases of Venous variants were double veins. Based on the type of reconstructive technique used, we divided transplants into group A (n = 22) separate multiple arterial anastomoses; group B (n = 8) anastomosis on the aortic patch; group C (n = 4) single anastomosis in case of 2 arteries with a common ostium at the aortic origin. The venous variants were treated with ligation of the vein of smaller caliber. RESULTS: Kidney preparation to the back table lasted on average 50 minutes with no significant differences between the 3 groups and no significant timing increase compared to renal transplants without vascular anomalies (mean warm ischemia 40 minutes, range 30-60 minutes). The mean cold ischemia time was limited to 16 hours from the removal and the mean warm ischemia was 50 minutes (range 30-70 minutes). There were no differences in timing between group C and single anastomoses, whereas groups A and B showed mean warm ischemia time was slightly increased compared to group C (P < .05). There were no significant differences in terms of delayed upturn of graft function and graft survival

between groups A, B, and C and compared to transplants without vascular anomalies.
CONCLUSIONS: In our series we observed similar results performing the reimplantation on aortic patch and separate multiple arterial anastomoses. Considering our experience, we believe that vascular variants are not an indication to exclude a graft for transplantation.

TÍTULO / TITLE: - Palliative pelvic radiotherapy of symptomatic incurable prostate cancer
- A systematic review.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Sep 14. pii: S0167-8140(13)00387-3. doi: 10.1016/j.radonc.2013.08.008.

●● Enlace al texto completo (gratis o de pago) 1016/j.radonc.2013.08.008

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RESUMEN / SUMMARY: - Background and purpose: Patients with prostate cancer (PC) and a symptomatic pelvic tumor may be treated with palliative pelvic radiotherapy for symptom relief or to delay symptom progression. Radiotherapy dose and fractionation regimens vary. We aimed to provide an overview of the literature and to evaluate palliative pelvic radiotherapy of PC focusing on symptomatic effect, quality of life (QOL), and toxicity, and to determine the optimal radiotherapy schedule. Material and methods: Systematic literature searches of Medline, Embase and Cochrane databases were performed through 2011. Studies reporting symptom and QOL responses were eligible. Results: Nine studies were included, all retrospective chart reviews. There were large variations in radiotherapy dose and fractionation. Overall symptom response rate was 75% and positive responses were reported for hemorrhage (73%), pain (80%), bladder outlet obstruction (63%), rectal symptoms (78%) and ureteric obstruction (62%). Toxicity results were not evaluable. Conclusions: Despite limitations in the review process and the included studies, we conclude that pelvic radiotherapy for symptomatic PC appears to provide effective palliation of a variety of symptoms. There is currently no valid documentation regarding onset or duration of palliation. No recommendations can be provided regarding target dose or fractionation schedule in this context.

TÍTULO / TITLE: - Salvage therapy of intraprostatic failure after radical external-beam radiotherapy for prostate cancer: A review.

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

REVISTA / JOURNAL: - Crit Rev Oncol Hematol. 2013 Aug 14. pii: S1040-8428(13)00160-1. doi: 10.1016/j.critrevonc.2013.07.009.

●● Enlace al texto completo (gratis o de pago) [1016/j.critrevonc.2013.07.009](https://doi.org/10.1016/j.critrevonc.2013.07.009)

AUTORES / AUTHORS: - Alongi F; De Bari B; Campostrini F; Arcangeli S; Matei DV; Lopci E; Petralia G; Bellomi M; Chiti A; Magrini SM; Scorsetti M; Orecchia R; Jereczek-Fossa BA

INSTITUCIÓN / INSTITUTION: - Radiotherapy and Radiosurgery, Humanitas Cancer Center, Istituto Clinico Humanitas, Milan, Rozzano, Italy.

RESUMEN / SUMMARY: - Radical external-beam radiotherapy (EBRT) is a standard treatment for prostate cancer (PC) patients. Despite this, the rate of intraprostatic relapses after primary EBRT is still not negligible. There is no consensus on the most appropriate management of these patients after EBRT failure. Treatment strategies after PC relapse are strongly influenced by the effective site of the tumor recurrence, and thus the instrumental evaluation with different imaging techniques becomes crucial. In cases of demonstrated intraprostatic failure, several systemic (androgen deprivation therapy) or local (salvage prostatectomy, cryotherapy, high-intensity focused ultrasound, brachytherapy, stereotactic EBRT) treatment options could be proposed and are currently delivered by clinicians with a variety of results. In this review we analyze the correct definition of intraprostatic relapse after radiotherapy, focusing on the recent developments in imaging to detect intraprostatic recurrence. Furthermore, all available salvage treatment options after a radiation therapy local failure are presented and thoroughly discussed.

TÍTULO / TITLE: - Nuclear receptors - target molecules for isoflavones in cancer chemoprevention.

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

REVISTA / JOURNAL: - Gen Physiol Biophys. 2013 Sep 26.

●● Enlace al texto completo (gratis o de pago) [4149/gpb_2013064](https://doi.org/10.1016/j.gpb.2013.06.004)

AUTORES / AUTHORS: - Bialesova L; Brtko J; Lenko V; Macejova D

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RESUMEN / SUMMARY: - Breast cancer is the most occurring type of cancer among women. In Slovakia, there are yearly diagnosed about 1900 new cases of this disease. Breast cancer treatment is very expensive, psychic stressful and in some cases ineffective. Therefore, it is essential to search for new and/or alternative methods for breast cancer treatment, since nuclear receptors are considered to be a central goal for maximizing treatment opportunities in breast cancer. Among natural ligands for estrogen receptors (ERalpha and ERbeta), which are member of nuclear receptors superfamily, belongs also isoflavones. These natural compounds have similar structure to main female hormone-17beta estradiol. A rich source of isoflavones is soy and its products. Three aglycones form of isoflavones (genistein, daidzein, glycitein) are

predominantly found in soybean and red clover. Among other important isoflavones belongs also biochanin A and formononetin.

TÍTULO / TITLE: - The IDEA (International Duration Evaluation of Adjuvant Chemotherapy) Collaboration: Prospective Combined Analysis of Phase III Trials Investigating Duration of Adjuvant Therapy with the FOLFOX (FOLFOX4 or Modified FOLFOX6) or XELOX (3 versus 6 months) Regimen for Patients with Stage III Colon Cancer: Trial Design and Current Status.

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

REVISTA / JOURNAL: - Curr Colorectal Cancer Rep. 2013;9:261-269.

●● Enlace al texto completo (gratis o de pago) [1007/s11888-013-0181-6](#)

AUTORES / AUTHORS: - Andre T; Iveson T; Labianca R; Meyerhardt JA; Souglakos I; Yoshino T; Paul J; Sobrero A; Taieb J; Shields AF; Ohtsu A; Grothey A; Sargent DJ

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RESUMEN / SUMMARY: - The International Duration Evaluation of Adjuvant Chemotherapy (IDEA) collaboration was established to prospectively combine and analyze data from several randomized trials conducted around the world to answer whether a three-month course of oxaliplatin-based adjuvant therapy (FOLFOX4/modified FOLFOX6 or XELOX) is non-inferior to the current standard six-month treatment for patients with stage III colon cancer, with a primary endpoint of three years disease-free survival. The IDEA steering committee comprises two members from each group coordinating an individual trial and two members from a secretariat who coordinate combining of the data and management of the joint analysis. Members of the IDEA agreed to combine the data from their individual trials to enable definitive analysis consisting of at least 10,500 patients. With accrual of 8,797 patients at the end of February 2013, the IDEA is on track to achieve its accrual objective of at least 10,500 patients by the end of 2013.

TÍTULO / TITLE: - Pokes, pathogens, and primum non nocere: prudent prophylaxis protocols for prostate biopsy.

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

REVISTA / JOURNAL: - Infect Control Hosp Epidemiol. 2013 Sep;34(9):977-9. doi: 10.1086/671937. Epub 2013 Jul 26.

●● Enlace al texto completo (gratis o de pago) [1086/671937](#)

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TÍTULO / TITLE: - A National Survey of Radiation Oncologists and Urologists on Recommendations of Prostate-Specific Antigen Screening for Prostate Cancer.

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

REVISTA / JOURNAL: - BJU Int. 2013 Aug 23. doi: 10.1111/bju.12422.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12422](#)

AUTORES / AUTHORS: - Kim SP; Karnes RJ; Nguyen PL; Ziegenfuss JY; Thompson RH; Han LC; Shah ND; Smaldone MC; Gross CP; Frank I; Weight CJ; Beebe TJ; Tilburt JC

INSTITUCIÓN / INSTITUTION: - Yale University School of Medicine, Department of Urology, New Haven, Connecticut.

RESUMEN / SUMMARY: - **OBJECTIVES:** To assess recommendations for prostate-specific antigen (PSA) screening in a national survey of radiation oncologists and urologists following the recent U.S. Preventive Services Task Force (USPSTF) grade D recommendation. **MATERIALS AND METHODS:** A random sample of 1,366 radiation oncologists and urologists were identified from the American Medical Association Physician Masterfile. Through November 2011 to April 2012, a mail survey was sent to query PSA screening recommendations for men at average risk of PC for the following age groups: 40-49, 50-59, 60-69, 70-74, 75-79 and > 80 years. Multivariable logistic regression was used to test for differences in PSA-based screening recommendations by physician characteristics. **RESULTS:** Response rates were similar at 52% for radiation oncologists and urologists (p=0.92). Overall, 51.5% of respondents recommended PSA-based screening for 40-49 year old men, while nearly all endorsed it for men 50-74 years (96.1% for 50-59, 97.3% for 60-69, and 87.7% for 70-74 years). However, screening recommendations decreased to 43.9% and 12.8% for 75-79 and > 80 year old men, respectively. On multivariable analysis, urologists were more likely to recommend screening for patients aged 40-49 (OR: 3.09; p<0.001) and 50-59 (OR: 3.81; p=0.01) years, but less likely for patients 75-79 (OR: 0.66; p=0.01) and > 80 (OR: 0.45; p=0.002) years compared with radiation oncologists. **CONCLUSIONS:** While radiation oncologists and urologists recommended PSA screening for men between 50-69 years of age, there was less agreement about screening for younger (40-49 years old) and older (>70 years old) patients at average risk for prostate cancer.

TÍTULO / TITLE: - The European medicines agency review of abiraterone for the treatment of metastatic castration-resistant prostate cancer in adult men after docetaxel chemotherapy and in chemotherapy-naïve disease: summary of the scientific assessment of the committee for medicinal products for human use.

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

REVISTA / JOURNAL: - Oncologist. 2013;18(9):1032-42. doi: 10.1634/theoncologist.2013-0092. Epub 2013 Aug 21.

