#15#

Revisiones (todas) * Reviews (all)**

Cancer Pharmacogenomics.

October / November 2013

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[1]

TÍTULO / TITLE: - Risk of gastrointestinal perforation in cancer patients treated with vascular endothelial growth factor receptor tyrosine kinase inhibitors: A systematic review and meta-analysis.

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

REVISTA / JOURNAL: - Crit Rev Oncol Hematol. 2013 Oct 12. pii: S1040-8428(13)00212-6. doi: 10.1016/j.critrevonc.2013.10.002.

●● Enlace al texto completo (gratuito o de pago) 1016/j.critrevonc.2013.10.002

AUTORES / AUTHORS: - Qi WX; Sun YJ; Tang LN; Shen Z; Yao Y

INSTITUCIÓN / INSTITUTION: - Department of Oncology, The Sixth People's Hospital, Shanghai Jiao Tong University, No. 600, Yishan Road, Shanghai 200233, China.

RESUMEN / SUMMARY: - BACKGROUND: The use of vascular-endothelial growth factor (VEGF) antibody bevacizumab is associated with an increased risk of gastrointestinal (GI) perforation, but the incidence and risk of GI perforation associated with vascular endothelial growth factor tyrosine-kinase inhibitors (VEGFR-TKIs) has not been well described. We conduct a systematic review and meta-analysis of published trials to evaluate the overall incidence and risk of GI perforation associated with VEGFR-TKIs. METHODS: Databases from PubMed, Web of Science and abstracts presented at ASCO meeting up to March 31, 2013 were searched to identify relevant studies. Eligible studies included prospective phase II and III trials evaluating VEGFR-TKIs in cancer patients with adequate data on GI perforation. Statistical analyses were conducted to calculate the summary incidence, odds ratio (OR) and 95% confidence intervals (CIs) by using either random effects or fixed effect models according to the heterogeneity of included studies. RESULTS: A total of 5352 patients with a variety of solid tumors from 20 clinical trials were included in our analysis. The incidence of GI

perforation was 1.3% (95%CI: 0.8-2.0%) among patients receiving VEGFR-TKIs, with a mortality of 28.6% (15.0-47.6%). Patients treated with VEGFR-TKIs did not significantly increase the risk of GI perforation compared with patients treated with control medication, with an OR of 2.99 (95%CI: 0.85-10.53, p=0.089). Sub-group analysis showed that the incidence of GI perforation did not significantly vary with tumor types, VEGFR-TKIs and treatments regimens. No evidence of publication bias was observed. CONCLUSIONS: The use of VEGFR-TKIs dose not significantly increase the risk of GI perforation in comparison with the controls. Further studies are recommended to investigate this association and the risk differences among different tumor types, VEGFR-TKIs or treatment regimens.

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[2]

TÍTULO / TITLE: - From the Medical Board of the National Psoriasis Foundation: Recommendations for screening for hepatitis B infection prior to initiating anti-tumor necrosis factor-alfa inhibitors or other immunosuppressive agents in patients with psoriasis.

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

REVISTA / JOURNAL: - J Am Acad Dermatol. 2013 Nov 9. pii: S0190-9622(13)01016-5. doi: 10.1016/j.jaad.2013.08.049.

●● Enlace al texto completo (gratuito o de pago) 1016/j.jaad.2013.08.049

AUTORES / AUTHORS: - Motaparthi K; Stanisic V; Van Voorhees AS; Lebwohl MG; Hsu S

INSTITUCIÓN / INSTITUTION: - Department of Dermatology at Baylor College of Medicine, Houston, Texas.

RESUMEN / SUMMARY: - BACKGROUND: No consensus exists regarding the optimal laboratory screening for hepatitis B infection that should be performed before initiating therapy with tumor necrosis factor-alfa inhibitors or other immunosuppressive agents. OBJECTIVE: We sought to give guidelines on which tests to order for hepatitis B screening. METHODS: We review the pathophysiology and serology of hepatitis B infection and provide recommendations for screening for hepatitis B infection in patients with psoriasis before beginning anti-tumor necrosis factor-alfa therapy or other immunosuppressive agents. RESULTS: We propose the standardized use of triple serology testing: hepatitis B surface antigen, hepatitis B surface antibody, and hepatitis B core antibody in combination with liver function tests as screening. LIMITATIONS: Conclusions based on review of available literature is a limitation. CONCLUSIONS: All patients with psoriasis who are candidates for tumor necrosis factor-alfa inhibitor should undergo screening for hepatitis B virus infection using the triple serology: hepatitis B surface antigen, hepatitis B surface antibody, and hepatitis B core antibody. It is advisable that patients, who are candidates for ustekinumab, cyclosporine, or methotrexate undergo the same screening.

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[3]

TÍTULO / TITLE: - Prognostic Biomarkers in Patients with Resected Cholangiocarcinoma: A Systematic Review and Meta-analysis.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Oct 1.

●● Enlace al texto completo (gratuito o de pago) 1245/s10434-013-3286-x

AUTORES / AUTHORS: - Ruys AT; Groot Koerkamp B; Wiggers JK; Klumpen HJ; Ten Kate FJ; van Gulik TM

INSTITUCIÓN / INSTITUTION: - Department of Experimental Surgery, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands.

RESUMEN / SUMMARY: - PURPOSE: Biomarkers for patients with resected cholangiocarcinoma (CC) can improve staging and may ultimately result in personalized medicine. Studies evaluating these biomarkers often have shown inconsistent results. We performed a systematic review and meta-analysis to investigate the prognostic value of all immunohistochemistry-based markers that have been evaluated in patients with resected CC. METHODS: In July 2013, we searched the two main medical literature databases: MEDLINE and EMBASE. We extracted hazard ratios (HRs) and associated 95 % confidence intervals (CIs) from the identified studies and performed random-effects model meta-analyses on overall survival (OS) in accordance with preferred reporting items for systematic reviews and meta-analyses statement and reporting recommendations for tumor marker prognostic studies (REMARK) guidelines. RESULTS: A total of 73 studies, including 4,126 patients studying 77 individual biomarkers, met the inclusion criteria. Fourteen studies were graded with a low risk of bias. Biomarkers prognostic of OS in pooled analysis included fascin (HR 2.58; 95 % CI 1.19-5.58), EGFR (HR 1.79; 95 % CI 1.14-2.8), MUC1 (HR 2.52; 95 % CI 1.49-4.26), MUC4 (HR 2.45; 95 % CI 1.56-3.86), and p27 (HR 0.29; 95 % CI 0.14-0.6). Other markers showed promising results in single studies, including HSP27, Akt, HDGF, MUC6, p16, p-4EBP1, S100A4, alpha-SMA, Keratin 903, and TROP2. CONCLUSIONS: Meta-analysis demonstrated that the biomarkers fascin, EGFR, MUC1, MUC4, and p27 are associated with survival in patients with resected CC. Future studies should validate these, and other promising biomarkers, and adhere to the REMARK guidelines.

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[4]

TÍTULO / TITLE: - A meta-analysis of temozolomide versus radiotherapy in elderly glioblastoma patients.

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

REVISTA / JOURNAL: - J Neurooncol. 2013 Nov 1.

●● Enlace al texto completo (gratuito o de pago) 1007/s11060-013-1294-0

AUTORES / AUTHORS: - Yin AA; Cai S; Dong Y; Zhang LH; Liu BL; Cheng JX; Zhang X

INSTITUCIÓN / INSTITUTION: - Department of Neurosurgery, Xijing Institute of Clinical Neuroscience, Xijing Hospital, Fourth Military Medical University, Changle West Road, No. 127, Xi'an, 710032, Shaanxi, People's Republic of China.

RESUMEN / SUMMARY: - Temozolomide (TMZ) alone has been proposed as a promising alternative to radiotherapy (RT) in elderly glioblastoma (GBM) patients. We report a meta-analysis to systematically evaluate TMZ monotherapy in older GBM patients. A systematic literature search was performed using PubMed, EMBASE and the Cochrane database. Studies comparing TMZ versus RT in elderly patients (>/=65 years) with newly diagnosed GBM were eligible for inclusion. Two randomized clinical trials (RCTs) and three comparative studies were included in the analyses, which revealed an overall survival (OS) advantage for TMZ compared with RT (HR [hazard

ratio] 0.86, 95 % CI [confidence interval] 0.74-1.00). However, a sensitivity analysis of 2 RCTs only supported its non-inferiority (HR 0.91, 95 % CI 0.66-1.27). Most elderly patients tolerated TMZ despite an increased risk of grade 3-4 (G3-4) toxicities, especially hematological toxicities. The quality of life was similar between the groups. In the MGMT analysis, methylated tumors were associated with a longer OS than unmethylated tumors among elderly patients receiving TMZ monotherapy (HR 0.50, 95 % CI 0.35-0.70). Moreover, in patients with methylated tumors, TMZ was more beneficial than RT alone in improving OS (TMZ vs. RT: HR 0.66, 95 % CI 0.47-0.93) whereas the opposite was true for those with unmethylated tumors (HR 1.32, 95 % CI 1.00-1.76). Although the meta-analysis demonstrated the non-inferiority to RT in improving OS, TMZ alone was not a straightforward solution for elderly GBM patients because of an increased risk of G3-4 toxicities, especially hematological toxicities. MGMT testing might be helpful for determining individualized treatment.

