

#15#

Revisiones (todas) \*\*\* Reviews (all)

## RESPIRATORY TRACT TUMORS

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

October / November 2013

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[1]

**TÍTULO / TITLE:** - Doublets versus single-agent therapy as first-line therapy for elderly patients with advanced non-small cell lung cancer? A systematic review of randomised controlled trials.

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

**REVISTA / JOURNAL:** - Int J Clin Pract. 2013 Nov;67(11):1118-27. doi: 10.1111/ijcp.12167.

●● [Enlace al texto completo \(gratis o de pago\) 1111/ijcp.12167](#)

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**INSTITUCIÓN / INSTITUTION:** - Department of Medical Oncology, The Fourth Affiliated Hospital, China Medical University, Shenyang, China.

**RESUMEN / SUMMARY:** - INTRODUCTION: Although the standard treatment for advanced non-small cell lung cancer (NSCLC) patients is platinum-based doublet chemotherapy, single-agent therapy is still preferred in elderly patients. Comparison of the efficacy of various combinations of doublets with single-agent chemotherapy is somehow contradictory. This study conducted a systematic review to evaluate the efficacy and tolerability of the third-generation agent-based doublets vs. single-agent chemotherapy in elderly NSCLC patients. METHODS: Electronic (PubMed, EMBASE and Cochrane Library database) and manual searches were conducted to collect data from published, randomised, phase 2 and 3 trials which compared doublets with a third-generation single-agent chemotherapy in elderly patients. Pooled relative risks (RRs) were calculated for the incidences of overall response rate (ORR), 1-year survival rate (1-y SR), and grade 3/4 toxicities. RESULTS: Seven eligible trials (2219 patients) were selected from 1170 studies that were initially identified. A significant difference in ORR favouring doublets over single agents was observed [RR, 1.59; 95%

confidence interval (95% CI), 1.36-1.86;  $p < 0.0001$ ] with a slightly, but not significantly improved 1-y SR (RR, 1.19; 95% CI, 0.98-1.45,  $p = 0.007$ ). Subgroup analysis suggested that platinum (RR, 1.94; 95% CI, 1.47-2.55,  $p < 0.0001$ ) or non-platinum- (RR, 1.45; 95% CI, 1.20-1.75,  $p < 0.0001$ ) based doublets could improve ORR, and the grade  $\frac{3}{4}$  thrombocytopenia (RR, 6.64; 95% CI, 1.78-24.86,  $p = 0.005$ ) and anaemia (RR, 2.86; 95% CI, 1.62-5.05,  $p < 0.0001$ ) were preferred to occur in platinum-based doublets. CONCLUSIONS: Doublets appear to be more effective and tolerable than single-agent therapy for treating elderly advanced NSCLC patients, and therefore could be considered as a treatment option for elderly populations with good physical status.

[2]

**TÍTULO / TITLE:** - Prognostic role of D-dimer in patients with lung cancer: a meta-analysis.

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

**REVISTA / JOURNAL:** - Tumour Biol. 2013 Oct 10.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-1279-9](#)

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**RESUMEN / SUMMARY:** - D-dimer detection in patients suffering from a variety of different types of cancer has become a hot point as an emerging and promising biomarker. In this study, therefore, we evaluated the prognostic role of D-dimer in lung cancer. Initial literature was identified using the PubMed, EMBASE, and CNKI. The primary data was hazard ratio (HR) with 95 % confidence interval (CI) of survival outcomes in candidate articles, including overall survival (OS) and disease-free survival (DFS). Finally, 11 eligible studies were included in this meta-analysis, which were published between 1996 and 2013. The estimated pooled HR and 95 % CI for OS of all studies was 2.06 (95 % CI 1.64-2.58,  $p < 0.00001$ ) and the HR and 95 % CI for DFS in one study was 3.38 (95 % CI 1.17-9.75,  $p = 0.002$ ). The HRs and 95 % CIs for OS in Asian and non-Asian patients were 2.48 (95 % CI 1.60-3.84,  $p < 0.0001$ ) and 1.89 (95 % CI 1.44-2.47,  $p < 0.00001$ ), respectively. When we further analyzed the data by various detecting methods, the pooled HR and 95 % CI for OS were 3.22 (95 % CI 1.99-5.21,  $p < 0.00001$ ) for ELISA, 1.52 (95 % CI 1.25-1.86,  $p < 0.0001$ ) for Latex assay, and 1.79 (95 % CI 1.19-2.69,  $p = 0.005$ ) for immunoturbidimetry assay. We also did subgroup analysis according to the ratio of histological type and clinical stage. All the above analysis had positive results. This meta-analysis showed that D-dimer had a fine predictive role in lung cancer patients, especially in Asian group. Also, it demonstrated that D-dimer had a stronger predictive value by using the method ELISA.

[3]

**TÍTULO / TITLE:** - Chemotherapy versus best supportive care for extensive small cell lung cancer.

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

**REVISTA / JOURNAL:** - Cochrane Database Syst Rev. 2013 Nov 27;11:CD001990. doi: 10.1002/14651858.CD001990.pub3.

●● Enlace al texto completo (gratis o de pago) [1002/14651858.CD001990.pub3](#)

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**INSTITUCIÓN / INSTITUTION:** - Atención Primaria Area 11, Conselleria Valenciana, Valencia, España.