●● Enlace al texto completo (gratis o de pago) [1634/theoncologist.2013-0092](#)

AUTORES / AUTHORS: - Gravanis I; Hemmings RJ; Jimenez JC; Garcia-Carbonero R; Gallego IG; Gimenez EV; O'Connor D; Giuliani R; Salmonson T; Pignatti F

INSTITUCIÓN / INSTITUTION: - European Medicines Agency, London, United Kingdom;

RESUMEN / SUMMARY: - On September 5, 2011, abiraterone was approved in the European Union in combination with prednisone or prednisolone for the treatment of metastatic castration-resistant prostate cancer (CRPC) in adult men whose disease has progressed on or after a docetaxel-based chemotherapy regimen. On December 18, 2012, the therapeutic indication was extended to include the use of abiraterone in combination with prednisone or prednisolone for the treatment of metastatic CRPC in adult men who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy in whom chemotherapy is not yet clinically indicated. Abiraterone is a selective, irreversible inhibitor of cytochrome P450 17 α , an enzyme that is key in the production of androgens. Inhibition of androgen biosynthesis deprives prostate cancer cells from important signals for growth, even in cases of resistance to castration. At the time of European Union approval and in a phase III trial in CRPC patients who had failed at least one docetaxel-based chemotherapy regimen, median overall survival for patients treated with abiraterone was 14.8 months versus 10.9 months for those receiving placebo (hazard ratio, 0.65; 95% confidence interval 0.54-0.77; $p < .0001$). In a subsequent phase III trial in a similar but chemotherapy-naive patient population, median radiographic progression-free survival was 16.5 months for patients in the abiraterone treatment arm versus 8.3 months for patients in the placebo arm (hazard ratio, 0.53; 95% confidence interval, 0.45-0.62; $p < .0001$). Abiraterone was most commonly associated with adverse reactions resulting from increased or excessive mineralocorticoid activity. These were generally manageable with basic medical interventions. The most common side effects (affecting more than 10% of patients) were urinary tract infection, hypokalemia, hypertension, and peripheral edema.

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

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

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

●● Enlace al texto completo (gratis o de pago) [1016/j.lungcan.2013.07.010](https://doi.org/10.1016/j.lungcan.2013.07.010)

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

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

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

TÍTULO / TITLE: - Introduction of an Enhanced Recovery Protocol to Reduce Short-Term Complications following Radical Cystectomy and Intestinal Urinary Diversion with Vescica Ileale Padovana Neobladder.

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

REVISTA / JOURNAL: - Urol Int. 2013 Sep 18.

●● Enlace al texto completo (gratis o de pago) [1159/000351000](#)

AUTORES / AUTHORS: - Cerruto MA; De Marco V; D'Elia C; Bizzotto L; Curti P; Baldassarre R; Artibani W

INSTITUCIÓN / INSTITUTION: - Urology Clinic, AOUI Verona, Verona, Italy.

RESUMEN / SUMMARY: - Objectives: To reduce short-term complications of radical cystectomy (RC) and intestinal urinary diversion with vescica ileale Padovana (VIP) neobladder, we described and assessed an enhanced recovery protocol (ERP) in a series of consecutive patients. Methods: An ERP was introduced focusing on reduced bowel preparation, standardized feeding and analgesic regimens. We analyzed the outcomes with all patients consecutively undergoing RC and VIP neobladder who met the following inclusion criteria: American Society of Anesthesiologists score <3; absence of malnutrition according to the Mini Nutritional Assessment - Short Form criteria; absence of inflammatory bowel diseases. Results: Thirty-one consecutive

patients were recruited to undergo our ERP. Mean age of patients was 62.16 years. No patients died due to surgical complications. Nine of 31 patients experienced complications (29.03%), none requiring surgical intervention. According to Clavien grading, all complications were grade <2. Conclusion: The application of our ERP to our patients undergoing RC and VIP neobladder contributed to reduce postoperative morbidity.

TÍTULO / TITLE: - Radiation exposure before and after the introduction of a dedicated total-body CT protocol in multitrauma patients.

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

REVISTA / JOURNAL: - Emerg Radiol. 2013 Aug 16.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s10140-013-1147-3](#)

AUTORES / AUTHORS: - Sierink JC; Saltzherr TP; Wirtz MR; Streekstra GJ; Beenen LF; Goslings JC

INSTITUCIÓN / INSTITUTION: - Trauma Unit, Department of Surgery, Academic Medical Centre, Meibergdreef 9, 1105 AZ, Amsterdam, The Netherlands, j.c.sierink@amc.nl.

RESUMEN / SUMMARY: - Total-body CT (TBCT) scanning in trauma patients is being increasingly used in trauma assessment. One of the major disadvantages of CT scanning is the amount of radiation exposure involved. The aim of this study was to assess the number of radiological investigations and their associated radiation exposure in multitrauma patients before and after the introduction of a total-body CT protocol as a primary diagnostic tool. The Trauma Registry was used to identify trauma patients admitted to our Level 1 trauma centre in 2008 (pre-TBCT protocol) and 2010 (post-TBCT protocol). Consecutive patients with an Injury Severity Score of ≥ 16 were included. Patients aged 16 or under, referrals from other hospitals and patients with specific low-energy injury mechanisms were excluded. Subsequent effective doses were estimated from literature and from dose calculations. Three hundred one patients were included, 150 patients pre- and 151 post-introduction of the TBCT protocol. Demographics were comparable. In 2008, 20 % of severely injured patients underwent total-body CT scan, compared with 46 % of the patients in 2010. Trauma room radiation doses for conventional radiographs were significantly higher in 2008, while doses for CT scans were significantly lower. The total effective dose of trauma room radiological investigations was 16 milliSieverts (mSv) in 2008 vs. 24 mSv in 2010 ($P = 0.223$). The overall effective dose during the total hospital admission was not significantly different between 2008 and 2010 (20 vs. 24 mSv, $P = 0.509$). In conclusion, after the introduction of a dedicated TBCT protocol, the TBCT rate was more than doubled. Although this increased the CT-induced trauma room radiation dose, the overall radiation dose throughout hospital admission was comparable between patients in 2008 and 2010.

TÍTULO / TITLE: - Electroacupuncture for chemotherapy-induced peripheral neuropathy: study protocol for a pilot multicentre randomized, patient-assessor-blinded, controlled trial.

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

REVISTA / JOURNAL: - Trials. 2013 Aug 14;14:254. doi: 10.1186/1745-6215-14-254.

●● Enlace al texto completo (gratis o de pago) [1186/1745-6215-14-254](#)

AUTORES / AUTHORS: - Kim JH; Kim EJ; Seo BK; Lee S; Lee S; Jung SY; Lee MH; Kim AR; Park HJ; Shin MS; Choi SM

INSTITUCIÓN / INSTITUTION: - Acupuncture, Moxibustion & Meridian Research Group, Medical Research Division, Korea Institute of Oriental Medicine, Daejeon, South Korea.

RESUMEN / SUMMARY: - BACKGROUND: Chemotherapy-induced peripheral neuropathy (CIPN) is the main dose-limiting side effect of neurotoxic chemotherapeutic agents. CIPN can lead not only to loss of physical function, difficulties in activities of daily living (ADLs), and decreased quality of life, but also to dose reduction, delay or even cessation of treatment. Currently, there are few proven effective treatments for CIPN. This randomized controlled clinical trial is designed to evaluate the effects and safety of electroacupuncture (EA) for patients with CIPN. METHODS/DESIGN: This is a multicenter, two-armed, parallel-design, patient-assessor-blinded, randomized, sham-controlled clinical trial. Forty eligible patients with CIPN will be randomized in a ratio of 1:1 to the EA or sham EA arms. During the treatment phase, patients will undergo eight sessions of verum EA or sham EA twice weekly for four weeks, and then will be followed-up for eight weeks. Electrical stimulation in the EA group will consist of a mixed frequency of 2/120 Hz and 80% of bearable intensity. Sham EA will be applied to non-acupoints, with shallow needle insertion and no current. All outcomes and analyses of results will be assessed by researchers blinded to treatment allocation. The effects of EA on CIPN will be evaluated according to both subjective and objective outcome measures. The primary outcome measure will be the European Organization for Research and Treatment of Cancer (EORTC) quality of life questionnaire to assess CIPN (QLQ-CIPN20). The secondary outcome measures will be the results on the numerical rating scale, the Semmes-Weinstein monofilament test, the nerve conduction study, and the EORTC QLQ-C30, as well as the patient's global impression of change and adverse events. Safety will be assessed at each visit. DISCUSSION: The results of this on-going study will provide clinical evidence for the effects and safety of EA for CIPN compared with sham EA. TRIAL REGISTRATION: Clinical Research Information Service: KCT0000506.

TÍTULO / TITLE: - Multiple Step-section Frozen Section sentinel lymph node biopsy - A review of 717 patients.

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

REVISTA / JOURNAL: - Breast. 2013 Oct;22(5):639-42. doi: 10.1016/j.breast.2013.07.044. Epub 2013 Aug 14.

●● Enlace al texto completo (gratis o de pago) [1016/j.breast.2013.07.044](https://doi.org/10.1016/j.breast.2013.07.044)

AUTORES / AUTHORS: - Lim J; Govindarajulu S; Sahu A; Ibrahim N; Magdub S; Cawthorn S

INSTITUCIÓN / INSTITUTION: - The Breast Care Centre, Southmead Hospital, North Bristol NHS Trust, Southmead Road, Westbury-on-Trym, Bristol BS10 5NB, UK. Electronic address: jeffrey.lim@doctors.net.uk.

RESUMEN / SUMMARY: - Sentinel Lymph Node Biopsy (SLNB) is the standard of care for axillary staging in breast cancer. Multiple Step-section Frozen Section (MSFS) analysis is used in our institution for SLNB. This is performed intra-operatively by freezing sentinel lymph nodes to obtain multiple step-sections which are examined histologically for evidence of metastases. Patients whose sentinel lymph nodes contained macrometastases proceeded to an axillary node clearance during the same operation. 717 patients over a two and a half year period had MSFS analysis. With regards to macrometastases, MSFS analysis had a sensitivity of 93.8%, a specificity of 99.3%, a positive-predictive value of 97.4% and a negative-predictive value of 98.2%. MSFS analysis of sentinel lymph nodes is a safe and accurate procedure. It is a relatively cost-effective alternative to molecular technologies relying on DNA amplification and more accurate than standard frozen section or touch-prep cytology.

TÍTULO / TITLE: - Sarcoma chemotherapy.

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

REVISTA / JOURNAL: - J Am Acad Orthop Surg. 2013 Aug;21(8):480-91. doi: 10.5435/JAAOS-21-08-480.

●● Enlace al texto completo (gratis o de pago) [5435/JAAOS-21-08-480](https://doi.org/10.5435/JAAOS-21-08-480)

AUTORES / AUTHORS: - Walczak BE; Irwin RB

INSTITUCIÓN / INSTITUTION: - Mayo Clinic, Rochester, MN, USA.

RESUMEN / SUMMARY: - Sarcomas are a rare, heterogeneous group of malignant tumors of the bone or soft tissue. Although historically intended for the pharmaceutical treatment of microbes, today chemotherapy is used in orthopaedic oncology and is arguably the primary reason for improved survivorship. Agents such as anthracyclines (eg, doxorubicin), alkylating agents (eg, cyclophosphamide, ifosfamide), antimetabolites (eg, methotrexate), topoisomerase inhibitors (eg, etoposide [VP-16]), vinca alkaloids (eg, vincristine), and cytotoxic antibiotics (eg, actinomycin D) are used in various combinations to manage different types of tumors. Side effects are common and range from mild to severe. The effectiveness of the chemotherapy regimen correlates with the extent of tumor necrosis.

TÍTULO / TITLE: - Open access publication-the wider context Footnote to 'Radiation-induced cataracts: the Health Protection Agency's response to the ICRP statement on tissue reactions and recommendation on the dose limit for the eye lens'

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

REVISTA / JOURNAL: - J Radiol Prot. 2013 Aug 29;33(3):703-705.

- Enlace al texto completo (gratis o de pago) [1088/0952-4746/33/3/L01](#)

TÍTULO / TITLE: - How autism became autism: The radical transformation of a central concept of child development in Britain.

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

REVISTA / JOURNAL: - Hist Human Sci. 2013 Jul;26(3):3-31.

- Enlace al texto completo (gratis o de pago) [1177_0952695113484320](#) [pii
- Enlace al texto completo (gratis o de pago) [1177/0952695113484320](#)

AUTORES / AUTHORS: - Evans B

INSTITUCIÓN / INSTITUTION: - King's College London, UK.