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[5]
TÍTULO / TITLE: - Two-gene expression ratio as predictor for breast cancer treated with tamoxifen: evidence from meta-analysis.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Tumour Biol. 2013 Nov 22.
●● Enlace al texto completo (gratuito o de pago) 1007/s13277-013-1403-x
AUTORES / AUTHORS: - Zhao L; Zhu S; Gao Y; Wang Y
INSTITUCIÓN / INSTITUTION: - International Medical School, Tianjin Medical University, 300070, Tianjin, China.
RESUMEN / SUMMARY: - A HOXB13-to-IL17BR expression ratio was previously identified to predict a clinical outcome of breast cancer patients treated with adjuvant tamoxifen. A large number of studies were addressed to confirm its function as a predictor of breast cancer outcome treated with tamoxifen. However, conflicting results were got. In this study, a systematic search of databases was carried out, and other relevant papers were also identified. Then, the analyses were conducted according to the PRISMA and MOOSE guidelines. After full review, 11 studies with a total of 2,958 participants were deemed eligible and were included in the study. Pooled results revealed that women with higher HOXB13-to-IL17BR expression ratio had significantly worse outcomes in breast patients treated with tamoxifen, especially for those who are negative of node.

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[6]
TÍTULO / TITLE: - A meta-analysis of gemcitabine biomarkers in patients with pancreaticobiliary cancers.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Pancreas. 2013 Nov;42(8):1303-10. doi: 10.1097/MPA.0b013e3182a23ae4.
●● Enlace al texto completo (gratuito o de pago)
1097/MPA.0b013e3182a23ae4
AUTORES / AUTHORS: - Wei CH; Gorgan TR; Elashoff DA; Hines OJ; Farrell JJ; Donahue TR

INSTITUCIÓN / INSTITUTION: - From the *Division of General Surgery, Department of Surgery, daggerDepartment of Statistics, double daggerJonsson Comprehensive Cancer Center, section signDepartment of Medicine, Division of Digestive Disease, parallelInstitute for Molecular Medicine, and paragraph signDepartment of Molecular and Medical Pharmacology, University of California Los Angeles, Los Angeles, CA.

RESUMEN / SUMMARY: - OBJECTIVES: The objective of this study was to summarize all clinical studies evaluating the prognostic role of gemcitabine (GEM) metabolic genes in pancreaticobiliary (PB) cancer patients receiving GEM therapy in the neoadjuvant, adjuvant, or palliative settings. METHODS: Meta-analyses were performed to calculate the pooled hazard ratios for each gene by each clinical outcome (overall survival [OS], disease-free survival [DFS], and progression-free survival) using a random-effects approach. RESULTS: The search strategy identified 16 eligible studies, composed of 632 PB patients total, with moderate quality. Compared with low expression, pooled hazard ratios for OS of hENT1, dCK, RRM1, RRM2, and DPD were 0.37 (95% confidence interval [CI], 0.28-0.47), 0.40 (95% CI, 0.20-0.80), 2.21 (95% CI, 1.12-4.36), 2.13 (95% CI, 1.00-4.52), and 1.91 (95% CI, 1.16-3.17), respectively. A similar trend was observed for each of these biomarkers in DFS and progression-free survival prognostication. Subgroup analyses for hENT1 showed a comparable survival correlation in the adjuvant and palliative settings. CONCLUSIONS: High expression of hENT1 in PB cancer patients receiving GEM-based adjuvant therapy is associated with improved OS and DFS and may be the best examined prognostic marker to date. Evidence for other biomarkers is limited by a small number of publications investigating these markers.

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[7]

TÍTULO / TITLE: - Tamoxifen or letrozole versus standard methods for women with estrogen-receptor positive breast cancer undergoing oocyte or embryo cryopreservation in assisted reproduction.

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

REVISTA / JOURNAL: - Cochrane Database Syst Rev. 2013 Nov 8;11:CD010240. doi: 10.1002/14651858.CD010240.pub2.

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

1002/14651858.CD010240.pub2

AUTORES / AUTHORS: - Dahhan T; Balkenende E; van Wely M; Linn S; Goddijn M

INSTITUCIÓN / INSTITUTION: - Center for Reproductive Medicine, Department of Obstetrics and Gynaecology, Academic Medical Center University of Amsterdam, Meibergdreef 9, Amsterdam, Netherlands, 1105 AZ.

RESUMEN / SUMMARY: - BACKGROUND: Cryopreservation of oocytes or embryos preceded by controlled ovarian stimulation (COS) can increase the chance of future pregnancy in women with breast cancer who risk therapy-induced ovarian failure. In women with estrogen-receptor (ER) positive breast cancer, alternative COS protocols with tamoxifen or letrozole are being used to theoretically inhibit breast cancer growth during COS. OBJECTIVES: To assess the effects of tamoxifen or letrozole, in addition to standard COS protocols, on the breast cancerfree interval in premenopausal women with ER positive breast cancer who undergo COS for embryo or oocyte cryopreservation. SEARCH METHODS: We searched the Ovid Cochrane Central Register of Controlled Trials (CENTRAL), Ovid MEDLINE, Ovid EMBASE, Ovid

PsycINFO, and EBSCOhost CINAHL. We applied no limitations in year of publication or language. In addition, we searched trial registers for ongoing and registered trials, conference abstracts, and sources of grey literature. The search was conducted in January 2013. SELECTION CRITERIA: Randomised trials comparing different COS protocols in women with breast cancer were eligible for inclusion. DATA COLLECTION AND ANALYSIS: Two review authors independently scanned the titles, abstracts, or both sections according to Cochrane guidelines. If data to include were provided, data extraction would have been independently performed by two review authors by using forms designed according to Cochrane guidelines. MAIN RESULTS: No randomised controlled trials were found that met the inclusion criteria. AUTHORS' CONCLUSIONS: COS schedules with the additional use of tamoxifen or letrozole are commonly chosen as an alternative regimen in young women with ER positive breast cancer who undergo COS for oocyte or embryo cryopreservation. No randomised controlled trials support the idea that these alternative COS schedules are superior to standard COS.

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[8]

TÍTULO / TITLE: - Comparative efficacy of everolimus plus exemestane versus fulvestrant for hormone-receptor-positive advanced breast cancer following progression/recurrence after endocrine therapy: a network meta-analysis.

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

REVISTA / JOURNAL: - Breast Cancer Res Treat. 2013 Nov 24.

●● Enlace al texto completo (gratuito o de pago) 1007/s10549-013-2778-5

AUTORES / AUTHORS: - Bachelot T; McCool R; Duffy S; Glanville J; Varley D; Fleetwood K; Zhang J; Jerusalem G

INSTITUCIÓN / INSTITUTION: - Departement de Cancerologie Medicale, Centre Leon Berard, 28 rue Laennec, 69008, Lyon Cedex 08, France, thomas.bachelot@lyon.unicancer.fr.

RESUMEN / SUMMARY: - Postmenopausal women with advanced breast cancer recurring/progressing on or after initial (adjuvant or first-line) endocrine therapy may be treated multiple times with one of several endocrine or combinatorial targeted treatment options before initiating chemotherapy. In the absence of direct head-to-head comparisons of these treatment options, an indirect comparison can inform treatment choice. This network meta-analysis compared the efficacy of everolimus plus exemestane with that of fulvestrant 250 and 500 mg in the advanced breast cancer setting following adjuvant or first-line endocrine therapy. The reported hazard ratios (HRs) for progression-free survival (PFS) or time to progression from six studies that formed a network to compare everolimus plus exemestane (BOLERO-2 trial) with fulvestrant were analyzed by means of a Bayesian network meta-analysis. In the primary comparison (PFS analysis based on the local review of disease progression from BOLERO-2 with the data from the other studies), everolimus plus exemestane appeared to be more efficacious than both fulvestrant 250 mg (HR = 0.47; 95 % credible interval [CrI] 0.38-0.58) and 500 mg (HR = 0.59; 95 % CrI 0.45-0.77). Similar results were obtained in an alternate comparison based on central review of disease progression from BOLERO-2 with the data from the other studies (HR = 0.40; 95 % CrI 0.31-0.51 and HR = 0.50; 95 % CrI 0.37-0.67, respectively), and in a subgroup analysis of patients who had received prior aromatase inhibitor therapy (HR = 0.47; 95 % CrI 0.38-0.58 and HR = 0.55; 95 % CrI 0.40-0.76, respectively). These results suggest that everolimus plus exemestane may be more efficacious than fulvestrant in patients with

advanced breast cancer who progress on or after adjuvant or first-line therapy with a nonsteroidal aromatase inhibitor.