**RESUMEN / SUMMARY:** - **BACKGROUND:** Combination chemotherapy has been the mainstay of treatment for extensive stage small cell lung cancer (SCLC) over the last 30 years, even though it only gives a short prolongation in median survival time. The main goal for these patients should be palliation with the aim of improving their quality of life. **OBJECTIVES:** To determine the effectiveness of first-line chemotherapy versus placebo or best supportive care (BSC) in prolonging survival in patients with extensive SCLC at diagnosis and the effectiveness of second-line chemotherapy at relapse or progression after first-line chemotherapy compared with BSC or placebo in prolonging survival in patients with extensive SCLC; as well as to evaluate the adverse events of treatment and the quality of life of patients. **SEARCH METHODS:** This is the second update of the review. MEDLINE (1966 to October 2013), EMBASE (1974 to October 2013), and the Cochrane Central Register of Controlled Trials (CENTRAL) (2012, Issue 3) were searched. Experts in the field were contacted. **SELECTION CRITERIA:** Phase III randomised controlled trials in which any chemotherapy treatment was compared with placebo or BSC in patients with extensive SCLC, as first-line or second-line therapy at relapse. **DATA COLLECTION AND ANALYSIS:** Two authors independently extracted data and assessed study quality. We resolved disagreements by discussion. Additional information was obtained from one study author. **MAIN RESULTS:** Two studies of unclear risk of bias were included for first-line chemotherapy. A total of 88 men under 70 years with good performance status were randomised to receive either supportive care, placebo infusion or ifosfamide. Ifosfamide gave an extra mean survival of 78.5 days compared with supportive care or placebo infusion. Partial tumour response was greater with the active treatment. Toxicity was only seen in the chemotherapy group and quality of life was only assessed at the beginning of treatment. The quality of the evidence for overall survival and adverse effects was very low. Three studies of moderate risk of bias were included for second-line chemotherapy at relapse (one identified in the last search). A total of 932 men and women under 75 years and any performance status were randomised to receive either methotrexate-doxorubicin, topotecan, or picoplatin versus symptomatic treatment or BSC. The methotrexate-doxorubicin treatment gave a median survival of 63 days longer than in the symptomatic-treatment group for patients allocated to receive four cycles of first-line chemotherapy, and 21 days longer for patients allocated to receive eight cycles of first-line chemotherapy. Treatment with topotecan gave a median survival of 84 days longer than in the BSC group (log-rank  $P = 0.01$ ). The adjusted hazard ratio (HR) for overall survival was 0.61 (95% CI 0.43 to 0.87). Treatment with picoplatin gave a median survival time of six days longer than BSC (HR 0.817, 95% CI 0.65 to 1.03,  $P = 0.0895$ ). A meta-analysis of topotecan and picoplatin gave a HR of 0.73 (95% CI 0.55 to 0.96,  $P = 0.03$ ; low-quality evidence). Partial or complete response in the methotrexate-doxorubicin group was 22.3%. Five patients (7%, 95% CI 2.33 to 15.67) showed a partial response with topotecan. No data were provided about tumour response in the picoplatin study. Toxicity was worst in the chemotherapy group (moderate-quality evidence). Quality of life was better in the topotecan group and was not measured in the methotrexate-doxorubicin and picoplatin studies (low-quality evidence). **AUTHORS' CONCLUSIONS:** Two small RCTs from the 1970s suggest that first-line chemotherapeutic treatment (based on ifosfamide) may provide a small survival benefit (less than three months) in comparison with supportive care or placebo infusion in patients with advanced SCLC. However platinum-based combination chemotherapy regimens have been shown to increase complete response rates when compared to non-platinum chemotherapy regimens with no significant difference in survival, and so these are currently the standard

first-line treatment for patients with SCLC. Second-line chemotherapy at relapse or progression may prolong survival for some weeks in relation to BSC. Nevertheless, the impact of first-line chemotherapy on quality of life, older patients, women and patients with poor prognosis is unknown and the benefits of second-line chemotherapy are also unclear for older people. Globally, the evidence on which these conclusions are based is very scarce and of uncertain or low quality, which calls for well-designed, controlled trials to further evaluate the trade-offs between benefits and risks of different chemotherapeutic schedules in patients with advanced SCLC.

[4]

**TÍTULO / TITLE:** - Vascular endothelial growth factor -634G/C and vascular endothelial growth factor -2578C/A polymorphisms and lung cancer risk: a case-control study and meta-analysis.

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

**REVISTA / JOURNAL:** - Tumour Biol. 2013 Oct 22.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-1241-x](#)

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**RESUMEN / SUMMARY:** - Vascular endothelial growth factor (VEGF) is a major regulator of angiogenesis in the process of tumor growth and metastasis. In present study, we conducted a case-control study and meta-analysis to evaluate the genetic effects of VEGF -634G/C and VEGF -2578C/A polymorphisms and risk of lung cancer. A total of 175 subjects were recruited for case-control study and seven studies were included in the meta-analysis. Our case-control study showed that VEGF -634G/C polymorphism had no association with lung cancer risk (CC vs. GG: OR = 0.88, 95 % CI = 0.37-2.11), whereas there was an association between VEGF -2578CC genotype and decrease in lung cancer risk (CC vs. CA/AA: OR = 0.52, 95 % CI = 0.28-0.96). A meta-analysis was further performed and statistically similar results were obtained (CC vs. GG: OR = 0.91, 95 % CI = 0.60-1.39 for VEGF -634; CC vs. AA: OR = 0.53, 95 % CI = 0.32-0.89 for VEGF -2578). Our study showed that the variant genotypes of the VEGF -2578C/A polymorphism, but not the VEGF -634G/C polymorphism, was associated with lung cancer risk. More studies are needed to detect VEGF -634G/C and VEGF -2578 polymorphisms and their association with lung cancer in different ethnic populations incorporated with environmental exposures.

[5]

**TÍTULO / TITLE:** - Stereotactic radiotherapy (SABR) for the treatment of primary non-small cell lung cancer; Systematic review and comparison with a surgical cohort.

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

**REVISTA / JOURNAL:** - Radiother Oncol. 2013 Oct;109(1):1-7. doi: 10.1016/j.radonc.2013.09.006. Epub 2013 Oct 12.

●● Enlace al texto completo (gratis o de pago) [1016/j.radonc.2013.09.006](#)

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**INSTITUCIÓN / INSTITUTION:** - Harley Street at University College Hospital, London, UK.

**RESUMEN / SUMMARY:** - BACKGROUND AND PURPOSE: To assess the efficacy of stereotactic ablative radiotherapy (SABR) for the treatment of non-small cell lung cancer (NSCLC) through a systematic review of all relevant publications from 2006 to the present compared to controls treated with surgery. In the absence of Grade I evidence, the objective

outcome data should form the basis for planning future studies and commissioning SABR services. MATERIALS AND METHODS: Standard systematic review methodology extracting patient and disease characteristics, treatment and outcome data from published articles reporting patient data from populations of 20 or more Stage I NSCLC patients treated with SABR with a median follow up of minimum of 1year. The individual outcome measures were corrected for stage and summary weighted outcome data were compared to outcome data from a large International Association for the Study of Lung Cancer (IASLC) cohort matched for stage of disease with survival as the principal endpoint and local control (local progression free survival - local PFS) as the secondary endpoint. RESULTS: Forty-five reports containing 3771 patients treated with SABR for NSCLC were identified that fulfilled the selection criteria; both survival and staging data were reported in 3171 patients. The 2year survival of the 3201 patients with localized stage I NSCLC treated with SABR was 70% (95% CI: 67-72%) with a 2year local control of 91% (95% CI: 90-93%). This was compared to a 68% (95% CI: 66-70) 2year survival of 2038 stage I patients treated with surgery. There was no survival or local PFS difference with different radiotherapy technologies used for SABR. CONCLUSIONS: Systematic review of a large cohort of patients with stage I NSCLC treated with SABR suggests that survival outcome in the short and medium term is equivalent to surgery for this population of patients regardless of co-morbidity. As selection bias cannot be assessed from the published reports and treatment related morbidity data are limited, a direct comparison between the two treatment approaches should be a priority. In the meantime, SABR can be offered to stage I patients with NSCLC as an alternative to surgery.