RESUMEN / SUMMARY: - This article argues that the meaning of the word 'autism' experienced a radical shift in the early 1960s in Britain which was contemporaneous with a growth in epidemiological and statistical studies in child psychiatry. The first part of the article explores how 'autism' was used as a category to describe hallucinations and unconscious fantasy life in infants through the work of significant child psychologists and psychoanalysts such as Jean Piaget, Laretta Bender, Leo Kanner and Elwyn James Anthony. Theories of autism were then associated both with schizophrenia in adults and with psychoanalytic styles of reasoning. The closure of institutions for 'mental defectives' and the growth in speech therapy services in the 1960s and 1970s encouraged new models for understanding autism in infants and children. The second half of the article explores how researchers such as Victor Lotter and Michael Rutter used the category of autism to reconceptualize psychological development in infants and children via epidemiological studies. These historical changes have influenced the form and function of later research into autism and related conditions.

TÍTULO / TITLE: - Vitamin D and benign prostatic hyperplasia—a review.

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

REVISTA / JOURNAL: - Can J Urol. 2013 Aug;20(4):6820-5.

AUTORES / AUTHORS: - Espinosa G; Esposito R; Kazzazi A; Djavan B

INSTITUCIÓN / INSTITUTION: - New York University School of Medicine, New York, NY, USA.

RESUMEN / SUMMARY: - INTRODUCTION: Benign prostatic hyperplasia (BPH) is a more common form of lower urinary tract symptoms (LUTS). BPH is due to the excessive

growth of both stromal and epithelial cells of the prostate. Fifty percent of men over the age of 50 will have this disease, along with the probability that 90% of men at the age of 80 will have an enlarged prostate. The prevalence of vitamin D deficiency in the male urological population may represent a connection between BPH and vitamin D. MATERIAL AND METHODS: This review is geared to provide the most relevant data on the correlation between vitamin D and BPH. A comprehensive review was conducted on all studies on the specific topic and compiled into a complete article. RESULTS: Data suggests that vitamin D has an inhibitory effect on the RhoA/ROCK pathway, along with cyclooxygenase-2 expression and prostaglandin E2 production in BPH stromal cells. Increasing intake of vitamin D from diet and supplements has shown a correlation with decreased BPH prevalence. Vitamin D analogues of up to 6000 IU/day have shown to decrease prostate volume in BPH patients. Pre-clinical trials have shown vitamin D to not only decrease BPH cell and prostate cell proliferation alone, but also when induced by known growth promoting molecules such as IL-8, Des (1-3) IGF-1, testosterone and dihydrotestosterone. Among all the studies there has not been any side effects or negative implications with increased vitamin D intake. CONCLUSION: The impact of vitamin D on prostate volume and BPH has shown promising results, thus proposing further studies on vitamin D and BPH be conducted.

TÍTULO / TITLE: - Seminal vesicle biopsies: an useful staging procedure-exposure of seminal vesicle biopsies protocol and review of the literature.

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

REVISTA / JOURNAL: - Int Urol Nephrol. 2013 Sep 15.

●● Enlace al texto completo (gratis o de pago) [1007/s11255-013-0473-4](#)

AUTORES / AUTHORS: - Montoya-Chinchilla R; Rosino-Sanchez A; Fernandez-Aparicio T; Cano-Garcia MC; Hidalgo-Agullo G; Reina-Alcaina L; Carrillo-George C; Izquierdo-Morejon E; Minana-Lopez B

INSTITUCIÓN / INSTITUTION: - Morales Meseguer Hospital, Murcia, España,
drraulmontoya@hotmail.com.

RESUMEN / SUMMARY: - BACKGROUND AND OBJECTIVES: Although new MRI techniques have a high sensitivity but varying specificity with regard to diagnosing the seminal vesicle invasion (SVI) of prostate cancer, the low availability and high cost involved demands incorporating an inexpensive and accessible technique that might support adequate staging. Currently, uniformity does not exist with regard to the indication criteria of seminal vesicle biopsies (SVBs). Our objective is to analyse the protocol of SVBs at Morales Meseguer Hospital and conduct an exhaustive review of the literature in this field. METHODS AND MATERIALS: SVBs were performed in patients who were amenable to a curative treatment and who showed at least one of the following indication criteria: prostate-specific antigen greater than or equal to 15 ng/ml, a prostate cancer nodule in the base of the prostate, or ultrasound abnormalities

suggestive of vesicular involvement. SVBs were performed in 70 patients. RESULTS: These results revealed a rate of SVI of 15.7 and 25.58 % among all patients and patients diagnosed with prostate cancer, respectively. All biopsied patients who tested positive for the three indication criteria had T3b prostate cancer. Patients with a prostate cancer that altered the base of the prostate according to either digital rectal examination or ultrasound showed a T3b rate of 53.8 %. CONCLUSIONS: SVBs should be considered a complementary procedure for prostate cancer staging because provide important information and it is easy, inexpensive and has few complications.

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

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

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

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

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

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

TÍTULO / TITLE: - Minimally invasive transforaminal lumbar interbody fusions and fluoroscopy: a low-dose protocol to minimize ionizing radiation.

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

REVISTA / JOURNAL: - Neurosurg Focus. 2013 Aug;35(2):E8. doi: 10.3171/2013.5.FOCUS13144.

●● Enlace al texto completo (gratis o de pago) [3171/2013.5.FOCUS13144](#)

AUTORES / AUTHORS: - Clark JC; Jasmer G; Marciano FF; Tumialan LM

INSTITUCIÓN / INSTITUTION: - Division of Neurological Surgery, Barrow Neurological Institute, St. Joseph's Hospital and Medical Center, Phoenix, AZ 85013, USA.

RESUMEN / SUMMARY: - OBJECT: There is an increasing awareness of radiation exposure to surgeons and the lifelong implications of such exposure. One of the main criticisms of minimally invasive transforaminal lumbar interbody fusion (MIS TLIF) is the amount of ionizing radiation required to perform the procedure. The goal in this study was to develop a protocol that would minimize the fluoroscopy time and radiation exposure needed to perform an MIS TLIF without compromising visualization of the anatomy or efficiency of the procedure. METHODS: A retrospective review of a prospectively collected database was performed to review the development of a low-dose protocol for MIS TLIFs in which a combination of low-dose pulsed fluoroscopy and digital spot images was used. Total fluoroscopy time and radiation dose were reviewed for 50 patients who underwent single-level MIS TLIFs. RESULTS: Fifty patients underwent single-level MIS TLIFs, resulting in the placement of 200 pedicle screws and 57 interbody spacers. There were 28 women and 22 men with an average age of 58.3 years (range 32-78 years). The mean body mass index was 26.2 kg/m² (range 17.1-37.6 kg/m²). Indications for surgery included spondylolisthesis (32 patients), degenerative disc disease with radiculopathy (12 patients), and recurrent disc herniation (6 patients). Operative levels included 7 at L3-4, 40 at L4-5, and 3 at L5-S1. The mean operative time was 177 minutes (range 139-241 minutes). The mean fluoroscopic time was 18.72 seconds (range 7-29 seconds). The mean radiation dose was 0.247 mGy*m² (range 0.06046-0.84054 mGy*m²). No revision surgery was required for any of the patients in this series. CONCLUSIONS: Altering the fluoroscopic technique to low-dose pulse images or digital spot images can dramatically decrease fluoroscopy times and radiation doses in patients undergoing MIS TLIFs, without compromising image quality, accuracy of pedicle screw placement, or efficiency of the procedure.

TÍTULO / TITLE: - Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers.

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

REVISTA / JOURNAL: - BMC Public Health. 2013 Aug 23;13(1):773.

●● Enlace al texto completo (gratis o de pago) [1186/1471-2458-13-773](#)

AUTORES / AUTHORS: - Jenkinson CE; Dickens AP; Jones K; Thompson-Coon J; Taylor RS; Rogers M; Bamba CL; Lang I; Richards SH

RESUMEN / SUMMARY: - BACKGROUND: Volunteering has been advocated by the United Nations, and American and European governments as a way to engage people in their local communities and improve social capital, with the potential for public health benefits such as improving wellbeing and decreasing health inequalities. Furthermore, the US Corporation for National and Community Service Strategic Plan for 2011--2015 focused on increasing the impact of national service on community needs, supporting volunteers' wellbeing, and prioritising recruitment and engagement of underrepresented populations. The aims of this review were to examine the effect of formal volunteering on volunteers' physical and mental health and survival, and to explore the influence of volunteering type and intensity on health outcomes. METHODS: Experimental and cohort studies comparing the physical and mental health outcomes and mortality of a volunteering group to a non-volunteering group were identified from twelve electronic databases (Cochrane Library, Medline, Embase, PsychINFO, CINAHL, ERIC, HMIC, SSCI, ASSIA, Social Care Online, Social Policy and Practice) and citation tracking in January 2013. No language, country or date restrictions were applied. Data synthesis was based on vote counting and random effects meta-analysis of mortality risk ratios. RESULTS: Forty papers were selected: five randomised controlled trials (RCTs, seven papers); four non-RCTs; and 17 cohort studies (29 papers). Cohort studies showed volunteering had favourable effects on depression, life satisfaction, wellbeing but not on physical health. These findings were not confirmed by experimental studies. Meta-analysis of five cohort studies found volunteers to be at lower risk of mortality (risk ratio: 0.78; 95% CI: 0.66, 0.90). There was insufficient evidence to demonstrate a consistent influence of volunteering type or intensity on outcomes. CONCLUSION: Observational evidence suggested that volunteering may benefit mental health and survival although the causal mechanisms remain unclear. Consequently, there was limited robustly designed research to guide the development of volunteering as a public health promotion intervention. Future studies should explicitly map intervention design to clear health outcomes as well as use pragmatic RCT methodology to test effects.

TÍTULO / TITLE: - Is there reduced polyethylene wear and longer survival when using a mobile-bearing design in total knee replacement? A meta-analysis of randomised and non-randomised controlled trials.

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

REVISTA / JOURNAL: - Bone Joint J. 2013 Aug;95-B(8):1057-63. doi: 10.1302/0301-620X.95B8.31310.

●● Enlace al texto completo (gratis o de pago) [1302/0301-620X.95B8.31310](https://doi.org/10.1302/0301-620X.95B8.31310)

AUTORES / AUTHORS: - Zeng Y; Shen B; Yang J; Zhou ZK; Kang PD; Pei FX

INSTITUCIÓN / INSTITUTION: - Department of Orthopaedic Surgery, West China Medical School, Sichuan University, West China Hospital, 37# Guoxue Road, Chengdu, Sichuan Province, China.

RESUMEN / SUMMARY: - The purpose of this study was to undertake a meta-analysis to determine whether there is lower polyethylene wear and longer survival when using mobile-bearing implants in total knee replacement when compared with fixed-bearing implants. Of 975 papers identified, 34 trials were eligible for data extraction and meta-analysis comprising 4754 patients (6861 knees). We found no statistically significant differences between the two designs in terms of the incidence of radiolucent lines, osteolysis, aseptic loosening or survival. There is thus currently no evidence to suggest that the use of mobile-bearing designs reduce polyethylene wear and prolong survival after total knee replacement.