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[9]

TÍTULO / TITLE: - Role of EGFR as a prognostic factor for survival in head and neck cancer: a meta-analysis.

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

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

●● Enlace al texto completo (gratuito o de pago) 1007/s13277-013-1303-0

AUTORES / AUTHORS: - Keren S; Shoude Z; Lu Z; Beibei Y

INSTITUCIÓN / INSTITUTION: - Department of Medicine, Zhejiang University, Hangzhou, 310000, China.

RESUMEN / SUMMARY: - The prognostic role of epidermal growth factor receptor (EGFR) in head and neck squamous cell carcinoma (HNSCC) remains controversial. The goal of this study was to summarize existing evidence regarding whether EGFR overexpression is a prognostic factor in HNSCC. Relevant studies were identified using Pubmed, Ovid, and Web of Science databases. A meta-analysis was conducted on the prognostic value of EGFR expression for overall survival (OS) and disease-free survival (DFS). Thirty-seven studies were included. Primary analysis indicated that EGFR overexpression was associated with reduced OS (hazard ratio [HR]: 1.694, 95 % confidence interval [CI]: 1.432-2.004). DFS, on the other hand, was not associated with EGFR expression after adjusting for publication bias (HR: 1.084, 95 % CI: 0.910-1.290). Subgroup analysis gave a statistically significant pooled HR for OS in laryngeal carcinoma (HR: 2.519, 95 % CI: 1.615-3.928) and in oropharyngeal carcinoma (HR: 2.078, 95 % CI: 1.605-2.690). The pooled HR was statistically significant for DFS with respect to oropharyngeal carcinoma (HR: 1.055, 95 % CI: 1.020-1.092), but not laryngeal carcinoma (HR: 1.750, 95 % CI: 0.911-3.360). When dividing studies based on the immunohistochemistry (IHC) scoring system, only the group that evaluated EGFR expression according to the intensity and extent of staining showed no between-study heterogeneity for both OS and DFS. Overall, EGFR overexpression was associated with shortened OS, but not DFS. Future studies are needed that stratify patients by specific tumor sites. Furthermore, when estimating protein level by the IHC method, it is advisable to consider both intensity and extent of staining.

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[10]

TÍTULO / TITLE: - XRCC1 polymorphism and prognosis of platinum-based chemotherapy in gastric and colorectal cancer: a meta-analysis.

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

REVISTA / JOURNAL: - J Gastroenterol Hepatol. 2013 Nov 13. doi: 10.1111/jgh.12444.

●● Enlace al texto completo (gratuito o de pago) 1111/jgh.12444

AUTORES / AUTHORS: - Wu H; Xu C; Chen G; Wang J

INSTITUCIÓN / INSTITUTION: - Department of Oncology Medicine, The Fourth Affiliated Hospital of China Medical University, Shenyang, Liaoning Province, China, 110032.

RESUMEN / SUMMARY: - BACKGROUND AND AIM: The relationships between the X-ray repair cross-complementing 1 (XRCC1) Arg399Gln polymorphism (rs25487, G>A) and responses to platinum-based chemotherapy of gastric and colorectal cancer

patients are controversial. Therefore, we performed a meta-analysis to assess the relationships. METHODS: We retrieved the relevant articles from MEDLINE and EMBASE databases. 14 studies with 1618 gastric and colorectal cancer patients were included. Primary outcomes included response rate (RR), progression-free survival (PFS) and overall survival (OS). Odds ratio (OR) or hazard ratio (HR) with 95% confidence interval (CI) were estimated. All analyses were performed using the Stata software version 11.0 and Review Manager (v5.0). RESULTS: In the dominant model, the A allele of XRCC1 Arg399Gln polymorphism was associated with reduced RR to platinum-based chemotherapy in all gastric and colorectal cancer patients (A/G+A/A vs. G/G: OR, 0.73; 95% CI, 0.55-0.96) and in Asians (OR, 0.62; 95% CI, 0.44-0.89) but not in Caucasians (OR, 0.92; 95% CI, 0.60-1.42). In addition, stratified analysis for different types of cancers indicated a marginally significant decrease of RR in colorectal cancer patients (OR, 0.68; 95% CI, 0.46-1.00) but not in gastric cancer patients (OR, 0.78; 95% CI, 0.53-1.15). However, we did not observe a significant association between XRCC1 Arg399Gln polymorphism and hazard for PFS and OS for gastric and colorectal cancer patients in all tested models. CONCLUSIONS: XRCC1 Arg399Gln polymorphism may be a valuable genetic marker for platinum-based chemotherapy of gastric and colorectal cancer patients and more well-designed studies with large samples are needed to confirm our findings.

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[11]

TÍTULO / TITLE: - Prognostic value of vascular endothelial growth factor A expression in gastric cancer: a meta-analysis.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Nov 15.

●● Enlace al texto completo (gratuito o de pago) 1007/s13277-013-1371-1

AUTORES / AUTHORS: - Ji YN; Wang Q; Li Y; Wang Z

INSTITUCIÓN / INSTITUTION: - Jiangsu Province Hospital of Traditional Chinese Medicine, Nanjing University of Traditional Chinese Medicine, Nanjing, 210029, China.

RESUMEN / SUMMARY: - Vascular endothelial growth factor A (VEGF-A) is considered as a prime mediator of angiogenesis and has been implicated in carcinogenesis and metastasis. Various studies examined the relationship between VEGF-A overexpression with the clinical outcome in patients with gastric cancer, but yielded conflicting results. Electronic databases updated to September 2013 were searched to find relevant studies. A meta-analysis was conducted with eligible studies which quantitatively evaluated the relationship between VEGF-A overexpression and survival of patients with gastric cancer. Survival data were aggregated and quantitatively analyzed. We performed a meta-analysis of 20 studies that evaluated the correlation between VEGF-A overexpression and survival in patients with gastric cancer. Combined hazard ratios suggested that VEGF-A overexpression had an unfavorable impact on overall survival (OS) (hazard ratio [HR] = 1.57; 95 % confidence interval [CI], 1.30-1.84) and disease-free survival (DFS) (HR = 1.85; 95 % CI, 1.39-2.32) in patients with gastric cancer. No significant heterogeneity (P = 0.487) was observed among 16 studies for OS and among 7 studies for DFS (P = 0.435). VEGF-A overexpression indicates a poor prognosis for overall survival and disease-free survival in patients with gastric cancer.

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[12]

TÍTULO / TITLE: - Systematic review of tumor necrosis factor inhibitor discontinuation studies in rheumatoid arthritis.

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

REVISTA / JOURNAL: - Clin Ther. 2013 Nov;35(11):1850-1861.e1. doi: 10.1016/j.clinthera.2013.09.015. Epub 2013 Oct 22.

●● Enlace al texto completo (gratuito o de pago) 1016/j.clinthera.2013.09.015

AUTORES / AUTHORS: - Navarro-Millan I; Sattui SE; Curtis JR

INSTITUCIÓN / INSTITUTION: - Division of Clinical Immunology and Rheumatology, University of Alabama at Birmingham, Birmingham, Alabama.

RESUMEN / SUMMARY: - BACKGROUND: Anti-tumor necrosis factor agents (anti-TNFs) have changed the course of rheumatoid arthritis (RA) for more than a decade. Use of these medications often results in remission, or at least low disease activity (LDA), but at a substantial cost. It has been postulated that discontinuation of these medications among patients with RA in remission or LDA may be possible without an associated increase in RA disease activity. OBJECTIVE: The goal of this systematic literature review was to summarize published articles regarding discontinuation of anti-TNFs in patients with RA. METHODS: A systematic literature review was conducted to identify English-language articles indexed in PubMed from July 1999 through June 2013 reporting results regarding anti-TNF discontinuation in patients with RA. Study designs included observational longitudinal studies and clinical trials. Outcomes had to include 1 of the following: time to flare after anti-TNF discontinuation, failure to remain in remission, or proportion of patients in LDA or remission at the end of the study. RESULTS: Ten studies examined discontinuation of anti-TNF therapies in RA. Inclusion criteria varied significantly across studies in terms of disease activity status (remission or LDA) and duration of this disease status (1 year or 1 month) before discontinuation being attempted. Results from larger studies (eg, >100 patients) suggest that the proportion of patients who discontinued anti-TNF and did not have an increase in disease activity ranged from 24% to 81%. In 3 studies that evaluated durability of LDA or remission after anti-TNF discontinuation, the mean time to relapse varied from 15 weeks to 17 months. In studies that analyzed radiographic data, once therapies were reinitiated after an increase in disease activity was detected, patients generally did not experience progression in structural damage. CONCLUSIONS: Discontinuation of anti-TNF therapy is achievable for many RA patients who start in clinical remission or LDA. However, heterogeneous inclusion criteria and highly variable outcome definitions across studies make it difficult to efficiently summarize the literature on this topic or to conduct a meta-analysis. There is a lack of evidence regarding how to best predict which patients have the greatest likelihood of continuing to do well after discontinuation of anti-TNF therapy.