[6]

**TÍTULO / TITLE:** - The function, mechanisms, and role of the genes PTEN and TP53 and the effects of asbestos in the development of malignant mesothelioma: a review focused on the genes' molecular mechanisms.

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

**REVISTA / JOURNAL:** - Tumour Biol. 2013 Oct 1.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-1210-4](#)

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**RESUMEN / SUMMARY:** - The malignant mesothelioma is an aggressive form of cancer with a mean survival rate of less than a year. Moreover, environmental exposure to minerals is an important factor in the development of malignant mesothelioma (MM), especially the mineral asbestos, which has a well-documented role in MM, and more recently, the mineral erionite has been proven to be a strong carcinogenic inducer of MM. In addition, the virus simian virus 40 has been implicated as a co-carcinogenic player in MM. However, the molecular mechanisms involved in the pathogenesis of this cancer are still not fully understood. Indeed, it is known that several genes are altered or mutated in MM, among those are p16INK4A, p14ARF, and neurofibromatosis type II. Furthermore, TP53 has been reported to be mutated in the majority of the cancers; however, in MM, it is very uncommon mutations in this gene. Also, the PTEN gene has been shown to play an important role in endometrial cancer and glioblastoma, although the role of PTEN in MM has yet to be established. Taken altogether, this review focuses on the historical aspects, molecular mechanisms, interaction with other genes and proteins, and the role of these genes in MM. Lastly, this review questions the

cancer theory of the two hits because the functions of both PTEN and TP53 are not fully explained by this theory.

[7]

**TÍTULO / TITLE:** - Smoking and hOGG1 Ser326Cys polymorphism contribute to lung cancer risk: evidence from a meta-analysis.

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

**REVISTA / JOURNAL:** - Tumour Biol. 2013 Oct 2.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-1222-0](#)

**AUTORES / AUTHORS:** - Yin ZB; Hua RX; Li JH; Sun C; Zhu JH; Su X; Ji C; Xiang Q; Hua ZM  
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**RESUMEN / SUMMARY:** - The human 8-oxoguanine DNA glycosylase (hOGG1) gene plays an important role in the repair of oxidatively damaged DNA base lesions and its functional single nucleotide polymorphisms (SNPs) may alter DNA repair capacity and thus contributes to cancer susceptibility. Numerous studies have investigated the association between hOGG1 Ser326Cys polymorphism and lung cancer susceptibility; however, the conclusions are still inconclusive. We searched eligible publications from MEDLINE, EMBASE, and CBM and performed a meta-analysis to assess the associations between hOGG1 Ser326Cys polymorphism and lung cancer risk. Pooled odds ratios (ORs) and 95 % confidence intervals (CIs) were calculated to estimate risk associations, and false-positive report probability (FPRP) analysis was also carried out to evaluate significant findings. A total of 31 investigations with 10,220 cases and 12,284 controls were identified. When all studies were pooled, a significantly increased overall lung cancer risk was found (Cys/Cys vs. Ser/Ser: OR = 1.24, 95 % CI = 1.05-1.47, P = 0.013; recessive model: OR = 1.22, 95 % CI = 1.05-1.41, P = 0.008, and Cys vs. Ser: OR = 1.11, 95 % CI = 1.02-1.21, P = 0.022), and further stratification analysis showed that the association was stronger in Asians, never smokers, and more-cigarette takers. These results were confirmed by FPRP analysis. Despite some limitations, this meta-analysis provides solid evidence that hOGG1 Ser326Cys polymorphism may contribute to lung cancer risk, particularly for Asian populations, never smokers, and more-cigarette takers. Nevertheless, these findings warrant further validation in single large investigations.

[8]

**TÍTULO / TITLE:** - Two functional polymorphisms in microRNAs and lung cancer risk: a meta-analysis.

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

**REVISTA / JOURNAL:** - Tumour Biol. 2013 Nov 20.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-1355-1](#)

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**RESUMEN / SUMMARY:** - MicroRNAs are involved in several biological processes including cell apoptosis and proliferation, stress resistance, and fat metabolism, and act as tumor suppressors by malignant transformation of human cells. The aim of this study was to identify the associations of single nucleotide polymorphisms (SNPs) rs11614913 and rs3746444 with lung cancer risk. In this meta-analysis with 2,219 cases and 2,232 controls for SNP

rs11614913 and 1,685 cases and 1,690 controls for SNP rs3746444, we summarized five case-control studies by searching databases of PubMed, EMBASE, and Chinese National Knowledge Infrastructure (CNKI). Lung cancer risk associated with the two SNPs was estimated by odd ratios (ORs) with 95 % confidence intervals (CIs). SNP rs11614913 (OR 0.88, 95 % CI 0.78-1.00 for TT vs. CT + CC) was found to be potentially associated with a decreased risk of lung cancer. However, we found no association between SNP rs3746444 and lung cancer risk. In the subgroup analysis by ethnicity, a negative association was also observed in Asians for SNP rs11614913, but a nonsignificant association for SNP rs3746444. Our meta-analysis provides evidence for potential protective effects on lung cancer risk associated with SNP rs11614913, particularly in Asian populations. Further, larger studies are necessary to validate the findings.

[9]

**TÍTULO / TITLE:** - Modern post-operative radiotherapy for stage III non-small cell lung cancer may improve local control and survival: A meta-analysis.

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

**REVISTA / JOURNAL:** - Radiother Oncol. 2013 Oct 4. pii: S0167-8140(13)00396-4. doi: 10.1016/j.radonc.2013.08.011.

●● Enlace al texto completo (gratis o de pago) [1016/j.radonc.2013.08.011](http://1016/j.radonc.2013.08.011)

**AUTORES / AUTHORS:** - Billiet C; Decaluwe H; Peeters S; Vansteenkiste J; Doms C; Haustermans K; De Leyn P; De Ruyscher D

**INSTITUCIÓN / INSTITUTION:** - Radiation Oncology. Electronic address: [charlotte.billiet@uzleuven.be](mailto:charlotte.billiet@uzleuven.be).