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

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

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

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

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

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

RESUMEN / SUMMARY: - Lung cancer is the leading cause of cancer related mortality worldwide. Non-small cell lung cancer (NSCLC) accounts for 85% of all cases. Half of the patients at diagnosis of NSCLC are over seventy years old; therefore, the elderly represent a large subgroup of patients affected by advanced NSCLC in our clinical practice. Nevertheless, the elderly are under-represented in clinical trials. Given the fact that old age is frequently associated with several comorbidities, poor general conditions and physiologic reduction in organ function, clinicians must carefully choose the best treatment option for elderly patients with advanced NSCLC, always taking into account the expected risks and benefits. In this paper we perform a review of literature evidence regarding the medical treatment of elderly patients affected by advanced NSCLC, encompassing single-agent chemotherapy, doublet chemotherapy and targeted agents. We conclude that single-agent chemotherapy with a third generation agent (vinorelbine, taxanes, gemcitabine) represents a valid treatment option for elderly patients who are not eligible for a combination chemotherapy due to clinical features such as comorbidities, poor performance status and inadequate organ function. Platinum-based doublet chemotherapy shows similar efficacy in elderly patients as compared to their younger counterpart, despite greater treatment related toxicity and it is indicated in elderly patients with ECOG PS: 0-2, adequate organ function and no major comorbidities. Elderly patients affected by epidermal growth

factor receptor (EGFR) mutated NSCLC benefit mostly from a tyrosine kinase inhibitor of EGFR (erlotinib, gefitinib) which is associated with a good toxicity profile. Currently there are no available data to strongly support the use of bevacizumab in combination with first line chemotherapy in the treatment of older adults. Elderly patients affected by NSCLC harboring the EML4-ALK translocation could benefit mostly from a treatment with an oral inhibitor of such a rearrangement (crizotinib).

TÍTULO / TITLE: - Long-term survival of dental implants placed in the grafted maxillary sinus: systematic review and meta-analysis of treatment modalities.

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

REVISTA / JOURNAL: - PLoS One. 2013 Sep 18;8(9):e75357. doi: 10.1371/journal.pone.0075357.

●● [Enlace al texto completo \(gratis o de pago\) 1371/journal.pone.0075357](#)

AUTORES / AUTHORS: - Duttenhoefer F; Souren C; Menne D; Emmerich D; Schon R; Sauerbier S

INSTITUCIÓN / INSTITUTION: - Department of Oral and Craniomaxillofacial Surgery, University Hospital Freiburg, Freiburg, Germany.

RESUMEN / SUMMARY: - **BACKGROUND:** A prevalent modality to increase the amount of available bone prior to implantation is grafting of the maxillary sinus. Multiple factors such as the surgical technique, moment of implant placement as well as grafting materials and membranes are known to affect implant survival. However, the role of different factor combinations and associated reciprocal effects remain unclear. Conventional statistical methods do not consider inconsistency of study designs and do not take covariables into account. Hence, a systematic research and meta-analysis was conducted to investigate the influence of various treatment modalities on implant survival in the grafted maxillary sinus. **MATERIALS AND METHODS:** A meta-analysis was conducted according to the PRISMA guidelines. Articles published from 1980 through January 2013 were electronically and manually searched in MEDLINE (Ovid), the Cochrane Register of Controlled Trials, the Database of Abstracts of Effects, and the Cochrane Database of Systematic Reviews. Clinical reports on single intervention sinus augmentation with root-form implants, a minimum of 10 patients and 6 months of loading were eligible for inclusion if implant survival was stated or calculable. Results were calculated by non-parametric univariate Kaplan-Meier analysis and Bayesian multivariate interval-censored Cox regression. **RESULTS:** A total of 122 publications on 16268 endosseous implants placed in grafted maxillary sinus were included. The treatment parameters surgical approach, grafting material and implant type showed no selective preference. However, application of membranes showed a significantly reduced hazard-ratio, independent of other co-factors. **CONCLUSIONS:** The use of membranes is the most significant factor to achieve long-term implant survival in sinus augmentation procedures. More data exceeding 3 years follow-up are needed to address prospective confounding and improve clinical evidence.

TÍTULO / TITLE: - Radiation-Induced Noncancer Risks in Interventional Cardiology: Optimisation of Procedures and Staff and Patient Dose Reduction.

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

REVISTA / JOURNAL: - Biomed Res Int. 2013;2013:976962. Epub 2013 Aug 20.

●● Enlace al texto completo (gratis o de pago) [1155/2013/976962](#)

AUTORES / AUTHORS: - Sun Z; Abaziz A; Khairuddin Md Yusof A

INSTITUCIÓN / INSTITUTION: - Discipline of Medical Imaging, Department of Imaging and Applied Physics, Curtin University, P.O. Box U1987, Perth, WA 6845, Australia.

RESUMEN / SUMMARY: - Concerns about ionizing radiation during interventional cardiology have been increased in recent years as a result of rapid growth in interventional procedure volumes and the high radiation doses associated with some procedures. Noncancer radiation risks to cardiologists and medical staff in terms of radiation-induced cataracts and skin injuries for patients appear clear potential consequences of interventional cardiology procedures, while radiation-induced potential risk of developing cardiovascular effects remains less clear. This paper provides an overview of the evidence-based reviews of concerns about noncancer risks of radiation exposure in interventional cardiology. Strategies commonly undertaken to reduce radiation doses to both medical staff and patients during interventional cardiology procedures are discussed; optimisation of interventional cardiology procedures is highlighted.

TÍTULO / TITLE: - Bisphosphonates in the adjuvant setting of breast cancer therapy-effect on survival: a systematic review and meta-analysis.

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

REVISTA / JOURNAL: - PLoS One. 2013 Aug 26;8(8):e70044. doi: 10.1371/journal.pone.0070044.

●● Enlace al texto completo (gratis o de pago) [1371/journal.pone.0070044](#)

AUTORES / AUTHORS: - Ben-Aharon I; Vidal L; Rizel S; Yerushalmi R; Shpilberg O; Sulkes A; Stemmer SM

INSTITUCIÓN / INSTITUTION: - Institute of Oncology, Davidoff Center, Rabin Medical Center, Petah-Tiqva, Israel ; Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel.

RESUMEN / SUMMARY: - BACKGROUND: The role of bisphosphonates (BP) in early breast cancer (BC) has been considered controversial. We performed a meta-analysis of all randomized controlled trials (RCTs) that appraised the effects of BP on survival in early BC. METHODS: RCTs were identified by searching the Cochrane Library, MEDLINE databases and conference proceedings. Hazard ratios (HRs) of overall survival (OS), disease-free survival (DFS) and relative risks of adverse events were estimated and pooled. RESULTS: Thirteen trials met the inclusion criteria, evaluating a total of 15,762 patients. Meta-analysis of ten trials which reported OS revealed no statistically

significant benefit in OS for BP (HR 0.89, 95% CI = 0.79 to 1.01). Meta-analysis of nine trials which reported the DFS revealed no benefit in DFS (HR 0.95 (0.81-1.12)). Meta-analysis upon menopausal status showed a statistically significant better DFS in the BP-treated patients (HR 0.81(0.69-0.95)). In meta-regression, chemotherapy was negatively associated with HR of survival. CONCLUSIONS: Our meta-analysis indicates a positive effect for adjuvant BP on survival only in postmenopausal patients. Meta-regression demonstrated a negative association between chemotherapy use BP effect on survival. Further large scale RCTs are warranted to unravel the specific subgroups that would benefit from the addition of BP in the adjuvant setting.

TÍTULO / TITLE: - Optimal chemotherapy for advanced gastric cancer: is there a global consensus?

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

REVISTA / JOURNAL: - Gastric Cancer. 2013 Sep 19.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s10120-013-0297-z](#)

AUTORES / AUTHORS: - Lordick F; Lorenzen S; Yamada Y; Ilson D

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RESUMEN / SUMMARY: - The optimal medical treatment for advanced gastric cancer is currently the source of debate. Cytotoxic treatment has been shown to prolong survival and provide improved symptom control compared with best supportive care alone, but a global standard has not yet been defined. A literature research was undertaken. Results were evaluated by an international author team. The conclusions of this are presented in this paper. Combination chemotherapy with cisplatin and 5-fluorouracil was the preferred first-line chemotherapy, but oxaliplatin has shown equivalent efficacy to cisplatin. Oral fluoropyrimidines, especially S-1 and capecitabine, can substitute for 5-fluorouracil. Modern doublet regimens are preferred in the majority of patients on the basis of a balanced benefit-to-risk ratio. In selected fit and compliant patients, especially those with a high tumor burden or potential secondary resectability, a third drug may be added because triplet chemotherapy led to higher responses rates and enhanced efficacy. However, docetaxel also adds a significant increase in side effects. Monotherapy and early dose modifications should be considered in elderly and infirm patients. Beyond that, our understanding of gastric cancer tumor biology is increasing. In HER2-positive gastric cancer, the addition of the monoclonal anti-HER2 antibody trastuzumab to cisplatin and fluoropyrimidines has prolonged survival duration. Second-line chemotherapy with single agents has now become a proven treatment option. Alternatively, anti-angiogenic treatment with ramucirumab is on the horizon. In conclusion, combination chemotherapy is regarded as the global standard of care for the first-line treatment of advanced gastric cancer.

Molecularly targeted treatments are being explored, preferably in combination with a backbone of chemotherapy doublets.

TÍTULO / TITLE: - Targeted therapy in the treatment of castration-resistant prostate cancer.

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

REVISTA / JOURNAL: - Oncology (Williston Park). 2013 Jul;27(7):620-8.

AUTORES / AUTHORS: - Derleth CL; Yu EY

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RESUMEN / SUMMARY: - In the field of metastatic castration-resistant prostate cancer, a bevy of novel therapeutics have recently been proven to extend survival via distinct mechanisms of action. Although revolutionary, these recent developments have not led to improved cure rates, and resistance eventually develops. Thus, further exploration into the biologic mechanisms of resistance to these new agents in prostate cancer has been necessary. This has opened the door to the development of agents designed to manipulate alternative biologic targets. In this review, we focus on the testosterone/androgen receptor pathway that is being targeted with potent new agents; we also discuss other important alternative biologic pathways that have given rise to new therapeutics that may attenuate prostate cancer growth, survival, and propagation.

TÍTULO / TITLE: - Efficacy of aprepitant among patients aged 65 and over receiving moderately to highly emetogenic chemotherapy: A meta-analysis of unpublished data from previously published studies.

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

REVISTA / JOURNAL: - J Geriatr Oncol. 2013 Jan;4(1):78-83. doi: 10.1016/j.jgo.2012.08.008. Epub 2012 Sep 15.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.jgo.2012.08.008](#)

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INSTITUCIÓN / INSTITUTION: - US Outcomes Research, Merck & Co., Inc. Upper Gwynedd, PA, USA. Electronic address: richard_chapell@merck.com.

RESUMEN / SUMMARY: - BACKGROUND: Various antiemetic agents are commonly administered during and after chemotherapy to prevent nausea and vomiting depending on the emetogenic risk. Data specific for patients older than 65 are rarely discussed and it is often assumed that such patients have less risk of nausea and vomiting and might not need the same prevention. OBJECTIVE: To determine whether response to antiemetic regimens incorporating aprepitant varies with patient age, we combined previously unpublished subgroup analyses from four previously published

studies. METHODS: Risk ratios were combined using standard meta-analytic techniques to determine whether antiemetic regimens including aprepitant lead to more complete responses to antiemetic therapy than regimens without aprepitant, among patients aged 65 and over. RESULTS: Patients aged 65 and over have a significantly greater chance of experiencing a complete response (no vomiting or use of rescue therapy) to antiemetic treatment when aprepitant is included in the antiemetic regimen (Risk Ratio 1.25, 95% Confidence Interval 1.11 to 1.40, $p=0.0002$) than when it is not. This risk ratio is not significantly different ($Q=0.281$, $p=0.596$) from the risk ratio calculated for patients under age 65 (1.30, 95% Confidence Interval 1.19 to 1.42), from the same set of studies. LIMITATIONS: This meta-analysis combines studies utilizing different antiemetic regimens and different patient populations. Only a single efficacy outcome is included, and safety is not assessed. CONCLUSION: We conclude that for both the under 65 years and the age 65 and over populations, antiemetic regimens including aprepitant, along with a 5-HT₃ antagonist and a corticosteroid, are more effective in reducing chemotherapy-induced nausea and vomiting than regimens that do not include aprepitant.