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[13]

TÍTULO / TITLE: - Meta-analysis of all-trans retinoic acid-linked arsenic trioxide treatment for acute promyelocytic leukemia.

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

REVISTA / JOURNAL: - Hematology. 2013 Sep 20.

●● Enlace al texto completo (gratuito o de pago)
1179/1607845413Y.0000000118
AUTORES / AUTHORS: - Chen L; Wang J; Hu X; Xu X
RESUMEN / SUMMARY: - OBJECTIVES: To explore the combination therapy of all-trans retinoic acid (ATRA) and arsenic trioxide (ATO, As2O3) on acute promyelocytic leukemia (APL). METHODS: A meta-analysis of six studies was performed. Among 415 included cases, 165 cases were in the ATRA + ATO group, 129 cases in the ATRA-alone group, and 121 cases in the ATO-alone group. The complete remission (CR) rate and incidences of three groups were compared, respectively, between the therapies of ATRA + ATO with ATRA-alone, ATRA + ATO with ATO-alone, and ATRA with ATO. RESULTS: The assessment results showed that ATRA + ATO therapy significantly improved the CR rate and decreased the incidences of cutaneous reaction compared with ATRA-alone ($P < 0.05$). However, incidence of liver injury was higher in the ATRA + ATO and ATO-alone groups than that in ATRA-alone group ($P < 0.05$). Difference in the complications between ATRA + ATO therapy and ATO-alone was not significant ($P > 0.05$). CONCLUSIONS: In conclusion, we suggest low-dose ATRA and ATO combination therapy may be more effective for the treatment of APL.

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[14]
TÍTULO / TITLE: - Gene expression profiling and expanded immunohistochemistry tests to guide the use of adjuvant chemotherapy in breast cancer management: a systematic review and cost-effectiveness analysis.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Health Technol Assess. 2013 Oct;17(44):1-302. doi: 10.3310/hta17440.
●● Enlace al texto completo (gratuito o de pago) 3310/hta17440
AUTORES / AUTHORS: - Ward S; Scope A; Rafia R; Pandor A; Harnan S; Evans P; Wyld L
INSTITUCIÓN / INSTITUTION: - School of Health and Related Research (ScHARR), University of Sheffield, Sheffield, UK.
RESUMEN / SUMMARY: - BACKGROUND: Gene expression profiling (GEP) and expanded immunohistochemistry (IHC) tests aim to improve decision-making relating to adjuvant chemotherapy for women with early breast cancer. OBJECTIVE: The aim of this report is to assess the clinical effectiveness and cost-effectiveness of nine GEP and expanded IHC tests compared with current prognostic tools in guiding the use of adjuvant chemotherapy in patients with early breast cancer in England and Wales. The nine tests are BluePrint, Breast Cancer Index (BCI), IHC4, MammaPrint, Mammostrat, NPI plus (NPI+), OncotypeDX, PAM50 and Randox Breast Cancer Array. DATA SOURCES: Databases searched included MEDLINE, MEDLINE In-Process & Other Non-Indexed Citations, EMBASE and The Cochrane Library. Databases were searched from January 2009 to May 2011 for the OncotypeDX and MammaPrint tests and from January 2002 to May 2011 for the other tests. REVIEW METHODS: A systematic review of the evidence on clinical effectiveness (analytical validity, clinical validity and clinical utility) and cost-effectiveness was conducted. An economic model was developed to evaluate the cost-effectiveness of adjuvant chemotherapy treatment guided by four of the nine test (OncotypeDX, IHC4, MammaPrint and Mammostrat) compared with current clinical practice in England and Wales, using clinicopathological

parameters, in women with oestrogen receptor-positive (ER+), lymph node-negative (LN-), human epidermal growth factor receptor type 2-negative (HER2-) early breast cancer. RESULTS: The literature searches for clinical effectiveness identified 5993 citations, of which 32 full-text papers or abstracts (30 studies) satisfied the criteria for the effectiveness review. A narrative synthesis was performed. Evidence for OncotypeDX supported the prognostic capability of the test. There was some evidence on the impact of the test on decision-making and to support the case that OncotypeDX predicts chemotherapy benefit; however, few studies were UK based and limitations in relation to study design were identified. Evidence for MammaPrint demonstrated that the test score was a strong independent prognostic factor, but the evidence is non-UK based and is based on small sample sizes. Evidence on the Mammostrat test showed that the test was an independent prognostic tool for women with ER+, tamoxifen-treated breast cancer. The three studies appeared to be of reasonable quality and provided data from a UK setting (one study). One large study reported on clinical validity of the IHC4 test, with IHC4 score a highly significant predictor of distant recurrence. This study included data from a UK setting and appeared to be of reasonable quality. Evidence for the remaining five tests (PAM50, NPI+, BCI, BluePrint and Randox) was limited. The economic analysis suggests that treatment guided using IHC4 has the greatest potential to be cost-effective at a pound20,000 threshold, given the low cost of the test; however, further research is needed on the analytical validity and clinical utility of IHC4, and the exact cost of the test needs to be confirmed. Current limitations in the evidence base produce significant uncertainty in the results. OncotypeDX has a more robust evidence base, but further evidence on its impact on decision-making in the UK and the predictive ability of the test in an ER+, LN-, HER- population receiving current drug regimens is needed. For MammaPrint and Mammostrat there were significant gaps in the available evidence and the estimates of cost-effectiveness produced were not considered to be robust by the External Assessment Group. LIMITATIONS: Methodological weaknesses in the clinical evidence base relate to heterogeneity of patient cohorts and issues arising from the retrospective nature of the evidence. Further evidence is required on the clinical utility of all of the tests and on UK-based populations. A key area of uncertainty relates to whether the tests provide prognostic or predictive ability. CONCLUSIONS: The clinical evidence base for OncotypeDX is considered to be the most robust. The economic analysis suggested that treatment guided using IHC4 has the most potential to be cost-effective at a threshold of pound20,000; however, the evidence base to support IHC4 needs significant further research. STUDY REGISTRATION: PROSPERO 2011:CRD42011001361, available from www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42011001361.

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[15]

TÍTULO / TITLE: - The prognostic value of C-reactive protein in renal cell carcinoma: A systematic review and meta-analysis.

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

REVISTA / JOURNAL: - Urol Oncol. 2013 Nov 13. pii: S1078-1439(13)00307-4. doi: 10.1016/j.urolonc.2013.07.016.

●● Enlace al texto completo (gratuito o de pago) 1016/j.urolonc.2013.07.016

AUTORES / AUTHORS: - Hu Q; Gou Y; Sun C; Ding W; Xu K; Gu B; Xia G; Ding Q

INSTITUCIÓN / INSTITUTION: - Department of Urology, Huashan Hospital, Fudan University, Shanghai, China; Fudan Institute of Urology, Huashan Hospital, Fudan University, Shanghai, China.

RESUMEN / SUMMARY: - OBJECTIVES: C-reactive protein (CRP) has been reported to be associated with poorer prognosis in patients with renal cell carcinoma (RCC); however, conflicting results exist. We conducted a systematic review to evaluate the prognostic value, and a meta-analysis was done if the extracted data could be merged. MATERIALS AND METHODS: We searched MEDLINE, EMBASE, and the Cochrane Central Search library for published studies that analyzed the effect of CRP in RCC. All included cases were categorized into 4 groups of different stages and tumor types for analysis, and the relationships between CRP and stage, grade, and survival were analyzed. RESULTS: Overall, 24 studies including 4,100 RCC cases were accepted for meta-analysis. Elevated CRP level was associated with higher stage (risk ratio [RR] 2.90, 95% confidence interval [CI] 2.52-3.32, P<0.00001) and higher grade (RR 4.31, 95% CI 3.35-5.56, P<0.00001) in the overall analysis of patients with all pathologic types of RCCs, and it was also associated with poorer overall survival (hazard ratio [HR] 1.51, 95% CI 1.09-1.93, P<0.00001) and cancer-specific survival (CSS) (HR 3.91, 95% CI 2.18-5.64, P<0.00001). In patients with localized RCC, elevated CRP level was associated with poorer CSS (HR 3.49, 95% CI 2.93-4.05, P<0.00001) and progression-free survival (HR 3.29, 95% CI 2.91-3.67, P<0.00001); whereas in patients with metastatic RCC, elevated CRP level was associated with poorer overall survival (HR 2.37, 95% CI 2.14-2.60, P<0.00001) and CSS (HR 3.70, 95% CI 3.19-4.22, P<0.00001). Specifically, in the patients with clear cell RCC, elevated CRP level was also associated with higher stage (RR 2.92, 95% CI 2.25-3.80, P<0.00001), poorer CSS (HR 2.60, 95% CI 2.32-2.88, P<0.00001), and poorer progression-free survival (HR 1.21, 95% CI 0.94-1.47, P<0.00001). CONCLUSION: Elevated CRP level in a patient with RCC is associated with poorer prognosis, and it could serve as a useful biomarker for clinical prediction.