**RESUMEN / SUMMARY:** - BACKGROUND: We hypothesized that modern postoperative radiotherapy (PORT) could decrease local recurrence (LR) and improve overall survival (OS) in patients with stage IIIA-N2 non-small-cell lung cancer (NSCLC). METHODS: To investigate the effect of modern PORT on LR and OS, we identified published phase III trials for PORT and stratified them according to use or non-use of linear accelerators. Non-individual patient data were used to model the potential benefit of modern PORT in stage IIIA-N2 NSCLC treated with induction chemotherapy and resection. RESULTS: Of the PORT phase III studies, eleven trials (2387 patients) were included for OS analysis and eight (1677 patients) for LR. PORT decreased LR, whether given with cobalt, cobalt and linear accelerators, or with linear accelerators only. An increase in OS was only seen when PORT was given with linear accelerators, along with the most significant effect on LR (relative risk for LR and OS 0.31 (p=0.01) and 0.76 (p=0.02) for PORT vs. controls, respectively). Four trials (357 patients) were suitable to assess LR rates in stage III NSCLC treated with surgery, in most cases after induction chemotherapy. LR as first relapse was 30% (105/357) after 5years. In the modeling part, PORT with linear accelerators was estimated to reduce LR rates to 10% as first relapse and to increase the absolute 5-year OS by 13%. CONCLUSIONS: This modeling study generates the hypothesis that modern PORT may increase both LR and OS in stage IIIA-N2 NSCLC even in patients being treated with induction chemotherapy and surgery.

[10]

**TÍTULO / TITLE:** - WITHDRAWN: Pleurodesis for malignant pleural effusions.

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

**REVISTA / JOURNAL:** - Cochrane Database Syst Rev. 2013 Nov 20;11:CD002916. doi: 10.1002/14651858.CD002916.pub3.

●● Enlace al texto completo (gratuito o de pago) [1002/14651858.CD002916.pub3](http://1002/14651858.CD002916.pub3)

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**INSTITUCIÓN / INSTITUTION:** - Department of Clinical Oncology, Velindre Hospital, Whitchurch, Cardiff, Wales, UK, CF4 7XL.

**RESUMEN / SUMMARY:** - **BACKGROUND:** Approximately half of all patients with metastatic cancer develop a malignant pleural effusion which is likely to lead to a significant reduction in quality of life secondary to symptoms such as dyspnoea and cough. The aim of pleurodesis in these patients is to prevent re-accumulation of the effusion and thereby of symptoms, and avoid the need for repeated hospitalization for thoracocentesis. **OBJECTIVES:** To ascertain the optimal technique of pleurodesis in cases of malignant pleural effusion; to confirm the need for a sclerosant; and to clarify which, if any, of the sclerosants is the most effective. **SEARCH METHODS:** CENTRAL, MEDLINE and EMBASE databases were searched in June 2002. **SELECTION CRITERIA:** Randomised control trials (RCTs) of adult participants undergoing pleurodesis for pleural effusion in the context of metastatic malignancy (or a malignant process leading to pleural effusion) were included. **DATA COLLECTION AND ANALYSIS:** Two review authors independently selected studies for inclusion in the review, and extracted data. Primary outcome measures sought were effectiveness of pleurodesis as defined by freedom from recurrence of effusions, and mortality after pleurodesis. Secondary outcomes were adverse events due to pleurodesis. Dichotomous data were meta-analysed using a fixed-effect model and expressed as relative risk (RR). The number-needed-to-treat-to-benefit (NNTB) was calculated for pleurodesis efficacy. In addition, for adverse events, the overall percentage of participants across studies exhibiting a particular adverse effect such as fever, pain, or gastrointestinal symptoms was calculated. **MAIN RESULTS:** A total of 36 RCTs with 1499 participants were eligible for meta-analysis. The use of sclerosants (mitozantrone, talc and tetracycline combined) compared with control (instillation of isotonic saline or equivalent pH isotonic saline or tube drainage alone) was associated with an increased efficacy of pleurodesis. The RR of non-recurrence of an effusion is 1.20 (95% CI 1.04 to 1.38) in favour of the use of sclerosants based on five studies with a total 228 participants. Comparing different sclerosants, talc was found to be the most efficacious. The RR of effusion non-recurrence was 1.34 (95% CI 1.16 to 1.55) in favour of talc compared with bleomycin, tetracycline, mustine or tube drainage alone based on ten studies comprising 308 participants. This was not associated with increased mortality post pleurodesis. The RR of death was 1.19 (95% CI 0.08 to 1.77) for talc compared to bleomycin, tetracycline, mustine and tube drainage alone based on six studies of 186 participants. Death was not reported in all studies and, when reported, was attributed to underlying disease, only one death being reported as procedure-related. In the comparison of thoracoscopic versus medical pleurodesis, thoracoscopic pleurodesis was found to be more effective. The RR of non-recurrence of effusion is 1.19 (95% CI 1.04 to 1.36) in favour of thoracoscopic pleurodesis compared with tube thoracostomy pleurodesis utilizing talc as sclerosant based on two studies with 112 participants. Comparing thoracoscopic versus bedside instillation (with different sized chest tubes) of various sclerosants (tetracycline, bleomycin, talc or mustine) the RR of non-recurrence of effusion is 1.68 (95% CI 1.35 to 2.10) based on five studies with a total of 145 participants. Adverse events were not reported adequately to enable meta-analysis. **AUTHORS' CONCLUSIONS:** The available evidence supports the need for chemical sclerosants for successful pleurodesis, the use of talc as the sclerosant of choice, and thoracoscopic pleurodesis as the preferred



technique for pleurodesis based on efficacy. There was no evidence for an increase in mortality following talc pleurodesis.

[11]

**TÍTULO / TITLE:** - Updated Conflict of Interest in: Chemoprevention of Lung Cancer: Diagnosis and Management of Lung Cancer, 3<sup>rd</sup> ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

**REVISTA / JOURNAL:** - Chest. 2013 Nov 1;144(5):1743. doi: 10.1378/chest.13-2198.

- Enlace al texto completo (gratis o de pago) [1378/chest.13-2198](#)

[12]

**TÍTULO / TITLE:** - Author Conflict of Interest Error in: Diagnosis and Management of Lung Cancer, 3<sup>rd</sup> ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

**REVISTA / JOURNAL:** - Chest. 2013 Nov 1;144(5):1743. doi: 10.1378/chest.13-2144.

- Enlace al texto completo (gratis o de pago) [1378/chest.13-2144](#)

[13]

**TÍTULO / TITLE:** - Association between the TP53 polymorphisms and lung cancer risk: a meta-analysis.

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

**REVISTA / JOURNAL:** - Mol Biol Rep. 2013 Nov 23.

- Enlace al texto completo (gratis o de pago) [1007/s11033-013-2871-1](#)