TÍTULO / TITLE: - Optic radiation fiber tractography in glioma patients based on high angular resolution diffusion imaging with compressed sensing compared with diffusion tensor imaging - initial experience.

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

REVISTA / JOURNAL: - PLoS One. 2013 Jul 26;8(7):e70973. doi: 10.1371/journal.pone.0070973. Print 2013.

●● Enlace al texto completo (gratis o de pago) [1371/journal.pone.0070973](https://doi.org/10.1371/journal.pone.0070973)

AUTORES / AUTHORS: - Kuhnt D; Bauer MH; Sommer J; Merhof D; Nimsky C

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RESUMEN / SUMMARY: - OBJECTIVE: Up to now, fiber tractography in the clinical routine is mostly based on diffusion tensor imaging (DTI). However, there are known drawbacks in the resolution of crossing or kissing fibers and in the vicinity of a tumor or edema. These restrictions can be overcome by tractography based on High Angular Resolution Diffusion Imaging (HARDI) which in turn requires larger numbers of gradients resulting in longer acquisition times. Using compressed sensing (CS) techniques, HARDI signals can be obtained by using less non-collinear diffusion gradients, thus enabling the use of HARDI-based fiber tractography in the clinical routine. METHODS: Eight patients with gliomas in the temporal lobe, in proximity to the optic radiation (OR), underwent 3T MRI including a diffusion-weighted dataset with 30 gradient directions. Fiber tractography of the OR using a deterministic streamline algorithm based on DTI was compared to tractography based on reconstructed diffusion signals using HARDI+CS. RESULTS: HARDI+CS based tractography displayed the OR more conclusively compared to the DTI-based results in

all eight cases. In particular, the potential of HARDI+CS-based tractography was observed for cases of high grade gliomas with significant peritumoral edema, larger tumor size or closer proximity of tumor and reconstructed fiber tract. CONCLUSIONS: Overcoming the problem of long acquisition times, HARDI+CS seems to be a promising basis for fiber tractography of the OR in regions of disturbed diffusion, areas of high interest in glioma surgery.

TÍTULO / TITLE: - BAFF controls neural cell survival through BAFF receptor.

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

REVISTA / JOURNAL: - PLoS One. 2013 Jul 29;8(7):e70924. doi: 10.1371/journal.pone.0070924. Print 2013.

●● Enlace al texto completo (gratis o de pago) [1371/journal.pone.0070924](https://doi.org/10.1371/journal.pone.0070924)

AUTORES / AUTHORS: - Tada S; Yasui T; Nakatsuji Y; Okuno T; Mochizuki H; Sakoda S; Kikutani H

INSTITUCIÓN / INSTITUTION: - Department of Neurology, Graduate School of Medicine, Osaka University, Suita, Osaka, Japan.

RESUMEN / SUMMARY: - Various neuroprotective factors have been shown to help prevention of neuronal cell death, which is responsible for the progression of neurodegenerative diseases such as amyotrophic lateral sclerosis (ALS). However, most of these therapeutic potentials have been tested by administration of recombinant proteins, transgenic expression or virus vector-mediated gene transfer. Therefore, it remains to be clarified whether any endogenous factors has advantage for neuroprotection in a pathological nervous system. Here we show the role of BAFF-R signaling pathway in the control of neural cell survival. Both B cell-activating factor (BAFF) and its receptor (BAFF-R) are expressed in mouse neurons and BAFF-R deficiency reduces the survival of primary cultured neurons. Although many studies have so far addressed the functional role of BAFF-R on the differentiation of B cells, impaired BAFF-R signaling resulted in accelerated disease progression in an animal model of inherited ALS. We further demonstrate that BAFF-R deficient bone marrow cells or genetic depletion of B cells does not affect the disease progression, indicating that BAFF-mediated signals on neurons, not on B cells, support neural cell survival. These findings suggest opportunities to improve therapeutic outcome for patients with neurodegenerative diseases by synthesized BAFF treatment.

TÍTULO / TITLE: - Current status of chemotherapy for the treatment of advanced biliary tract cancer.

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

REVISTA / JOURNAL: - Korean J Intern Med. 2013 Sep;28(5):515-524. Epub 2013 Aug 14.

●● Enlace al texto completo (gratis o de pago) [3904/kjim.2013.28.5.515](https://doi.org/10.3904/kjim.2013.28.5.515)

AUTORES / AUTHORS: - Sasaki T; Isayama H; Nakai Y; Koike K

INSTITUCIÓN / INSTITUTION: - Department of Gastroenterology, Graduate School of Medicine, The University of Tokyo, Tokyo, Japan.

RESUMEN / SUMMARY: - Chemotherapy is indispensable for the treatment of advanced biliary tract cancer. Recently, reports regarding first-line chemotherapy have increased, and first-line chemotherapy treatment has become gradually more sophisticated. Gemcitabine and cisplatin combination therapy (or gemcitabine and oxaliplatin combination therapy) have become the standard of care for advanced biliary tract cancer. Oral fluoropyrimidines have also been shown to have good antitumor effects. Gemcitabine, platinum compounds, and oral fluoropyrimidines are now considered key drugs for the treatment of advanced biliary tract cancer. Several clinical trials using molecular targeted agents are also ongoing. Combination therapy using cytotoxic agents and molecular-targeted agents has been evaluated widely. However, reports regarding second-line chemotherapy remain limited, and it has not yet been clarified whether second-line chemotherapy can improve the prognosis of advanced biliary tract cancer. Thus, there is an urgent need to establish second-line standard chemotherapy treatment for advanced biliary tract cancer. Several problems exist when assessing the results of previous reports concerning advanced biliary tract cancer. In the present review, the current status of the treatment of advanced biliary tract cancer is summarized, and several associated problems are indicated. These problems should be solved to achieve more sophisticated treatment of advanced biliary tract cancer.

TÍTULO / TITLE: - Dysphagia in Head and Neck Cancer Patients: Pretreatment Evaluation, Predictive Factors, and Assessment during Radio-Chemotherapy, Recommendations.

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

REVISTA / JOURNAL: - Clin Exp Otorhinolaryngol. 2013 Sep;6(3):117-126. Epub 2013 Sep 4.

●● Enlace al texto completo (gratis o de pago) [3342/ceo.2013.6.3.117](#)

AUTORES / AUTHORS: - Denaro N; Merlano MC; Russi EG

INSTITUCIÓN / INSTITUTION: - Oncology Department, Azienda Ospedaliera Santa Croce e Carle, Cuneo, Italy.

RESUMEN / SUMMARY: - Progress in head and neck cancer (HNC) therapies has improved tumor response, loco-regional control, and survival. However, treatment intensification also increases early and late toxicities. Dysphagia is an underestimated symptom in HNC patients. Impairment of swallowing process could cause malnutrition, dehydration, aspiration, and pneumonia. A comprehensive literature review finalized in May 2012 included searches of electronic databases (Medline, Embase, and CAB abstracts) and scientific societies meetings materials (American Society of Clinical Oncology, Associazione Italiana Radioterapia Oncologica, Associazione Italiana di Oncologia Cervico-Cefalica, American Head and Neck Society, and European Society for

Medical Oncology). Hand-searches of HNC journals and reference lists were carried out. Approximately one-third of dysphagia patients developed pneumonia requiring treatment. Aspiration pneumonia associated mortality ranged from 20% to 65%. Unidentified dysphagia caused significant morbidity, increased mortality, and decreased the quality of life. In this review we underline definition, causes, predictive factors of dysphagia and report on pretreatment and on-treatment evaluation, suggesting some key points to avoid underestimation. A multi-parameter assessment of swallowing problems may allow an earlier diagnosis. An appropriate evaluation might lead to a better treatment of both symptoms and cancer.

TÍTULO / TITLE: - The risk of radiation exposure to assisting staff in urological procedures: a literature review.

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

REVISTA / JOURNAL: - Urol Nurs. 2013 May-Jun;33(3):136-9, 147.

AUTORES / AUTHORS: - Jindal T

INSTITUCIÓN / INSTITUTION: - Department of Urology, Calcutta National Medical College, Kolkata, India.

RESUMEN / SUMMARY: - Fluoroscopy is an integral part of urology and is used for various procedures, such as extra-corporeal shock wave lithotripsy, percutaneous nephrolithotomy, uretero-rensoscopy, and ureteral stenting. This technique exposes the urologist and assistants to radiation, which is known to have deleterious effects. Although there have been studies that determine the amount of exposure and the risks to the operating urologist, the risk to the assisting staff remains largely undetermined. A literature review was conducted to determine the risk of radiation exposure during urological procedures, with emphasis on data concerning assisting staff. Data from nine major studies is presented in this article.

TÍTULO / TITLE: - GnRH receptor antagonists for prostate cancer.

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

REVISTA / JOURNAL: - JAAPA. 2013 Jul;26(7):51-2.

AUTORES / AUTHORS: - Patrick E; Whitson M; Smith A; Parnell J; Thomas SE; Blankenship CC

INSTITUCIÓN / INSTITUTION: - Medical University of South Carolina, Charleston, USA.

RESUMEN / SUMMARY: - GnRH receptor antagonists can reduce testosterone levels without the adverse reactions caused by other drugs used to treat prostate cancer. These drugs also offer hope for prolonged control of metastasis.

TÍTULO / TITLE: - Grave's disease induced by radiotherapy for nasopharyngeal carcinoma: A case report and review of the literature.

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

REVISTA / JOURNAL: - Oncol Lett. 2013 Jul;6(1):144-146. Epub 2013 May 8.

●● Enlace al texto completo (gratis o de pago) [3892/ol.2013.1332](#)

AUTORES / AUTHORS: - Ma JA; Li X; Zou W; Zhou Y

INSTITUCIÓN / INSTITUTION: - Department of Oncology, The Second Xiangya Hospital of Central South University, Changsha, Hunan 410011, P.R. China.

RESUMEN / SUMMARY: - Radiotherapy is an effective treatment for nasopharyngeal carcinoma (NPC). A number of thyroid dysfunctions are induced by damage resulting from the relatively high doses of radiation administered to the thyroid and pituitary gland during radiotherapy. Hypothyroidism constitutes the most frequent type of thyroid dysfunction induced by NPC radiotherapy, while hyperthyroidism, particularly Grave's disease, is extremely rare. The present study describes the case of a 40-year-old male who presented with Grave's disease 2 years after receiving radiotherapy for the treatment of NPC. The patient exhibited swelling of the eyes, an increased appetite, decreased levels of thyroid-stimulating hormone, increased levels of triiodothyronine (T3) and thyroxine (T4) demonstrated by the examination of thyroid function and enlargement of the bilateral intraocular rectus revealed by CT scan. The patient's symptoms were ameliorated following treatment with propylthiouracil and propranolol for 1 month, and the levels of T3 and T4 were restored to normal. The pathophysiological mechanism of radiotherapy-induced hyperthyroidism has yet to be elucidated. Hyperthyroidism is often neglected as several of its clinical manifestations are similar to other complications observed during and following cancer treatment. Therefore, it is necessary to monitor thyroid function following head and neck radiotherapy.

TÍTULO / TITLE: - Management of lymph node-positive prostate cancer: the role of surgery and radiation therapy.

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

REVISTA / JOURNAL: - Oncology (Williston Park). 2013 Jul;27(7):647-55.