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[16]

TÍTULO / TITLE: - Eruptive melanocytic nevi induced by interferon for nodal metastatic melanoma: case report and review of the literature.

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

REVISTA / JOURNAL: - J Cutan Med Surg. 2013 Nov-Dec;17(6):410-3.

AUTORES / AUTHORS: - Salopek TG; Mahmood MN

RESUMEN / SUMMARY: - Background:The rapid appearance of multiple new melanocytic nevi is known as eruptive nevi and has been well documented to occur with certain medications, in particular chemotherapeutic agents.Methods:We report a case of a woman with melanoma complicated by nodal metastasis who developed multiple melanocytic nevi while on high-dose interferon.Results:Serial photographs confirmed that the pigmented lesions were of new onset, whereas histology documented that the lesions were dysplastic nevi. A survey of the literature documented numerous causes of eruptive nevi, which we review. To date, interferon has not been linked to eruptive nevi.Conclusions:The phenomenon of eruptive nevi has been attributed to medications, bullous dermatoses, immunosuppression, and systemic conditions and is possibly a paraneoplastic disorder. Interferon appears to be another possible cause of this disorder.

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[17]

TÍTULO / TITLE: - Tumor necrosis factor-alpha antibodies (infliximab, adalimumab and certolizumab) in Crohn's disease: systematic review and meta-analysis.

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

REVISTA / JOURNAL: - Arch Med Sci. 2013 Oct 31;9(5):765-779. Epub 2013 Nov 5.

●● Enlace al texto completo (gratuito o de pago) 5114/aoms.2013.38670

AUTORES / AUTHORS: - Kawalec P; Mikrut A; Wisniewska N; Pilc A

INSTITUCIÓN / INSTITUTION: - Institute of Public Health, Collegium Medicum , Jagiellonian University, Cracow, Poland.

RESUMEN / SUMMARY: - INTRODUCTION: This meta-analysis compares the effectiveness and safety of tumor necrosis factor alpha (TNF-alpha) antibodies (infliximab, adalimumab and certolizumab) with either a placebo or each of them in the treatment of Crohn's disease (CD). MATERIAL AND METHODS: A systematic review of literature published up to November 2012 was performed and a meta-analysis of identified studies was carried out. We searched the following databases: PubMed, EMBASE, The Cochrane Library and others. Only randomized or clinical controlled trials were included. RESULTS: Nineteen clinical trials fulfilled the established criteria (5 studies for infliximab vs. placebo, 6 for each adalimumab or certolizumab vs. placebo and 2 comparing infliximab with adalimumab). The results of meta-analysis showed that anti-TNF therapy in patients with CD is safe and statistically significantly more effective when compared with the placebo for induction of remission at week 4 (RB = 1.90, 95% CI: 1.55-2.33, $p < 0.00001$), maintenance of remission at weeks 20-30 (RB = 1.86, 95% CI: 1.61-2.15, $p < 0.00001$) and at weeks 48-56 (RB = 2.75, 95% CI: 2.13-3.54, $p < 0.00001$) in patients who responded to the induction therapy and patients randomized before the induction. Anti-TNF agents were also superior to the placebo in fistula healing (during short-term induction, as well as long-term maintenance) and inducing CR-70 but not CR-100 at week 4. Moreover, the anti-TNF therapy had a significant effect on achieving both CR-70 and CR-100 during long-term maintenance. CONCLUSIONS: Infliximab, adalimumab and certolizumab are effective as both induction and maintenance therapy in moderate to severe Crohn's disease in adults, including patients with fistulas. The safety profile was acceptable.

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[18]

TÍTULO / TITLE: - Influence of methylenetetrahydrofolate reductase C677T polymorphism on the risk of lung cancer and the clinical response to platinum-based chemotherapy for advanced non-small cell lung cancer: an updated meta-analysis.

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

REVISTA / JOURNAL: - Yonsei Med J. 2013 Nov;54(6):1384-93. doi: 10.3349/ymj.2013.54.6.1384.

●● Enlace al texto completo (gratuito o de pago) 3349/ymj.2013.54.6.1384

AUTORES / AUTHORS: - Zhu N; Gong Y; He J; Xia J; Chen X

INSTITUCIÓN / INSTITUTION: - Department of Respiratory Diseases, Huashan Hospital, Fudan University, No.12 of Wulumuqi Middle Road, Shanghai 200040, China. xdchen8@hotmail.com.

RESUMEN / SUMMARY: - PURPOSE: Methylenetetrahydrofolate reductase (MTHFR) has been implicated in lung cancer risk and response to platinum-based

chemotherapy in advanced non-small cell lung cancer (NSCLC). However, the results are controversial. We performed meta-analysis to investigate the effect of MTHFR C677T polymorphism on lung cancer risk and response to platinum-based chemotherapy in advanced NSCLC. MATERIALS AND METHODS: The databases of PubMed, Ovid, Wanfang and Chinese Biomedicine were searched for eligible studies. Nineteen studies on MTHFR C677T polymorphism and lung cancer risk and three articles on C677T polymorphism and response to platinum-based chemotherapy in advanced NSCLC, were identified. RESULTS: The results indicated that the allelic contrast, homozygous contrast and recessive model of the MTHFR C677T polymorphism were associated significantly with increased lung cancer risk. In the subgroup analysis, the C677T polymorphism was significantly correlated with an increased risk of NSCLC, with the exception of the recessive model. The dominant model and the variant T allele showed a significant association with lung cancer susceptibility of ever smokers. Male TT homozygote carriers had a higher susceptibility, but the allelic contrast and homozygote model had a protective effect in females. No relationship was observed for SCLC in any comparison model. In addition, MTHFR 677TT homozygote carriers had a better response to platinum-based chemotherapy in advanced NSCLC in the recessive model. CONCLUSION: The MTHFR C677T polymorphism might be a genetic marker for lung cancer risk or response to platinum- based chemotherapy in advanced NSCLC. However, our results require further verification.

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[19]

TÍTULO / TITLE: - Practical role of mutation analysis for imatinib treatment in patients with advanced gastrointestinal stromal tumors: a meta-analysis.

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

REVISTA / JOURNAL: - PLoS One. 2013 Nov 4;8(11):e79275. doi: 10.1371/journal.pone.0079275.

●● Enlace al texto completo (gratuito o de pago) 1371/journal.pone.0079275

AUTORES / AUTHORS: - Zhi X; Zhou X; Wang W; Xu Z

INSTITUCIÓN / INSTITUTION: - Department of General Surgery, the First Affiliated Hospital of Nanjing Medical University, Nanjing, P. R. China.

RESUMEN / SUMMARY: - BACKGROUND: Imatinib has become the standard first line treatment of gastrointestinal stromal tumors (GIST) in the advanced phase and adjuvant setting. We carried out an up-to-date meta-analysis to determine the practical role of mutation analysis for imatinib treatment in patients with advanced GIST. METHODS: Eligible studies were limited to imatinib treatment for patients with advanced GIST and reported on mutation analysis. Statistical analyses were conducted to calculate the odds ratio (OR), hazard ratio (HR) and 95% confidence interval (CI) using fixed-effects and random-effects models. RESULTS: A total of 2834 patients from 3 randomized controlled trials and 12 cohort studies were included. The ORs of response rates in KIT exon 11-mutant GISTs were 3.504 (95% CI 2.549-4.816, p<0.001) and 3.521 (95% CI 1.731-7.165, p=0.001) compared with KIT exon 9-mutant and wild type GISTs, respectively. The HRs of progression-free survival in KIT exon 11-mutant GISTs were 0.365 (95% CI 0.301-0.444, p<0.001) and 0.375 (95% CI 0.270-0.519, p<0.001) compared with KIT exon 9-mutant and wild type GISTs. The HRs of overall survival in KIT exon 11-mutant GISTs were 0.388 (95% CI 0.293-0.515,

p<0.001) and 0.400 (95% CI 0.297-0.538, p<0.001) compared with KIT exon 9-mutant and wild type GISTs. No statistical significant differences were found between KIT exon 9-mutant and wild type. The overall response rate in KIT-exon 11-mutant GISTs were 70.5% (65%-75.9%) compared with 57.1% (51%-63.2%) in KIT-positive GISTs. No evidence of publication bias was observed. CONCLUSION: Patients with advanced GIST harboring a KIT exon 11 mutation have the best response rate and long-term survival with imatinib treatment. Mutation analysis would be more helpful than KIT expression analysis to decide appropriate therapy for a specific patient.

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[20]

TÍTULO / TITLE: - Circulating HER2 Extracellular Domain: A Specific and Quantitative Biomarker of Prognostic Value in all Breast Cancer Patients?

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

REVISTA / JOURNAL: - Biomark Cancer. 2013 Aug 12;5:31-39.

●● Enlace al texto completo (gratuito o de pago) 4137/BIC.S12389

AUTORES / AUTHORS: - Carney WP; Bernhardt D; Jasani B

INSTITUCIÓN / INSTITUTION: - Wilex Inc, Cambridge, MA, USA.