**AUTORES / AUTHORS:** - Ye XH; Bu ZB; Feng J; Peng L; Liao XB; Zhu XL; Sun XL; Yu HG; Yan DF; Yan SX

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**RESUMEN / SUMMARY:** - The previous published data on the association between TP53 codon 72, intron 6, and intron 3 16 bp polymorphisms and lung cancer risk remained controversial. This meta-analysis of literatures was performed to derive a more precise estimation of the relationship. 38 publications with 51 studies were selected for this meta-analysis, including 17,337 cases and 16,127 controls for TP53 codon 72 (from 43 studies), 2,201 cases and 2,399 controls for TP53 intron 6 (from four studies), and 4,322 cases and 4,558 controls for TP53 intron 3 16 bp (from four studies). When all the eligible studies were pooled into the meta-analysis of codon 72 polymorphism, there was significant association between lung cancer risk and codon 72 polymorphism in any genetic model (dominant model: OR = 1.13, 95 % CI 1.05-1.21; recessive model: OR = 1.14, 95 % CI 1.02-1.27; additive model: OR = 1.19, 95 % CI 1.05-1.33). In the subgroup analysis by ethnicity, histological type, source of control, and smoking status, significantly increased risks were observed in subgroups such as Asians, Caucasians, lung squamous cell carcinoma patients for Asians, population-based study, hospital-based study, non-smokers, and smokers. When all the eligible studies were pooled into the meta-analysis of intron 6 polymorphism, there was significant association between lung cancer risk and intron 6 polymorphism in dominant model (OR = 1.27, 95 % CI 1.11-1.44). When all the eligible studies were pooled into the meta-

analysis of intron 3 16 bp polymorphism, there was significant association between lung cancer risk and intron 3 16 bp polymorphism in dominant model (OR = 1.12, 95 % CI 1.02-1.23) and additive model (OR = 1.41, 95 % CI 1.04-1.90). Additionally, when one study was deleted in the sensitive analysis, the results of TP53 intron 3 16 bp duplication polymorphism were changed in the dominant model (OR = 1.11, 95 % CI 0.87-1.42) and additive model (OR = 1.01, 95 % CI 0.65-1.56). In summary, this meta-analysis indicates that codon 72 and intron 6 polymorphisms show an increased lung cancer risk. A study with the larger sample size is needed to further evaluate gene-environment interaction on TP53 codon 72, intron 6, and intron 3 16 bp polymorphisms and lung cancer risk.

[14]

**TÍTULO / TITLE:** - Association between glutathione S-transferase T1 null genotype and risk of lung cancer: a meta-analysis of 55 studies.

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

**REVISTA / JOURNAL:** - Tumour Biol. 2013 Nov 5.

●● Enlace al texto completo (gratuito o de pago) [1007/s13277-013-1311-0](#)

**AUTORES / AUTHORS:** - Yang H; Shen X; Li B; Ma R

**INSTITUCIÓN / INSTITUTION:** - Department of Internal Medicine, Liaoning Provincial Tumor Hospital, Liaoning, 110042, China.

**RESUMEN / SUMMARY:** - The relationship between glutathione S-transferase T1 (GSTT1) gene polymorphism and the risk of lung cancer from the published reports are still conflicting. This study was conducted to evaluate the relationship between GSTT1 polymorphism and the risk of lung cancer. A comprehensive research was conducted through the databases, and 55 studies were recruited into this meta-analysis for the association of null genotype of GSTT1 with lung cancer susceptibility, consisting of 15,140 patients with lung cancer and 16,662 controls. There was a significant association between GSTT1 null genotype and lung cancer risk in the overall populations (OR = 1.138, 95 % CI = 1.032-1.255, P heterogeneity = 0.000, P = 0.009). Furthermore, GSTT1 null genotype was associated with the lung cancer risk in Asians (OR = 1.469, 95 % CI = 1.228-1.757, P heterogeneity = 0.000, P = 0.000). However, GSTT1 null genotype was not associated with the risk of lung cancer in Caucasians and Africans. In conclusion, GSTT1 null genotype is associated with the lung cancer in overall populations and in Asians.

[15]

**TÍTULO / TITLE:** - Exercise training for people following lung resection for non-small cell lung cancer - A Cochrane systematic review.

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

**REVISTA / JOURNAL:** - Cancer Treat Rev. 2013 Nov 13. pii: S0305-7372(13)00229-6. doi: 10.1016/j.ctrv.2013.11.001.

●● Enlace al texto completo (gratuito o de pago) [1016/j.ctrv.2013.11.001](#)

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**RESUMEN / SUMMARY:** - OBJECTIVES: To determine the effects of exercise training on exercise capacity, health-related quality of life (HRQoL), lung function (forced expiratory volume in one second (FEV1)) and quadriceps force in people who have had a recent lung resection for non-small cell lung cancer (NSCLC). DATA SOURCES: We searched the Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, SciELO and PEDro up to February 2013. REVIEW METHODS: We included randomised controlled trials (RCTs) in which study participants with NSCLC, who had recently undergone lung resection, were allocated to receive either exercise training or no exercise training. Two review authors screened and identified the studies for inclusion. RESULTS: We identified three RCTs involving 178 participants. On completion of the intervention period, exercise capacity, as measured by the six-minute walk distance, was statistically greater in the intervention group compared to the control group (mean difference (MD) 50.4m; 95% confidence interval (CI) 15.4-85.2m). No between-group differences were observed in HRQoL (standardised mean difference (SMD) 0.17; 95% CI -0.16-0.49) or FEV1 (MD -0.13L; 95% CI -0.36-0.11L). Differences in quadriceps force were not demonstrated on completion of the intervention period. CONCLUSIONS: Evidence from our review suggests that exercise training may potentially increase the exercise capacity of people following lung resection for NSCLC. The findings of this review should be interpreted with caution due to disparities between the studies, methodological limitations, some significant risks of bias and small sample sizes.

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[16]

**TÍTULO / TITLE:** - Early-stage central lung cancer and volumetric modulated arc therapy: a dosimetric case study with literature review.

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

**REVISTA / JOURNAL:** - Anticancer Res. 2013 Oct;33(10):4491-5.

**AUTORES / AUTHORS:** - Valakh V; Chan P; D'Adamo K; Micaily B

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**RESUMEN / SUMMARY:** - BACKGROUND/AIM: In the present article we review on the use of Volumetric Modulated Arc Therapy (VMAT) for a small lung nodule that was centrally located in close proximity to the mediastinal structures. CASE REPORT: An inoperable patient with central, clinical stage IA adenocarcinoma of the right lung was treated with external-beam radiation therapy of 52.5 Gy in 15 fractions. A single 360 degrees coplanar arc VMAT plan (360-VMAT) was used for treatment and compared to step-and-shoot Intensity Modulation Radiotherapy (IMRT) and a single 180 degrees ipsilateral partial arc VMAT plan (180-VMAT). RESULTS: Planning Target Volume (PTV) coverage was not different, and 360-VMAT had the highest dose homogeneity. Both 360-VMAT and 180-VMAT reduced esophageal dose compared to IMRT. While IMRT had the lowest lung dose, all 3 plans achieved acceptable sparing of the lung. 180-VMAT had the highest dose conformity. Both 360-VMAT and 180-VMAT improved esophageal sparing compared to IMRT. CONCLUSION: Use of VMAT in early-stage, centrally located NSCLC is a promising treatment approach and merits additional investigation.