AUTORES / AUTHORS: - Mitin T; Blute M; Lee R; Efstathiou J

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Massachusetts General Hospital (MGH), Boston, Massachusetts 02114, USA. tmitin@partners.org

RESUMEN / SUMMARY: - There is no clear consensus on how to manage a subset of patients with prostate cancer (PCa) who present with involved lymph nodes (LN+). Although outcomes for these patients are uniformly worse than those for patients with localized PCa, they are better than outcomes for patients with bone metastases, with more than 60% of patients alive at 10 years after the initial diagnosis. This article reviews the existing data on outcomes for patients treated with various combinations of systemic and local therapies. Current evidence suggests both a disease-control benefit and a survival benefit to multimodality therapy, which combines systemic

androgen deprivation therapy (ADT) with local therapies, such as surgery and radiation, without evidence of excessive treatment-related toxicities.

TÍTULO / TITLE: - The free radical theory of aging in search of a strategy for increasing life span.

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

REVISTA / JOURNAL: - Folia Med (Plovdiv). 2013 Jan-Mar;55(1):33-41.

AUTORES / AUTHORS: - Ivanova DG; Yankova TM

INSTITUCIÓN / INSTITUTION: - Department of Biochemistry, Molecular Medicine and Nutrigenomics, Prof. Dr. P. Stoyanov Medical University, Varna, Bulgaria.

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RESUMEN / SUMMARY: - This overview is an attempt to throw a fresh look at the popular free radical theory of aging (referred to also as oxidative stress theory) which holds that the progressive decline in physiological functions is a result of accumulation of diverse deleterious changes caused by reactive oxygen species (ROS). We discuss the role of mitochondria as a major source of ROS in the cell and how these link accumulation of oxidative damage to the age-related changes in physiologic functions. The free radical theory of aging is analysed here from two different views of aging— one (the pessimistic view) that regards aging as the inevitable result of life activity the consequences of which are accumulation of errors in the genome and damage of the biomolecules, and the other (the optimistic view) which considers that it is the changes in mitochondrial pathways of apoptosis with age that cause the functional tissue changes and aging. We also discuss the possibility of delaying the aging process by appropriate diet or drug therapy, which includes also calorie restriction as a mechanism of modifying the generation of free radicals and body metabolism and thus extending lifespan as a result.

TÍTULO / TITLE: - Radiation Treatment for WHO Grade II and III Meningiomas.

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

REVISTA / JOURNAL: - Front Oncol. 2013 Sep 2;3:227.

●● [Enlace al texto completo \(gratis o de pago\) 3389/fonc.2013.00227](#)

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INSTITUCIÓN / INSTITUTION: - Department of Neurological Surgery, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA.

RESUMEN / SUMMARY: - The treatment of meningiomas is tailored to their histological grade. While World Health Organization (WHO) grade I lesions can be treated with either surgery or external beam radiation, WHO Grade II and III lesions often require a combination of the two modalities. For these high-grade lesions, conventional external beam radiation is delivered to either the residual tumor or the surgical resection margin. The optimal timing of radiation, either immediately following surgical

resection or at the time of recurrence, is yet to be determined. Additionally, another method of radiation delivery, brachytherapy, can be administered locally at the time of surgery for recurrent lesions. Altogether, the complex nature of WHO grade II and III meningiomas requires careful treatment planning and delivery by a multidisciplinary team.

TÍTULO / TITLE: - Pyridoxine for prevention of hand-foot syndrome caused by chemotherapy: a systematic review.

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

REVISTA / JOURNAL: - PLoS One. 2013 Aug 20;8(8):e72245. doi: 10.1371/journal.pone.0072245.

●● [Enlace al texto completo \(gratis o de pago\) 1371/journal.pone.0072245](#)

AUTORES / AUTHORS: - Chen M; Zhang L; Wang Q; Shen J

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RESUMEN / SUMMARY: - BACKGROUND: Hand-foot syndrome (HFS) is a relatively frequent dermatologic toxic reaction to certain anti-cancer chemotherapies. The syndrome can evolve into a distressing condition that limits function and affects quality of life. Pyridoxine (vitamin B6) has been used empirically for the prevention of HFS caused by anti-cancer therapy. However, evidence of its efficacy remains controversial. METHODOLOGY//PRINCIPAL FINDINGS: Systematic literature searches were conducted on the Cochrane Library, PUBMED, EMBASE, LILACS, CBM, CNKI, VIP, WANFANG and the U.S. ClinicalTrials.gov website. We included all related randomized controlled trials (RCTs) irrespective of language. Reviewers from different professions independently assessed all potential studies and extracted data. Subgroup analysis was planned according to dose of pyridoxine. 5 RCTs involving 607 patients were contributed to the meta-analysis. No significant differences were found between patients receiving pyridoxine and placebo for prevention of incidence of HFS and grade 2 or worse HFS (relative risk (RR) 0.96, 95%confidence interval (CI) 0.86-1.06; RR0.95, 95%CI 0.73-1.24, respectively). Similarly, no significant improvement in quality of life was detected among patients. However, significant difference was found for prevention of grade 2 or worse HFS with pyridoxine 400 mg daily compared to 200 mg (RR0.55, 95%CI 0.33-0.92). CONCLUSIONS/SIGNIFICANCE: There is inadequate evidence to make any recommendation about using pyridoxine for prevention of HFS caused by chemotherapy. However, pyridoxine 400 mg may have some efficacy. Further studies of large sample sizes are needed to evaluate the efficacy and safety of pyridoxine, especially at high dose, in comparison with placebo.

TÍTULO / TITLE: - A systematic review of experimental and clinical acupuncture in chemotherapy-induced peripheral neuropathy.

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

REVISTA / JOURNAL: - Evid Based Complement Alternat Med. 2013;2013:516916. doi: 10.1155/2013/516916. Epub 2013 Jul 24.

●● Enlace al texto completo (gratis o de pago) [1155/2013/516916](#)

AUTORES / AUTHORS: - Franconi G; Manni L; Schroder S; Marchetti P; Robinson N

INSTITUCIÓN / INSTITUTION: - Department of Systems Medicine, Tor Vergata University, 00133 Rome, Italy.

RESUMEN / SUMMARY: - Chemotherapy-induced peripheral neuropathy (CIPN) is a common side effect that can be very disabling and can limit or delay the dose of chemotherapy that can be administered. Acupuncture may be effective for treating peripheral neuropathy. The aim of this study was to review the available literature on the use of acupuncture for CIPN. The systematic literature search was performed using MEDLINE, Google Scholar, Cochrane Database, CINAHL, and ISI Proceedings. Hand searching was conducted, and consensus was reached on all extracted data. Only papers in the English language were included, irrespective of study design. From 3989 retrieved papers, 8 relevant papers were identified. One was an experimental study which showed that electroacupuncture suppressed CIPN pain in rats. In addition, there were 7 very heterogeneous clinical studies, 1 controlled randomised study using auricular acupuncture, 2 randomized controlled studies using somatic acupuncture, and 3 case series/case reports which suggested a positive effect of acupuncture in CIPN. Conclusions. Only one controlled randomised study demonstrated that acupuncture may be beneficial for CIPN. All the clinical studies reviewed had important methodological limitations. Further studies with robust methodology are needed to demonstrate the role of acupuncture for treating CIPN resulting from cancer treatment.

TÍTULO / TITLE: - A survey of radiation treatment planning peer-review activities in a provincial radiation oncology programme: current practice and future directions.

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

REVISTA / JOURNAL: - British Medical J (BMJ). %8?(3k+]3s <http://bmj.com/search.dtl>

●● British Medical J. (BMJ): <> Open. 2013 Jul 31;3(7). pii: e003241. doi: 10.1136/bmjopen-2013-003241.

●● Enlace al texto completo (gratis o de pago) [1136/bmjopen-2013-003241](#)

AUTORES / AUTHORS: - Brundage M; Foxcroft S; McGowan T; Gutierrez E; Sharpe M; Warde P

INSTITUCIÓN / INSTITUTION: - Cancer Care and Epidemiology, Queen's Cancer Research Institute, Kingston General Hospital, Kingston, Ontario, Canada.

RESUMEN / SUMMARY: - OBJECTIVES: To describe current patterns of practice of radiation oncology peer review within a provincial cancer system, identifying barriers and facilitators to its use with the ultimate aim of process improvement. DESIGN: A survey of radiation oncology programmes at provincial cancer centres. SETTING: All cancer centres within the province of Ontario, Canada (n=14). These are community-based outpatient facilities overseen by Cancer Care Ontario, the provincial cancer agency. PARTICIPANTS: A delegate from each radiation oncology programme filled out a single survey based on input from their multidisciplinary team. OUTCOME MEASURES: Rated importance of peer review; current utilisation; format of the peer-review process; organisation and timing; case attributes; outcomes of the peer-review process and perceived barriers and facilitators to expanding peer-review processes. RESULTS: 14 (100%) centres responded. All rated the importance of peer review as at least 8/10 (10=extremely important). Detection of medical error and improvement of planning processes were the highest rated perceived benefits of peer review (each median 9/10). Six centres (43%) reviewed at least 50% of curative cases; four of these centres (29%) conducted peer review in more than 80% of cases treated with curative intent. Fewer than 20% of cases treated with palliative intent were reviewed in most centres. Five centres (36%) reported usually conducting peer review prior to the initiation of treatment. Five centres (36%) recorded the outcomes of peer review on the medical record. Thirteen centres (93%) planned to expand peer-review activities; a critical mass of radiation oncologists was the most important limiting factor (median 6/10). CONCLUSIONS: Radiation oncology peer-review practices can vary even within a cancer system with provincial oversight. The application of guidelines and standards for peer-review processes, and monitoring of implementation and outcomes, will require effective knowledge translation activities.

TÍTULO / TITLE: - New strategy for overcoming resistance to chemotherapy of ovarian cancer.

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

REVISTA / JOURNAL: - Yonago Acta Med. 2013 Jun;56(2):43-50. Epub 2013 Jul 12.

AUTORES / AUTHORS: - Kigawa J

INSTITUCIÓN / INSTITUTION: - Tottori University Hospital Cancer Center, Yonago 683-8504, Japan.

RESUMEN / SUMMARY: - BACKGROUND: Ovarian cancer is one of the most sensitive solid tumors, with objective responses ranging from 60 to 80% even in patients with advanced stage. However, most patients ultimately recur and develop resistance to chemotherapy. As a result, the survival rate for patients with ovarian cancer has not improved over the past 20 years. Resistance to chemotherapy presents a major obstacle to attempt to improve the prognosis of patients with ovarian cancer. A new strategy is necessary to improve the prognosis of patients with ovarian cancer.

METHODS: The mechanism of chemoresistance was reviewed to get over the

resistance. Additionally, the biological characteristics of ovarian cancer and molecular-targeted agents including signal-transduction inhibitors and anti-angiogenesis were discussed. RESULTS: Genetic diagnosis for chemosensitivity with drug-resistance genes may be a useful predictor. Unfortunately, molecular-targeted therapy alone has been insufficient to improve the prognosis for patients with advanced ovarian cancer. Molecular molecular-targeted therapy should be carried out together with conventional cytotoxic agents. On the occasion of the use of the molecular targeted-agents, care of the appearance of the unexpected adverse effect should be important. CONCLUSION: The future research in this field will enable to develop an effective strategy for conquest of chemoresistance in ovarian cancer.

TÍTULO / TITLE: - Neoadjuvant Chemotherapy and Targeted Therapy in Breast Cancer: Past, Present, and Future.

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

REVISTA / JOURNAL: - J Oncol. 2013;2013:732047. Epub 2013 Aug 20.