RESUMEN / SUMMARY: - The HER2 oncoprotein has emerged as an essential biomarker in the treatment of breast cancer patients. Once the primary breast cancer is removed, there is an increasing need to detect breast cancer recurrence as early as possible with the hope that earlier intervention with new anti-HER2 therapies will improve quality of life and increase overall survival. Numerous publications have shown that increasing blood levels of circulating HER2 is an early indicator of progression, particularly in HER2-positive patients and that the rise and fall parallels the clinical course of disease and independent of therapy. Many studies show that the HER2 status of the primary tumor may not fully and accurately reflect the HER2 status of recurrent cancer. Thus, elevated serum HER2 levels may be an early signal of the emergence of a HER2-positive metastatic tumor and therefore alert the physician to re-assess HER2 status using a tissue test.

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[21]

TÍTULO / TITLE: - CYP2D6 genotype and tamoxifen response for breast cancer: a systematic review and meta-analysis.

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

REVISTA / JOURNAL: - PLoS One. 2013 Oct 2;8(10):e76648. doi: 10.1371/journal.pone.0076648.

●● Enlace al texto completo (gratuito o de pago) 1371/journal.pone.0076648

AUTORES / AUTHORS: - Lum DW; Perel P; Hingorani AD; Holmes MV

INSTITUCIÓN / INSTITUTION: - Centre for Cardiovascular Genetics, Institute of Cardiovascular Science, University College London, London, United Kingdom.

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate evidence on the association between CYP2D6 genotype and tamoxifen response through. DESIGN: Systematic review and meta-analysis of prospective, cross-sectional and case-control studies published to 2012. For each study, relative risks and 95% confidence intervals were extracted and pooled with a fixed and random effects model. Heterogeneity, publication bias, subgroup, and meta-regression analyses were performed. DATA SOURCES: PubMed (inception-2012) and EMBASE (inception-2012). ELIGIBILITY CRITERIA FOR SELECTING STUDIES: Criteria for inclusion were studies reporting breast cancer

outcomes in patients treated with tamoxifen and genotyped for polymorphisms in the CYP2D6 gene. RESULTS: Twenty-five studies of 13,629 individuals were identified, of which 22 investigated the association of CYP2D6 genotype with outcomes in breast cancer women all receiving tamoxifen treatment ("treatment-only" design). Three randomized trials evaluated the effect of CYP2D6 genotype on tamoxifen response ("effect modification" design). In analysis of treatment-only studies, the relative risk (RR) of all-cause mortality (>307 events in 4,936 patients) for carriers of a CYP2D6 reduced function allele was 1.11 (95% confidence interval (CI): 0.94 to 1.31) compared to individuals with normal/increased function CYP2D6 alleles. When we investigated a composite outcome including all-cause mortality and surrogate endpoints for overall survival (>307 events in 6,721 patients), carriers of a CYP2D6 reduced function allele had a RR of 1.27 (95% CI: 1.11 to 1.45). From two randomized trials that permitted effect-modification analysis, one had only 154 patients and showed evidence of effect modification of tamoxifen by CYP2D6 genotype for distant recurrence but was directionally opposite to that predicted, whereas a larger trial of 2,537 patients failed to show evidence of effect modification for breast cancer-free interval (P values for interaction 0.02 and 0.44, respectively). CONCLUSIONS: Based on these findings, there is insufficient evidence to recommend CYP2D6 genotyping to guide tamoxifen treatment.

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[22]

TÍTULO / TITLE: - Histone deacetylase inhibitors in cancer therapy. A review.

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

REVISTA / JOURNAL: - Biomed Pap Med Fac Univ Palacky Olomouc Czech Repub. 2013 Nov 21. doi: 10.5507/bp.2013.085.

●● Enlace al texto completo (gratuito o de pago) 5507/bp.2013.085

AUTORES / AUTHORS: - Hrabeta J; Stiborova M; Adam V; Kizek R; Eckschlager T

INSTITUCIÓN / INSTITUTION: - Department of Pediatric Hematology and Oncology, 2nd Faculty of Medicine, Charles University in Prague and University Hospital Motol, Prague, Czech Republic.

RESUMEN / SUMMARY: - BACKGROUND: Despite recent success toward discovery of more effective anticancer drugs, chemoresistance remains a major cause of treatment failure. There is emerging evidence that epigenetics plays a key role in the development of the resistance. Epigenetic regulators such as histone acetyltransferases (HATs) and histone deacetylases (HDACs) play an important role in gene expression. The latter are found to be commonly linked with many types of cancers and influence cancer development. Overall, histone acetylation is being investigated as a therapeutic target because of its importance in regulating gene expression. This review summarizes mechanisms of the anticancer effects of histone deacetylase (HDAC) inhibitors and the results of clinical studies. RESULTS: Different HDAC inhibitors induce cancer cell death by different mechanisms that include changes in gene expression and alteration of both histone and non-histone proteins. Enhanced histone acetylation in tumors results in modification of expression of genes involved in cell signaling. Inhibition of HDACs causes changed expression in 2-10 % of genes involved in important biological processes. The results of experiments and clinical studies demonstrate that combination of HDAC inhibitors with some anticancer drugs have synergistic or additive effects. CONCLUSIONS: Even though many biological effects of HDAC inhibitors have been found, most of the mechanisms of their

action remain unclear. In addition, their use in combination with other drugs and the combination regime need to be investigated. The discovery of predictive factors is also necessary. Finally, a key question is whether the pan-HDAC inhibitors or the selective inhibitors will be more efficient for different types of cancers.

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[23]

TÍTULO / TITLE: - Systematic review and meta-analysis of tumor biomarkers in predicting prognosis in esophageal cancer.

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

REVISTA / JOURNAL: - BMC Cancer. 2013 Nov 11;13(1):539.

●● Enlace al texto completo (gratuito o de pago) 1186/1471-2407-13-539

AUTORES / AUTHORS: - Chen M; Huang J; Zhu Z; Zhang J; Li K

RESUMEN / SUMMARY: - BACKGROUND: Esophageal cancer (EC) is a frequently occurring cancer with poor prognosis despite combined therapeutic strategies. Many biomarkers have been proposed as predictors of adverse events. We sought to assess the prognostic value of biomarkers in predicting the overall survival of esophageal cancer and to help guide personalized cancer treatment to give patients the best chance at remission. METHODS: We conducted a systematic review and meta-analysis of the published literature to summarize evidence for the discriminatory ability of prognostic biomarkers for esophageal cancer. Relevant literature was identified using the PubMed database on April 11, 2012, and conformed to the REMARK criteria. The primary endpoint was overall survival and data were synthesized with hazard ratios (HRs). RESULTS: We included 109 studies, exploring 13 different biomarkers, which were subjected to quantitative meta-analysis. Promising markers that emerged for the prediction of overall survival in esophageal squamous cell cancer included VEGF (18 eligible studies, n = 1476, HR = 1.85, 95% CI, 1.55-2.21), cyclin D1 (12 eligible studies, n = 1476, HR = 1.82, 95% CI, 1.50-2.20), Ki-67 (3 eligible studies, n = 308, HR = 1.11, 95% CI, 0.70-1.78) and squamous cell carcinoma antigen (5 eligible studies, n = 700, HR = 1.28, 95% CI, 0.97-1.69); prognostic markers for esophageal adenocarcinoma included COX-2 (2 eligible studies, n = 235, HR = 3.06, 95% CI, 2.01-4.65) and HER-2 (3 eligible studies, n = 291, HR = 2.15, 95% CI, 1.39-3.33); prognostic markers for uncategorized ECs included p21 (9 eligible studies, n = 858, HR = 1.27, 95% CI, 0.75-2.16), p53 (31 eligible studies, n = 2851, HR = 1.34, 95% CI, 1.21-1.48), CRP (8 eligible studies, n = 1382, HR = 2.65, 95% CI, 1.64-4.27) and hemoglobin (5 eligible studies, n = 544, HR = 0.91, 95% CI, 0.83-1.00). CONCLUSIONS: Although some modest bias cannot be excluded, this review supports the involvement of biomarkers to be associated with EC overall survival.

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[24]

TÍTULO / TITLE: - Galectins as New Prognostic Markers and Potential Therapeutic Targets for Advanced Prostate Cancers.

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

REVISTA / JOURNAL: - Prostate Cancer. 2013;2013:519436. Epub 2013 Sep 24.

●● Enlace al texto completo (gratuito o de pago) 1155/2013/519436

AUTORES / AUTHORS: - Laderach DJ; Gentilini L; Jaworski FM; Compagno D

INSTITUCIÓN / INSTITUTION: - Laboratorio de Glicomica Funcional, IQUIBICEN-CONICET, Departamento de Quimica Biologica, Facultad de Ciencias Exactas y Naturales, Universidad de Buenos Aires, C1428, Buenos Aires, Argentina.
RESUMEN / SUMMARY: - A better understanding of multimolecular interactions involved in tumor dissemination is required to identify new effective therapies for advanced prostate cancer (PCa). Several groups investigated protein-glycan interactions as critical factors for crosstalk between prostate tumors and their microenvironment. This review both discusses whether the “galectin-signature” might serve as a reliable biomarker for the identification of patients with high risk of metastasis and assesses the galectin-glycan lattices as potential novel targets for anticancer therapies. The ultimate goal of this review is to convey how basic findings related to galectins could be in turn translated into clinical settings for patients with advanced PCa.