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[17]

**TÍTULO / TITLE:** - Human papilloma virus in non-small cell lung cancer in never smokers: A systematic review of the literature.

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

**REVISTA / JOURNAL:** - Lung Cancer. 2013 Oct 31. pii: S0169-5002(13)00445-5. doi: 10.1016/j.lungcan.2013.10.002.

●● Enlace al texto completo (gratis o de pago) [1016/j.lungcan.2013.10.002](#)

**AUTORES / AUTHORS:** - Hasegawa Y; Ando M; Kubo A; Isa SI; Yamamoto S; Tsujino K; Kurata T; Ou SH; Takada M; Kawaguchi T

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**RESUMEN / SUMMARY:** - Non-small cell lung cancer (NSCLC) in never smokers has emerged as a global public health issue. The cause is still unclear, and few studies have focused on the prevalence of human papillomavirus (HPV) in the never smokers. We performed a systematic search of PubMed for articles of HPV infection in human subjects with NSCLC up to September 2012. Although smoking status was not fully reported in all studies, we contacted the authors by e-mail to supplement this information. Differences in the distribution of patients with and without HPV infection were tested with the Chi squared test. We identified 46 eligible articles, including 23 from Asian countries (N=2337 NSCLC cases), 19 from European countries (N=1553) and 4 from North and South America (N=160). The HPV prevalence was 28.1% (95% confidence interval (CI) 26.6-30.3%), 8.4% (95% CI 7.1-9.9%) and 21.3% (95% CI 15.2-28.4%), respectively. Eleven studies from East Asia (N=1110) and 4 from Europe (N=569) provided information on smoking status. The number of never smoker was 392 patients (33.9%) in East Asia and 54 patients (14.8%) in Europe. The HPV prevalence in East Asian countries was similar between never and ever smokers (33.9% vs 39.2%, P=0.080). Based on the literature confirming the presence of HPV in lung cancer in never smokers, the virus plays a role in carcinogenesis in the disease. There were different patterns of HPV prevalence between Asian and European countries in the never smokers as well as in ever smokers.

[18]

**TÍTULO / TITLE:** - Diagnosis of multiple primary lung cancer: A systematic review.

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

**REVISTA / JOURNAL:** - J Int Med Res. 2013 Dec;41(6):1779-87. doi: 10.1177/0300060513504707.

●● Enlace al texto completo (gratis o de pago) [1177/0300060513504707](#)

**AUTORES / AUTHORS:** - Xue X; Liu Y; Pan L; Wang Y; Wang K; Zhang M; Wang P; Wang J  
**INSTITUCIÓN / INSTITUTION:** - Department of Respiratory Diseases, Chinese PLA General Hospital, Beijing, China.

**RESUMEN / SUMMARY:** - A substantial percentage (8%) of all newly diagnosed cancer cases are in patients with previous tumours, with a similar trend in lung cancer. Cases of multiple primary lung cancer (MPLC) are increasing worldwide, due to improved diagnostic and surveillance mechanisms and the ageing population. Diagnosis of MPLC is complicated by difficulties in distinguishing it from lung cancer metastasis. Clinicopathological assessment, diagnosis and management have evolved, but remain severely limited by the lack of robust and dependable molecular markers for the differential diagnosis of metastasis and MPLC. This systematic review evaluates diagnostic criteria for MPLC, and the subsequent management and success rates. The incorporation of molecular biology techniques into the diagnostic process for MPLC is also discussed.

[19]

**TÍTULO / TITLE:** - A review of 250 ten-year survivors after pneumonectomy for non-small-cell lung cancer.

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

**REVISTA / JOURNAL:** - Eur J Cardiothorac Surg. 2013 Oct 16.

●● Enlace al texto completo (gratis o de pago) [1093/ejcts/ezt494](#)

**AUTORES / AUTHORS:** - Riquet M; Mordant P; Pricopi C; Legras A; Foucault C; Dujon A; Arame A; Le Pimpec-Barthes F

**INSTITUCIÓN / INSTITUTION:** - Department of General Thoracic Surgery, Georges Pompidou European Hospital, Descartes University, Paris, France.

**RESUMEN / SUMMARY:** - **OBJECTIVES:** During the last decades, pneumonectomy has been increasingly seen as a risky procedure, first reserved for tumours not amenable to lobectomy, and now discouraged even in advanced stages of non-small-cell lung cancer (NSCLC). Our purpose was to assess the long-term survival following pneumonectomy for NSCLC and its prognostic factors. **METHODS:** We set a retrospective study including every patient who underwent a pneumonectomy for NSCLC in 2 French centres from 1981 to 2002. We then described the demographic and pathological characteristics of patients who survived >10 years, and studied the prognostic factors of long-term survival. **RESULTS:** During the study period, 1466 pneumonectomies were performed for NSCLC, including 1121 standard and 345 extended, and accounted for the overall population. Postoperative complications occurred in 396 patients (27%), including 93 deaths (6.3%). Five- and 10-year survival rates were 32 and 19%, respectively. Two-hundred and fifty patients survived >10 years after surgery, and accounted for the study group. The study group included a majority of males (n = 230, 92%), a mean age of 57 +/- 9.2 years and a majority of clinical stage IIIA (n = 117, 46.8%). Induction, right-sided pneumonectomy, extended resection and adjuvant therapy were performed in 41 (16.4%), 109 (43.6%), 40 (16%) and 97 patients (38.8%), respectively. Histology revealed a majority of squamous cell carcinoma (n = 181, 72.4%), T2 tumours (n = 117, 36.8%) and N1 disease (n = 105, 42%). In multivariate analysis, factors associated with adverse outcomes included older age, advanced stage, extended resection, non-lethal postoperative complication, adenocarcinoma, lymphatic vessel microinvasion, N1 and N2 disease and R1 and R2 resection. **CONCLUSIONS:** During the last 30 years, pneumonectomy was effectively performed for advanced NSCLC, allowing a 10-year survival rate of 19%. Such results have not been reported with other non-surgical treatments and confirm that pneumonectomy is still an essential weapon in the armamentarium against lung cancer.

[20]

**TÍTULO / TITLE:** - Diagnostic efficacy of PET and PET/CT for recurrent lung cancer: a meta-analysis.

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

**REVISTA / JOURNAL:** - Acta Radiol. 2013 Sep 30.

●● Enlace al texto completo (gratis o de pago) [1177/0284185113498536](#)

**AUTORES / AUTHORS:** - He YQ; Gong HL; Deng YF; Li WM

**INSTITUCIÓN / INSTITUTION:** - Department of Respiratory Medicine, West China Hospital of Sichuan University, Chengdu, PR China.