- [Enlace al texto completo \(gratis o de pago\) 1155/2013/732047](#)

AUTORES / AUTHORS: - Gampenrieder SP; Rinnerthaler G; Greil R

INSTITUCIÓN / INSTITUTION: - 3rd Medical Department with Hematology, Medical Oncology, Hemostaseology, Rheumatology and Infectious Diseases, Oncologic Center, Laboratory of Immunological and Molecular Cancer Research, Paracelsus Medical University, Mullner Hauptstrasse 48, 5020 Salzburg, Austria.

RESUMEN / SUMMARY: - Traditionally, neoadjuvant treatment for breast cancer was preserved for locally advanced and inflammatory disease, converting an inoperable to a surgical resectable cancer. In recent years, neoadjuvant therapy has become an accepted treatment option also for lower tumor stages in order to increase the rate of breast conserving therapy and to reduce the extent of surgery. Furthermore, treatment response can be monitored, and therefore, patient compliance may be increased. Neoadjuvant trials, additionally, offer the opportunity to evaluate new treatment options in a faster way and with fewer patients than large adjuvant trials. Compared to the metastatic setting, the issue of acquired resistance and pretreatments, which may distort treatment efficacy, can be avoided. New trial designs like window-of-opportunity trials or postneoadjuvant trials provide the chance to identify tumor sensitivity or to overcome tumor resistance in early tumor stages. In particular, in HER2-positive breast cancer, the neoadjuvant approach yielded great successes. The dual HER2 blockade with trastuzumab and pertuzumab recently showed the highest pCR rates ever reported. Many new drugs are in clinical testing with the aim to further increase pCR rates. Whether this endpoint really represents a surrogate for long-term outcome is not answered yet and will be discussed in this review.

TÍTULO / TITLE: - Smoking, radiotherapy, diabetes and osteoporosis as risk factors for dental implant failure: a meta-analysis.

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

REVISTA / JOURNAL: - PLoS One. 2013 Aug 5;8(8):e71955. doi: 10.1371/journal.pone.0071955. Print 2013.

●● Enlace al texto completo (gratis o de pago) [1371/journal.pone.0071955](https://doi.org/10.1371/journal.pone.0071955)

AUTORES / AUTHORS: - Chen H; Liu N; Xu X; Qu X; Lu E

INSTITUCIÓN / INSTITUTION: - College of Stomatology, Shanghai Jiao Tong University School of Medicine, Shanghai, China.

RESUMEN / SUMMARY: - BACKGROUND: There are conflicting reports as to the association between smoking, radiotherapy, diabetes and osteoporosis and the risk of dental implant failure. We undertook a meta-analysis to evaluate the association between smoking, radiotherapy, diabetes and osteoporosis and the risk of dental implant failure. METHODS: A comprehensive research on MEDLINE and EMBASE, up to January 2013, was conducted to identify potential studies. References of relevant studies were also searched. Screening, data extraction and quality assessment were conducted independently and in duplicate. A random-effects meta-analysis was used to pool estimates of relative risks (RRs) with 95% confidence intervals (CIs). RESULTS: A total of 51 studies were identified in this meta-analysis, with more than 40,000 dental implants placed under risk-threatening conditions. The pooled RRs showed a direct association between smoking (n = 33; RR = 1.92; 95% CI, 1.67-2.21) and radiotherapy (n = 16; RR = 2.28; 95% CI, 1.49-3.51) and the risk of dental implant failure, whereas no inverse impact of diabetes (n = 5; RR = 0.90; 95% CI, 0.62-1.32) on the risk of dental implant failure was found. The influence of osteoporosis on the risk of dental implant failure was direct but not significant (n = 4; RR = 1.09; 95% CI, 0.79-1.52). The subgroup analysis indicated no influence of study design, geographical location, length of follow-up, sample size, or mean age of recruited patients. CONCLUSIONS: Smoking and radiotherapy were associated with an increased risk of dental implant failure. The relationship between diabetes and osteoporosis and the risk of implant failure warrant further study.

TÍTULO / TITLE: - Focal low-dose rate brachytherapy for the treatment of prostate cancer.

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

REVISTA / JOURNAL: - Cancer Manag Res. 2013 Sep 13;5:315-25. doi: 10.2147/CMAR.S33056.

●● Enlace al texto completo (gratis o de pago) [2147/CMAR.S33056](https://doi.org/10.2147/CMAR.S33056)

AUTORES / AUTHORS: - Tong WY; Cohen G; Yamada Y

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Memorial Sloan-Kettering Cancer Center, New York, NY, USA.

RESUMEN / SUMMARY: - Whole-gland low-dose rate (LDR) brachytherapy has been a well-established modality of treating low-risk prostate cancer. Treatment in a focal manner has the advantages of reduced toxicity to surrounding organs. Focal treatment using LDR brachytherapy has been relatively unexplored, but it may offer advantages over other modalities that have established experiences with a focal approach. This is particularly true as prostate cancer is being detected at an earlier and more localized stage with the advent of better detection methods and newer imaging modalities.

TÍTULO / TITLE: - Recent advances in diagnosis and treatment of transitional cell carcinoma of the bladder.

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

REVISTA / JOURNAL: - Int J Surg. 2013 Sep 5. pii: S1743-9191(13)01044-3. doi: 10.1016/j.ijisu.2013.08.018.

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

AUTORES / AUTHORS: - Martyn-Hemphill C; Mak D; Khan MS; Challacombe BJ; Bishop CV

INSTITUCIÓN / INSTITUTION: - Guy's Hospital, London SE1 9RT, United Kingdom.

RESUMEN / SUMMARY: - The management of transitional cell carcinoma of the bladder (TCCB) presents a challenge to urological surgeons due to the diversity of patient factors, stage at presentation and propensity for disease recurrence and progression. Advances in the last decade have seen an evolution in techniques for diagnosis, treatment and ongoing surveillance. A good understanding of our patients, the disease and the available diagnostic and therapeutic options is essential for the management of this condition. We review the current literature focusing on the merits of recent advances in this field. Given the breadth of the subject, we have deliberately selected only the most relevant and recent advances already in clinical use.

TÍTULO / TITLE: - Extended surgery for retroperitoneal sarcoma: the key to maximizing the potential for cure and survival. Pro.

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

REVISTA / JOURNAL: - Oncology (Williston Park). 2013 Jul;27(7):640, 642.

AUTORES / AUTHORS: - Gronchi A

INSTITUCIÓN / INSTITUTION: - Sarcoma Service, Department of Surgery, Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy.

TÍTULO / TITLE: - The role of cyclin D1 in response to long-term exposure to ionizing radiation.

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

REVISTA / JOURNAL: - Cell Cycle. 2013 Sep 1;12(17):2738-2743. Epub 2013 Aug 5.

●● Enlace al texto completo (gratis o de pago) [4161/cc.25746](#)

AUTORES / AUTHORS: - Shimura T; Fukumoto M; Kunugita N

INSTITUCIÓN / INSTITUTION: - Department of Environmental Health; National Institute of Public Health 2-3-6 Minami; Wako, Saitama, Japan.

RESUMEN / SUMMARY: - The health-related hazards resulting from long-term exposure to radiation remain unknown. Thus, an appropriate molecular marker is needed to clarify these effects. Cyclin D1 regulates the cell cycle transition from the G1 phase to the S phase. Cyclin D1 is degraded as a G1/S checkpoint after 10 Gy of single acute radiation exposure, whereas conversely, cyclin D1 is stabilized when human tumor cells are exposed to fractionated radiation (FR) with 0.5 Gy of x-rays for 31 d. In this article, we review new findings regarding cyclin D1 overexpression in response to long-term exposure to FR. Cyclin D1 overexpression is associated with induction of genomic instability in irradiated cells. Therefore, repression of cyclin D1 expression is likely to cancel the harmful effects of long-term exposure to FR. Thus cyclin D1 may be a marker of long-term exposure to radiation and is a putative molecular radioprotection target for radiation safety.

TÍTULO / TITLE: - Practice-based evidence to evidence-based practice: building the National Radiation Oncology Registry.

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

REVISTA / JOURNAL: - J Oncol Pract. 2013 May;9(3):e90-5. doi: 10.1200/JOP.2013.001003.

●● Enlace al texto completo (gratis o de pago) [1200/JOP.2013.001003](#)

AUTORES / AUTHORS: - Efstathiou JA; Nassif DS; McNutt TR; Bogardus CB; Bosch W; Carlin J; Chen RC; Chou H; Eggert D; Fraass BA; Goldwein J; Hoffman KE; Hotz K; Hunt M; Kessler M; Lawton CA; Mayo C; Michalski JM; Mutic S; Potters L; Rose CM; Sandler HM; Sharp G; Tome W; Tran PT; Wall T; Zietman AL; Gabriel PE; Bekelman JE

INSTITUCIÓN / INSTITUTION: - Massachusetts General Hospital, Department of Radiation Oncology, Boston, MA 02114-2606, USA. jefstathiou@partners.org

RESUMEN / SUMMARY: - The National Radiation Oncology Registry (NROR), sponsored by the Radiation Oncology Institute and the American Society for Radiation Oncology, is designed to collect standardized information on cancer care delivery among patients treated with radiotherapy in the United States and will focus on patients with prostate cancer. Stakeholders were engaged through a forum that emphasized the need for patient-centered outcomes, minimal data burden, and maximal connectivity to existing registries and databases. An electronic infrastructure is under development to provide connectivity across radiation oncology and hospital information systems. The NROR Gateway features automatic abstraction as well as aggregation of treatment and outcome data. The prostate cancer data dictionary provides standardized elements in four domains: facility, physician, patient, and treatment. The pilot phase will consist of clinical centers chosen to provide a representative mix of radiation treatment modalities, facility types, population-based settings, and regional locations. The initial set of radiation practice metrics includes physician board certification and

maintenance, ordering of staging scans, active surveillance discussion, dose prescriptions for low-risk/high-risk disease, radiation fields for low-risk/high-risk disease, image-guided radiation therapy use, androgen deprivation therapy use, post-brachytherapy implant computed tomography dosimetry, collection of toxicity assessments, and longitudinal patient follow-up. The NROR pilot study will provide the framework for expansion to a nationwide electronic registry for radiation oncology.

TÍTULO / TITLE: - Literature review: preoperative radiotherapy and rectal cancer - impact on acute symptom presentation and quality of life.

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

REVISTA / JOURNAL: - J Clin Nurs. 2013 Sep 5. doi: 10.1111/jocn.12138.

●● [Enlace al texto completo \(gratis o de pago\) 1111/jocn.12138](#)

AUTORES / AUTHORS: - O’Gorman C; Denieffe S; Gooney M

INSTITUCIÓN / INSTITUTION: - Department of Nursing, School of Health Science, Waterford Institute of Technology, Waterford, Ireland.

RESUMEN / SUMMARY: - **AIMS AND OBJECTIVES:** This paper presents a critical review of published literature detailing side effects of preoperative radiotherapy in patients with rectal cancer and the impact of their treatment on their quality of life which will assist in guiding nursing management in the future. **BACKGROUND:** Preoperative radiotherapy for rectal cancer leads to a number of side effects that have a negative influence on patients’ quality of life. Although studies have investigated the various adverse effects that can occur, these have not yet been critically appraised and synthesised to form a comprehensive review of their prevalence and effects on the quality of life of patients with rectal cancer. **DESIGN:** This literature review study addresses the aims and objectives. **METHODS:** Following a literature search of electronic databases, 23 articles were retrieved that met the selection criteria with papers discussed in relation to symptoms that present due to this treatment, with six of these 23 studies also referring to health-related quality of life. **RESULTS:** Preoperative radiotherapy leads to a number of common adverse effects including diarrhoea, dermatological problems, micturition problems, fatigue, sexual dysfunction and pain. Some can lead to a decline in quality of life during treatment and cause prolonged surgical recovery times, but there appears to be no long-term deterioration in quality of life. **CONCLUSIONS:** There is a paucity of literature that specifically examines fatigue and quality of life in relation to patients with rectal cancer during preoperative radiotherapy treatment. **RELEVANCE TO CLINICAL PRACTICE:** Awareness of the prevalence and severity of the acute side effects of preoperative radiotherapy will enable nurses to thoroughly assess these symptoms, plan and implement appropriate interventions and evaluate outcomes. This will assist in optimising the quality of life of patients with rectal cancer and may hasten postoperative recovery times.