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[25]
TÍTULO / TITLE: - The Predictive Value of Interim and Final [18F] Fluorodeoxyglucose Positron Emission Tomography after Rituximab-Chemotherapy in the Treatment of Non-Hodgkin’s Lymphoma: A Meta-Analysis.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Biomed Res Int. 2013;2013:275805. doi: 10.1155/2013/275805. Epub 2013 Aug 14.
●● Enlace al texto completo (gratuito o de pago) 1155/2013/275805
AUTORES / AUTHORS: - Zhu Y; Lu J; Wei X; Song S; Huang G
INSTITUCIÓN / INSTITUTION: - Department of Nuclear Medicine, Renji Hospital, Jiaotong University, Shanghai 200127, China ; Department of Nuclear Medicine, Renji Hospital, Shanghai Jiaotong University School of Medicine, Shanghai 200127, China.
RESUMEN / SUMMARY: - Background and Purpose. The aim of this study is to determine the prognostic value of interim and final FDG-PET in major histotypes of B-cell NHL patients treated with rituximab containing-chemotherapy. Methods. We searched for articles published in English, limited to lymphoma, rituximab, and FDG-PET, and dedicated to deal with the impact on progression and survival. The log hazard ratios (HR) and their variances were estimated. Results. A PubMed and Scopus review of published trials identified 13 studies of Progression-free survival (PFS) and overall survival (OS) which were set as the main outcome measures. The combined HRs of I-PET for PFS and OS in DLBCL were 4.4 (P = 0.11) and 3.99 (P = 0.46), respectively. The combined HRs of F-PET for PFS and OS in DLBCL were 5.91 (P = 0.39) and 6.75 (P = 0.92), respectively. Regarding to non-DLBCL with F-PET, the combined HRs of F-PET for PFS and OS were 4.05 (P = 0.79) and 5.1 (P = 0.51), respectively. No publication bias existed. Conclusion. In DLBCL, both I-PET and F-PET can be performed for survival and progression analysis. But in other B-cell subtypes such as follicular lymphoma (FL) and mantle cell lymphoma (MCL), it would be necessary to perform F-PET for predictive purposes.

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[26]
TÍTULO / TITLE: - Predictive Biomarkers of Antiangiogenic Therapy for Advanced Hepatocellular Carcinoma: Where Are We?
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Liver Cancer. 2013 Apr;2(2):93-107.

●● Enlace al texto completo (gratuito o de pago) 1159/000343845

AUTORES / AUTHORS: - Shao YY; Hsu CH; Cheng AL

INSTITUCIÓN / INSTITUTION: - Departments of Oncology, National Taiwan University Hospital, Taiwan, ROC ; Graduate Institute of Oncology, College of Medicine, National Taiwan University, Taiwan, ROC.

RESUMEN / SUMMARY: - Antiangiogenic therapy, especially treatment with sorafenib, is the primary treatment for patients with advanced hepatocellular carcinoma (HCC). However, the efficacy of such therapy is modest, with low objective response rates and limited prolongation of survival times. Several researchers have investigated predictive biomarkers to help identify patients who can benefit most from antiangiogenic therapy. The largest study on this topic to date was based on the pivotal phase III study of sorafenib (the SHARP study) and did not find any plasma markers that could predict the efficacy of sorafenib. Other studies based on single-arm phase II clinical trials found some potential predictive markers, such as early alpha-fetoprotein response, the serum insulin-like growth factor-1 level at baseline, and the volume transfer constants of dynamic contrast-enhanced magnetic resonance imaging. These findings require validation by further studies. Identifying predictive biomarkers of antiangiogenic therapy for HCC remains challenging and warrants further investigations.

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[27]

TÍTULO / TITLE: - Poor prognosis of phosphatase of regenerating liver 3 expression in gastric cancer: a meta-analysis.

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

REVISTA / JOURNAL: - PLoS One. 2013 Oct 18;8(10):e76927. doi: 10.1371/journal.pone.0076927.

●● Enlace al texto completo (gratuito o de pago) 1371/journal.pone.0076927

AUTORES / AUTHORS: - Hu L; Luo H; Wang W; Li H; He T

INSTITUCIÓN / INSTITUTION: - Department of Epidemiology and Health Statistics, School of Public Health, Guangdong Medical College, Zhanjiang, Guangdong Province, China.

RESUMEN / SUMMARY: - BACKGROUND: Overexpression of phosphatase of regenerating liver 3 (PRL-3) has been implicated in gastric cancer (GC) metastasis. Epidemiological studies have evaluated the relationship between PRL-3 expression and prognosis in GC. However, results still remains controversial. In this study, a meta-analysis was performed to evaluate the association of PRL-3 expression with overall survival (OS) and clinicopathological characteristics. METHODS: Literature databases were searched to identify eligible studies dated until April 2013. Summary hazard ratios (HRs) or odds ratios (ORs) with 95% confidence interval (95% CI) were calculated to estimate the association. RESULTS: A total of 1380 GC patients from six studies were included in the meta-analysis. Overall, the combined HR estimate for OS in a random-effect model was 1.89 (95% CI = 1.38-2.60; P<0.001). Results showed that PRL-3 overexpression was significantly associated with OS, indicating that it may be a biomarker for poor prognosis of GC. Both subgroup and sensitivity analyses further identified the prognostic role of PRL-3 expression in GC patients. Moreover, PRL-3 overexpression was significantly associated with tumor stage (OR = 2.25; 95% CI = 1.63-3.12; P<0.001), depth of invasion (OR = 2.03; 95% CI = 1.38-2.98; P<0.001), vascular invasion (OR = 2.52; 95% CI = 1.79-3.56; P<0.001), lymphatic invasion (OR = 3.74; 95% CI = 2.49-5.63; P<0.001), and lymph node metastasis (OR = 4.56; 95% CI

= 2.37-8.76; P<0.001). However, when age, sex, tumor size, and tumor differentiation were considered, no obvious association was observed. CONCLUSIONS: This meta-analysis reveals significant association of PRL-3 overexpression with OS and some clinicopathological features in GC. PRL-3 may be a predicative factor of poor prognosis and aggressive tumor behavior in GC patients.

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[28]

TÍTULO / TITLE: - Tumor Delivery of Chemotherapy Combined with Inhibitors of Angiogenesis and Vascular Targeting Agents.

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

REVISTA / JOURNAL: - Front Oncol. 2013 Oct 1;3:259.

●● Enlace al texto completo (gratuito o de pago) 3389/fonc.2013.00259

AUTORES / AUTHORS: - Cesca M; Bizzaro F; Zucchetti M; Giavazzi R

INSTITUCIÓN / INSTITUTION: - Laboratory of Biology and Treatment of Metastases, Department of Oncology, IRCCS-Istituto di Ricerche Farmacologiche “Mario Negri” , Milan , Italy.

RESUMEN / SUMMARY: - Numerous angiogenesis-vascular targeting agents have been admitted to the ranks of cancer therapeutics; most are used in polytherapy regimens. This review looks at recent progress and our own preclinical experience in combining angiogenesis inhibitors, mainly acting on VEGF/VEGFR pathways, and vascular targeting agents with conventional chemotherapy, discussing the factors that determine the outcome of these treatments. Molecular and morphological modifications of the tumor microenvironment associated with drug distribution and activity are reviewed. Modalities to improve drug delivery and strategies for optimizing combination therapy are examined.

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[29]

TÍTULO / TITLE: - Erlotinib in wild type epidermal growth factor receptor non-small cell lung cancer: A systematic review.

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

REVISTA / JOURNAL: - Ann Thorac Med. 2013 Oct;8(4):204-8. doi: 10.4103/1817-1737.118503.

●● Enlace al texto completo (gratuito o de pago) 4103/1817-1737.118503

AUTORES / AUTHORS: - Jazieh AR; Al Sudairy R; Abu-Shraie N; Al Suwairi W; Ferwana M; Murad MH

INSTITUCIÓN / INSTITUTION: - Department of Oncology, King Saud bin Abdulaziz University for Health Sciences, Riyadh, Kingdom of Saudi Arabia.