**RESUMEN / SUMMARY:** - **BACKGROUND:** Lung cancer is one of the most common malignant tumors in the world, and is the leading cause of cancer-related mortality. Although there are

no conclusive data to support the survival benefits of early detection or early treatment for recurrence, an early and accurate diagnosis of recurrence is critical to optimize therapy. PURPOSE: To compare the diagnostic value of positron emission tomography (PET) and positron emission tomography/computed tomography (PET/CT) using fluorine-18 deoxyglucose (18FDG) with conventional imaging techniques (CITs) for the detection of lung cancer recurrence. MATERIAL AND METHODS: A meta-analysis was performed, with systematic searches conducted using PubMed and EMBASE databases (up to 31 December 2011). Pooled sensitivity, specificity, and diagnostic odds ratio (DOR) values were calculated for 1035 patients reported in 13 articles. Summary receiver-operating characteristic curves (SROC) were also generated. RESULTS: The pooled sensitivity (95% CI) for PET, PET/CT, and CITs were 0.94 (0.91-0.97), 0.90 (0.84-0.95), and 0.78 (0.71-0.84), respectively. The pooled specificity (95% CI) for PET, PET/CT, and CITs were 0.84 (0.77-0.89), 0.90 (0.87-0.93), and 0.80 (0.75-0.84), respectively. Regarding sensitivity, lower values were associated with CITs than PET (P = 0.000) and PET/CT (P = 0.005), and there was no significant difference between PET/CT and PET (P = 0.102). Regarding specificity, values for PET/CT and PET were significantly higher than for CITs (both P = 0.000), and there was no significant difference between PET/CT and PET (P = 0.273). In the SROC curves, a better diagnostic accuracy was associated with PET/CT than PET and CITs. CONCLUSION: PET/CT and PET were found to be superior modalities for the detection of recurrent lung cancer, and PET/CT was superior to PET.

[21]

**TÍTULO / TITLE:** - VEGF-C in non-small cell lung cancer: Meta-analysis.

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

**REVISTA / JOURNAL:** - Clin Chim Acta. 2013 Oct 18;427C:94-99. doi: 10.1016/j.cca.2013.10.002.

●● Enlace al texto completo (gratis o de pago) [1016/j.cca.2013.10.002](http://1016/j.cca.2013.10.002)

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**INSTITUCIÓN / INSTITUTION:** - Department of Geriatric Oncology, The Second Affiliated Hospital, Southeast University, 1-1 Zhongfu Street, Nanjing, Jiangsu 210003, PR China. Electronic address: [gfdsa\\_1234567@sohu.com](mailto:gfdsa_1234567@sohu.com).

**RESUMEN / SUMMARY:** - BACKGROUND: We sought to clarify the prognostic value of vascular endothelial growth factor C (VEGF-C) in survival of patients with non-small cell lung cancer (NSCLC). METHODS: We performed a meta-analysis of relevant literature to aggregate the available survival results, using studies published in English until May 2013. Eligible studies dealt with VEGF-C assessment in NSCLC patients on primary lesions and reported survival data according to VEGF-C expression. RESULTS: We aggregated 16 trials, comprising 1988 patients, in this meta-analysis. The overall combined hazard ratio (HR) was 1.65 (95% confidence interval (CI): 1.37-1.98) and was calculated using a random-effects model. It associated high VEGF-C expression with poor survival in all NSCLC patients, including those with stage I NSCLC and high VEGF-C expression (HR: 2.00; 95% CI: 1.22-3.28). However, VEGF-C expression did not significantly correlate with survival in patients with lung adenocarcinoma (ADC) (HR: 1.48; 95% CI: 1.01-2.18). CONCLUSION: Our meta-analysis shows that VEGF-C expression is associated with poor prognosis for NSCLC patients, including patients with stage I NSCLC. However, VEGF-C expression is not significantly correlated with survival for patients with lung ADC.

[22]

**TÍTULO / TITLE:** - Malignant pleural mesothelioma: 2013 state of the art.

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

**REVISTA / JOURNAL:** - Bull Cancer. 2013 Nov 14.

●● Enlace al texto completo (gratis o de pago) [1684/bdc.2013.1857](#)

**AUTORES / AUTHORS:** - Campbell K; Brosseau S; Reviron-Rabec L; Bergot E; Lechapt E; Levallet G; Zalcman G

**INSTITUCIÓN / INSTITUTION:** - Universite de Caen-Basse Normandie, CHU de Caen, service de pneumologie et oncologie thoracique, avenue de la Cote-de-Nacre, 14033 Caen cedex 05, France.

**RESUMEN / SUMMARY:** - Malignant pleural mesothelioma (MPM) is a bad-prognosis cancer raising difficult issues according to diagnosis. Reliable histological diagnosis indeed requires large-sized pathological samples obtained by thoracoscopy, and need diagnosis certification by the MESOPATH national expert pathological committee. MPM epidemiology shows a rising incidence among females, whereas an incidence plateau has been reached for males in France. The incidence peak is still predicted for 2030 decade in UK, Australia and North America, because of the asbestosis massive use in their industry until the end of 1980 decade. Pleural carcinogenesis is better understood with the recent discovery of BAP1 susceptibility gene although no oncogenic driver has been ever uncovered for targeted therapies, although several more or less targeted biological therapies are currently tested in early phase or more advanced-phase trials. Surgery is more and more questioned, since radical surgery is currently abandoned, whereas debulking or cyto-reduction surgery has been proposed within a multimodality approach also including adjuvant chemotherapy and radiotherapy but still need prospective trials. Pemetrexed and cisplatin-based chemotherapy remains the reference treatment, which has proved in mesothelioma some efficacy on overall survival in randomized trials, with a 13-15 months median-overall survival. Final results of the large phase 3 clinical trial "MAPS" sponsored by French collaborative Intergroup (IFCT) evaluating the effect of bevacizumab addition to pemetrexed-cisplatin doublet will be released in early 2015, since 445 patients have been included by November 2013.

[23]

**TÍTULO / TITLE:** - A feasibility study examining the effect on lung cancer diagnosis of offering a chest X-ray to higher-risk patients with chest symptoms: protocol for a randomized controlled trial.