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

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

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

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

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

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

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

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

●● Enlace al texto completo (gratis o de pago) [1371/journal.pone.0073805](#)

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

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

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

maintenance chemotherapy appeared to be at a disadvantage in terms of PFS compared with patients who only underwent observation (HR, 1.27; 95% CI: 1.04-1.54; P = 0.018). CONCLUSIONS/SIGNIFICANCE: Maintenance chemotherapy failed to improve survival outcomes in patients with SCLC. However, a significant advantage in terms of PFS was observed for maintenance chemotherapy in patients with extensive disease. Additionally, our results suggest that the continuous strategy is inferior to observation; its clinical value needs to be investigated in additional trials.

TÍTULO / TITLE: - Palliative 5-fluorouracil and cisplatin chemotherapy in recurrent metastatic sebaceous carcinoma: Case report and literature review.

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

REVISTA / JOURNAL: - Asia Pac J Clin Oncol. 2013 Aug 27. doi: 10.1111/ajco.12088.

●● Enlace al texto completo (gratis o de pago) [1111/ajco.12088](#)

AUTORES / AUTHORS: - Jung YH; Woo IS; Kim MY; Han CW; Rha EY

INSTITUCIÓN / INSTITUTION: - Division of Hematology-Oncology, Department of Internal Medicine, Yeouido St Mary's Hospital, Catholic University of Korea College of Medicine, Seoul, Korea.

RESUMEN / SUMMARY: - Sebaceous carcinoma is a rare malignant tumor of the skin. Although this tumor is not completely understood due to its rarity and the paucity of published reports, it is known to be an aggressive tumor with a high incidence in Asia. Sebaceous carcinomas occur preferentially in the periocular region and require attention not to miss the associated Muir-Torre syndrome. In the case of localized disease, a wide local excision with clear margin followed by adjuvant radiation therapy is usually considered the standard treatment strategy but there is no agreed treatment strategy or standard chemotherapeutic regimen for recurrent metastatic sebaceous carcinoma. We report here two cases of recurrent metastatic sebaceous carcinoma patients who responded to 5-fluorouracil and cisplatin combination chemotherapy, and review the literature. We suggest that 5-fluorouracil-cisplatin can be considered a feasible and effective treatment modality for recurrent sebaceous carcinoma.

TÍTULO / TITLE: - Radio-chemotherapy for bladder cancer: Contribution of chemotherapy on local control.

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

REVISTA / JOURNAL: - World J Radiol. 2013 Aug 28;5(8):267-74. doi: 10.4329/wjr.v5.i8.267.

●● Enlace al texto completo (gratis o de pago) [4329/wjr.v5.i8.267](#)

AUTORES / AUTHORS: - Plataniotis GA; Dale RG

INSTITUCIÓN / INSTITUTION: - George A Plataniotis, Department of Oncology, Queens Hospital, Essex RM7 0AG, United Kingdom.

RESUMEN / SUMMARY: - The purpose of this study was to review the magnitude of contribution of chemotherapy (CT) in the local control of muscle invasive bladder carcinoma in the studies where a combined radio-chemotherapy (RCT) was used (how much higher local control rates are obtained with RCT compared to RT alone). Studies on radiotherapy (RT) and combined RCT, neo-adjuvant, concurrent, adjuvant or combinations, reported after 1990 were reviewed. The mean complete response (CR) rates were significantly higher for the RCT studies compared to RT-alone studies: 75.9% vs 64.4% (Wilcoxon rank-sum test, $P = 0.001$). Eleven of the included RCT studies involved 2-3 cycles of neo-adjuvant CT, in addition to concurrent RCT. The RCT studies included the one-phase type (where a full dose of RCT was given and then assessment of response and cystectomy for non-responders followed) and the two-phase types (where an assessment of response was undertaken after an initial RCT course, followed 6 wk later by a consolidation RCT for those patients with a CR). CR rates between the two subgroups of RCT studies were 79.6% (one phase) vs 71.6% (two-phase) ($P = 0.015$). The average achievable tumour control rates, with an acceptable rate of side effects have been around 70%, which may represent a plateau. Further increase in CR response rates demands for new chemotherapeutic agents, targeted therapies, or modified fractionation in various combinations. Quantification of RT and CT contribution to local control using radiobiological modelling in trial designs would enhance the potential for both improved outcomes and the estimation of the potential gain.

TÍTULO / TITLE: - Hyperthermia as Adjunct to Intravesical Chemotherapy for Bladder Cancer.

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

REVISTA / JOURNAL: - Biomed Res Int. 2013;2013:262313. Epub 2013 Sep 1.

- [Enlace al texto completo \(gratis o de pago\) 1155/2013/262313](#)

AUTORES / AUTHORS: - Owusu RA; Abern MR; Inman BA

INSTITUCIÓN / INSTITUTION: - Division of Urology, Duke University Medical Center, Box 2812, Durham, NC 27710, USA.

RESUMEN / SUMMARY: - Nonmuscle invasive bladder cancer remains a very costly cancer to manage because of high recurrence rates requiring long-term surveillance and treatment. Emerging evidence suggests that adjunct and concurrent use of hyperthermia with intravesical chemotherapy after transurethral resection of bladder tumor further reduces recurrence risk and progression to advanced disease. Hyperthermia has both direct and immune-mediated cytotoxic effect on tumor cells including tumor growth arrest and activation of antitumor immune system cells and pathways. Concurrent heat application also acts as a sensitizer to intravesical chemotherapy agents. As such the ability to deliver hyperthermia to the focus of tumor while minimizing damage to surrounding benign tissue is of utmost importance to optimize the benefit of hyperthermia treatment. Existing chemohyperthermia

devices that allow for more localized heat delivery continue to pave the way in this effort. Current investigational methods involving heat-activated drug delivery selectively to tumor cells using temperature-sensitive liposomes also offer promising ways to improve chemohyperthermia efficacy in bladder cancer while minimizing toxicity to benign tissue. This will hopefully allow more widespread use of chemohyperthermia to all bladder cancer patients, including metastatic bladder cancer.

TÍTULO / TITLE: - MRI-targeted prostate biopsy: a review of technique and results.

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

REVISTA / JOURNAL: - Nat Rev Urol. 2013 Sep 24. doi: 10.1038/nrurol.2013.196.

●● Enlace al texto completo (gratis o de pago) [1038/nrurol.2013.196](#)

AUTORES / AUTHORS: - Robertson NL; Emberton M; Moore CM

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Royal Free Hospital, Pond Street, London NW3 2QC, UK.

RESUMEN / SUMMARY: - Multiparametric magnetic resonance imaging (mpMRI) is of interest for the diagnosis of clinically significant prostate cancer and mpMRI-targeted biopsies are being used increasingly in clinical practice. Target acquisition is performed using a range of magnet strengths and varying combinations of anatomical and functional sequences. Target identification at the time of biopsy can be carried out in the MRI scanner (in-bore biopsy) or, more commonly, the MRI-target is biopsied under ultrasonographic guidance. Many groups use cognitive or visual registration, whereby the biopsy target is identified on MRI and ultrasonography is subsequently used to direct the needle to the same location. Other groups use registration software to show prebiopsy MRI data on real-time ultrasonography. The reporting of histological results in MRI-targeted biopsy studies varies greatly. The most useful reports compare the detection of clinically significant disease in standard cores versus mpMRI-targeted cores in the same cohort of men, as recommended by the STAndards of Reporting for MRI-Targeted biopsy studies (START) consensus panel. Further evidence is needed before an mpMRI-targeted strategy can be recommended as the standard intervention for men at risk of prostate cancer.

TÍTULO / TITLE: - The short-term impact of protocol biopsies in a live-related renal transplant program using tacrolimus based immunosuppression.

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

REVISTA / JOURNAL: - Indian J Nephrol. 2013 Jul;23(4):253-8. doi: 10.4103/0971-4065.114474.

●● Enlace al texto completo (gratis o de pago) [4103/0971-4065.114474](#)

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INSTITUCIÓN / INSTITUTION: - Department of Surgery, All India Institute of Medical Sciences, Ansari Nagar, New Delhi, India.

RESUMEN / SUMMARY: - The aim of the study was to assess the impact of protocol biopsies in a live-related renal transplant program using tacrolimus-based immunosuppression in the short term. Eighty-three live-related transplant recipients were randomly allocated to protocol biopsy group (Group I, n = 40) and a control group (Group II, n = 43). Other immunosuppressants in these groups consisted of either mycophenolate mofetil or azathioprine and steroids. Protocol biopsies were conducted in biopsy group at 1, 6, and 12 months post-transplant. The non-biopsy group was followed by serial serum creatinine and biopsies in them were conducted as and when clinically indicated. Both groups were analyzed at 12 months with respect to graft function and survival. The two groups were similar with respect to age, number of dialysis pre-operatively, tacrolimus levels, induction therapy, donor age, and donor glomerular filtration rate. Forty protocol biopsies were conducted at 1 month, 31 at 6 months, and 26 at 12 months. The prevalence of sub-clinical rejection at 1, 6, and 12 months in these biopsies was 17.5%, 11.2%, and 10.3%, respectively. The prevalence of calcineurin inhibitor toxicity during same period was 15%, 15.5%, and 14.4%, respectively. The cumulative rejection rate in Group I and Group II at 12-month follow-up was 10.3% and 11.3% (P = 0.78), respectively, and cumulative calcineurin inhibitor toxicity at 12 months was 14.4% and 9.3% (P = 0.59), respectively, were not statistically significant. There was no difference in graft survival and function at 1 year. Protocol biopsies have a limited role in a well-matched renal transplant program with tacrolimus-based immunosuppression in the short term. However, the long-term impact of protocol biopsies needs further evaluation.

TÍTULO / TITLE: - Technical Aspects of Holmium Laser Enucleation of the Prostate for Benign Prostatic Hyperplasia.

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

REVISTA / JOURNAL: - Korean J Urol. 2013 Sep;54(9):570-579. Epub 2013 Sep 10.

●● Enlace al texto completo (gratis o de pago) [4111/kju.2013.54.9.570](#)

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RESUMEN / SUMMARY: - Holmium laser enucleation of the prostate (HoLEP) is a minimally invasive procedure and a size-independent treatment for benign prostatic hyperplasia with excellent long-term surgical outcome. HoLEP has become an alternative to conventional transurethral resection of the prostate or open prostatectomy owing to its efficacy and safety. Although HoLEP is known to have a steep learning curve, very few articles have addressed the technical aspects of HoLEP. Herein, we described detailed techniques and tips for HoLEP as performed at Seoul National University Hospital in a step-by-step manner with extensive review of the literature.

TÍTULO / TITLE: - Prostate cancer: AUA-ASTRO guidelines for post-RP radiation fail to go nuclear.

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

REVISTA / JOURNAL: - Nat Rev Urol. 2013 Sep;10(9):498-9. doi: 10.1038/nrurol.2013.163. Epub 2013 Aug 6.

●● Enlace al texto completo (gratis o de pago) [1038/nrurol.2013.163](#)

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