RESUMEN / SUMMARY: - BACKGROUND: Targeting epidermal growth factor receptors (EGFR) is an innovative approach to managing non-small cell lung cancer (NSCLC) which harbors EGFR mutation. However, the efficacy of these agents like erlotinib in patients without the mutation is not known. METHODS: This systematic review included Phase III randomized clinical trials that compared single agent erlotinib to other management options in the setting of NSCLC with reported outcome data on patients with EGFR wild type (EGFRWT) tumors. Outcome data include overall survival (OS), progression free survival (PFS) and response rate (RR). Random effects meta-analysis was used to pool outcomes across studies. RESULTS: Three studies met the inclusion criteria. These studies included a total of 2044 patients with outcome data on 674 patients with EGFRWT tumors (33%). Meta-analysis revealed a statistically

significant improvement in OS with erlotinib (hazard ratio of 0.780; 95% confidence interval: 0.654-0.930, P = 0.006). Data were not available to perform PFS or RR analysis. The quality of this evidence is considered to be moderate to high. CONCLUSION: Our study revealed a significant benefit of erlotinib in patient with EGFRWT tumors compared with other approaches. These findings add another therapeutic option to patients generally considered difficult to treat.

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[30]

TÍTULO / TITLE: - The Estrogen Receptor Joins Other Cancer Biomarkers as a Predictor of Outcome.

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

REVISTA / JOURNAL: - Obstet Gynecol Int. 2013;2013:479541. Epub 2013 Oct 7.

●● Enlace al texto completo (gratuito o de pago) 1155/2013/479541

AUTORES / AUTHORS: - Leslie KK; Thiel KW; Reyes HD; Yang S; Zhang Y; Carlson MJ; Kumar NS; Dai DD

INSTITUCIÓN / INSTITUTION: - Department of Obstetrics and Gynecology, University of Iowa Hospitals and Clinics, 200 Hawkins Drive, Iowa City, IA 52242, USA.

RESUMEN / SUMMARY: - Endometrial cancer, the most common gynecologic malignancy in the United States, is on the rise, and survival is worse today than 40 years ago. In order to improve the outcomes, better biomarkers that direct the choice of therapy are urgently needed. In this review, we explore the estrogen receptor as the most studied biomarker and the best predictor for response for endometrial cancer reported to date.

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[31]

TÍTULO / TITLE: - Prognostic value of cancer stem cell marker aldehyde dehydrogenase in ovarian cancer: a meta-analysis.

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

REVISTA / JOURNAL: - PLoS One. 2013 Nov 25;8(11):e81050. doi: 10.1371/journal.pone.0081050.

●● Enlace al texto completo (gratuito o de pago) 1371/journal.pone.0081050

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INSTITUCIÓN / INSTITUTION: - Core Research Laboratory, The Second Affiliated Hospital, School of Medicine, Xi'an Jiaotong University, Xi'an, China ; Department of Reproductive Medicine, The First Affiliated Hospital, School of Medicine, Xi'an Jiaotong University, Xi'an, China.

RESUMEN / SUMMARY: - OBJECTIVE: Aldehyde dehydrogenase (ALDH) has recently been reported as a marker of cancer stem-like cells in ovarian cancer. However, the prognostic role of ALDH in ovarian cancer still remains controversial. In this study, we aimed to evaluate the association between the expression of ALDH and the outcome of ovarian cancer patients by performing a meta-analysis. METHODS: We systematically searched for studies investigating the relationships between ALDH expression and outcome of ovarian cancer patients. Only articles in which ALDH expression was detected by immunohistochemical staining were included. A meta-analysis was performed to generate combined hazard ratios (HRs) with 95% confidence intervals (CIs) for overall survival (OS) and disease-free survival (DFS). RESULTS: A total of 1,258 patients from 7 studies (6 articles) were included in the analysis. Our results showed that high ALDH expression in patients with ovarian cancer was associated with

poor prognosis in terms of Os (HR, 1.25; 95% CI, 1.07-1.47; P = 0.005) and DFS (HR, 1.58; 95% CI, 1.00-2.49; P = 0.052), though the difference for DFS was not statistically significant. In addition, there was no evidence of publication bias as suggested by Begg's and Egger's tests (Begg's test, P = 0.707; Egger's test, P = 0.355). CONCLUSION: The present meta-analysis indicated that elevated ALDH expression was associated with poor prognosis in patients with ovarian cancer.

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[32]

TÍTULO / TITLE: - The Prognostic Value of the Apoptosis Pathway in Colorectal Cancer: A Review of the Literature on Biomarkers Identified by Immunohistochemistry.

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

REVISTA / JOURNAL: - Biomark Cancer. 2013 Jul 4;5:13-29.

●● Enlace al texto completo (gratuito o de pago) 4137/BIC.S11475

AUTORES / AUTHORS: - Zeestraten EC; Benard A; Reimers MS; Schouten PC; Liefers GJ; van de Velde CJ; Kuppen PJ

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Leiden University Medical Center, Leiden, The Netherlands.

RESUMEN / SUMMARY: - Research towards biomarkers that predict patient outcome in colorectal cancer (CRC) is rapidly expanding. However, none of these biomarkers have been recommended by the American Association of Clinical Oncology or the European Group on Tumor Markers. Current staging criteria result in substantial under-and over-treatment of CRC patients. Evasion of apoptosis, a characteristic feature of tumorigenesis, is known to correlate with patient outcome. We reviewed the literature on immunohistochemistry-based studies between 1998 and 2011 describing biomarkers in this pathway in CRC and identified 26 markers. Most frequently described were p53, Bcl-2, survivin, and the Fas and TRAILR1 receptors and their ligands. None of the studies reviewed provided sufficient support for implementing a single marker into current clinical practice. This is likely due to the complex biology of this pathway. We suggest focusing on the combination of key markers within the apoptosis pathway that together represent an 'apoptotic tumor profile', which better reflects the status of this pathway in a tumor.

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[33]

TÍTULO / TITLE: - Anti-cytotoxic T lymphocyte antigen-4 antibodies in melanoma.

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

REVISTA / JOURNAL: - Clin Cosmet Investig Dermatol. 2013 Oct 17;6:245-256.

●● Enlace al texto completo (gratuito o de pago) 2147/CCID.S24246

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RESUMEN / SUMMARY: - Approaches aimed at enhancement of the tumor specific response have provided proof for the rationale of immunotherapy in cancer, both in animal models and in humans. Ipilimumab, an anti-cytotoxic T lymphocyte antigen-4 (CTLA-4) antibody, is a new generation immunotherapeutic agent that has shown activity in terms of disease free and overall survival in metastatic melanoma patients. Its use was approved by the US Food and Drug Administration in March 2011 to treat patients with late stage melanoma that has spread or that cannot be removed by surgery. The mechanism of action of CTLA-4 antibodies in the activation of an

antitumor immune response and selected clinical studies of ipilimumab in advanced melanoma patients are discussed. Ipilimumab treatment has been associated with immune related adverse events due to T-cell activation and proliferation. Most of these serious adverse effects are associated with the gastrointestinal tract and include severe diarrhea and colitis. The relationship between immune related adverse events and antitumor activity associated with ipilimumab was explored in clinical studies. Potential biomarkers predictive for clinical response and survival in patients treated with anti-CTLA-4 therapy are presently under investigation. Besides the conventional patterns of response and stable disease as defined by standard Response Evaluation Criteria in Solid Tumors criteria, in subsets of patients, ipilimumab has shown patterns of delayed clinical activity which were associated with an improved overall survival. For this reason a new set of response criteria for tumor immunotherapy has been proposed, which was termed immune related response criteria. These new criteria are presently used to better analyze clinical activity of immunotherapeutic regimens. Ipilimumab is currently under investigation in combination with other treatments, such as chemotherapy, target agents, radiotherapy, and other immuno-therapeutic regimens.

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[34]

TÍTULO / TITLE: - Targeting apoptosis pathways in cancer with alantolactone and isoalantolactone.

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

REVISTA / JOURNAL: - ScientificWorldJournal. 2013 Oct 27;2013:248532. doi: 10.1155/2013/248532.

●● Enlace al texto completo (gratuito o de pago) 1155/2013/248532

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INSTITUCIÓN / INSTITUTION: - The Key Laboratory of Molecular Epigenetics of MOE, Institute of Genetics and Cytology, Northeast Normal University, Changchun 130024, China ; Dental Hospital, Jilin University, Changchun 130041, China.

RESUMEN / SUMMARY: - Alantolactone and isoalantolactone, main bioactive compounds that are present in many medicinal plants such as Inula helenium, L. Inula japonica, Aucklandia lappa, Inula racemosa, and Radix inulae, have been found to have various pharmacological actions including anti-inflammatory, antimicrobial, and anticancer properties, with no significant toxicity. Recently, the anticancer activity of alantolactone and isoalantolactone has been extensively investigated. Here, our aim is to review their natural sources and their anticancer activity with specific emphasis on mechanism of actions, by which these compounds act on apoptosis pathways. Based on the literature and also on our previous results, alantolactone and isoalantolactone induce apoptosis by targeting multiple cellular signaling pathways that are frequently deregulated in cancers and suggest that their simultaneous targeting by these compounds could result in efficacious and selective killing of cancer cells. This review suggests that alantolactone and isoalantolactone are potential promising anticancer candidates, but additional studies and clinical trials are required to determine their specific intracellular sites of actions and derivative targets in order to fully understand the mechanisms of therapeutic effects to further validate in cancer chemotherapy.