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

**REVISTA / JOURNAL:** - Trials. 2013 Nov 26;14(1):405.

●● Enlace al texto completo (gratis o de pago) [1186/1745-6215-14-405](#)

**AUTORES / AUTHORS:** - Hurt CN; Roberts K; Rogers TK; Griffiths GO; Hood K; Prout H; Nelson A; Fitzgibbon J; Barham A; Thomas-Jones E; Edwards RT; Yeo ST; Hamilton W; Tod A; Neal RD

**RESUMEN / SUMMARY:** - BACKGROUND: In order to improve lung cancer survival in the UK, a greater proportion of resectable cancers must be diagnosed. It is likely that resectability rates would be increased by more timely diagnosis. Aside from screening, the only way of achieving this is to reduce the time to diagnosis in symptomatic cancers. Currently, lung cancers are mainly diagnosed by general practitioners (GPs) using the National Institute for Health and Clinical Excellence (NICE) guidelines for urgent referral for chest X-ray, which recommend

urgent imaging or referral for patients who have one of a number of chest symptoms for more than 3 weeks. We are proposing to expand this recommendation to include one of a number of chest symptoms of any duration in higher-risk patients. Methods/design: We intend to conduct a trial of imaging in these higher-risk patients and compare it with NICE guidelines to see if imaging improves stage at diagnosis and resection rates. This trial would have to be large (and consequently resource-intensive) because most of these patients will not have lung cancer, making optimal design crucial. We are therefore conducting a pilot trial that will ascertain the feasibility of running a full trial and provide key information that will be required in order to design the full trial. DISCUSSION: This trial will assess the feasibility and inform the design of a large, UK-wide, clinical trial of a change to the NICE guidelines for urgent referral for chest X-ray for suspected lung cancer. It utilizes a combination of workshop, health economic, quality of life, qualitative, and quantitative methods in order to fully assess feasibility. Trial registration: Clinicaltrials.gov NCT01344005.

[24]

**TÍTULO / TITLE:** - Association between Smoking and p53 Mutation in Lung Cancer: A Meta-analysis.

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

**REVISTA / JOURNAL:** - Clin Oncol (R Coll Radiol). 2013 Oct 11. pii: S0936-6555(13)00366-X. doi: 10.1016/j.clon.2013.09.003.

●● Enlace al texto completo (gratuito o de pago) [1016/j.clon.2013.09.003](http://1016/j.clon.2013.09.003)

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**INSTITUCIÓN / INSTITUTION:** - Epidemiology and Statistics, School of Public Health, Jilin University, Changchun, Jilin, China.

**RESUMEN / SUMMARY:** - AIMS: To carry out a meta-analysis on the relationship between smoking and p53 gene mutation in lung cancer patients. MATERIALS AND METHODS: PubMed, Web of Science, ProQuest and Medline were searched by using the key words: 'lung cancer or lung neoplasm or lung carcinoma', 'p53 mutation' and 'smoking'. According to the selection criteria, 15 articles were identified and methodologically analysed by stata 12.0 software package. Crude odds ratios with 95% confidence intervals calculated using the fixed-effects model were used to assess the strength of association between smoking and p53 mutation in lung cancer. RESULTS: In total, 15 articles with 1770 lung cancer patients were identified; 69.6% of the patients were smokers, 30.4% were non-smokers. Overall, smokers with lung cancer had a 2.70-fold (95% confidence interval 2.04-3.59) higher risk for mutation than the non-smokers with lung cancer. In subgroup analyses, the increased risk of p53 mutation in smokers than in non-smokers was found in the non-small cell lung cancer (NSCLC) group (odds ratio = 2.38, 95% confidence interval = 1.71-3.32) and in the NSCLC and SCLC group (odds ratio = 3.82, 95% confidence interval = 2.19-6.69). CONCLUSIONS: This meta-analysis strongly suggests that p53 mutation is associated with smoking-induced lung cancer. Smokers with lung cancer had a higher risk for p53 mutation than non-smokers.

[25]

**TÍTULO / TITLE:** - Advanced non-small-cell lung cancer with epidermal growth factor receptor mutations: current evidence and future perspectives.

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

**REVISTA / JOURNAL:** - Expert Rev Anticancer Ther. 2013 Oct;13(10):1207-18. doi: 10.1586/14737140.2013.845092.



●● Enlace al texto completo (gratis o de pago) [1586/14737140.2013.845092](https://doi.org/10.1186/14737140.2013.845092)

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**INSTITUCIÓN / INSTITUTION:** - Thoraco-Pulmonary Department, Medical Oncology Unit, Istituto Nazionale Tumori "Fondazione G.Pascale" - IRCCS Napoli, Italy.

**RESUMEN / SUMMARY:** - The identification of activating mutations in the tyrosine kinase domain of the EGF receptor (EGFR) predictive of response to tyrosine kinase inhibitors (TKIs) led to a therapeutic revolution in the treatment of patients with metastatic non-small-cell lung cancer (NSCLC). To date, eight randomized clinical trials have demonstrated that first-line treatment with TKIs in advanced NSCLC patients harboring activating EGFR mutations is associated with significant improvement in response rate, progression-free survival, quality of life and tolerability, compared with platinum-based chemotherapy. These results prompted the EGFR TKIs as the current standard first-line treatment of patients with advanced NSCLC harboring activating EGFR mutations. However, there are several questions that need to be addressed, including the best choice among different EGFR TKIs, the treatment of resistant disease and of patients with specific clinical conditions. Ongoing and future, well-designed trials should answer all these questions.

[26]

**TÍTULO / TITLE:** - Adapting lung cancer symptom investigation and referral guidelines for general practitioners in Australia: Reflections on the utility of the ADAPTE framework.

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

**REVISTA / JOURNAL:** - J Eval Clin Pract. 2013 Nov 18. doi: 10.1111/jep.12097.

●● Enlace al texto completo (gratis o de pago) [1111/jep.12097](https://doi.org/10.1111/jep.12097)

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**RESUMEN / SUMMARY:** - RATIONALE: The ADAPTE framework was established to enhance efficiency in guideline development and to facilitate adaptation of high-quality clinical practice guidelines for a local context. It offers guideline developers a systematic methodology for guideline adaptation; however, the feasibility and usability of the process has not been widely evaluated. AIM: A pragmatic approach was undertaken throughout the evaluation of the ADAPTE process throughout the development of a guide for general practitioners in Australia regarding the initial investigation of symptoms of lung cancer. At each step of the framework all members of the project team leading the development process reflected on the steps outlined in the ADAPTE. The reflections were collated into a lesson-learned log and analysed following completion of the project. RESULTS: Several opportunities for improvement were identified to improve usability and practicability of the ADAPTE framework. These items were both specific, in response to using steps and tools, and general issues concerned with the overall ADAPTE framework. Key challenges to using ADAPTE, highlighted in this study, were the lack of clarity about efficiency of the guideline adaptation process, level of assumed knowledge and expertise, and requirement of resources. In response to these challenges, modifications to the ADAPTE have been recommended. CONCLUSION: The ADAPTE framework offers an attractive alternative to de novo guideline synthesis in circumstances where high-quality, compatible guidelines already exist. Pending further evaluation, the modifications identified in this study may be applied to future versions of ADAPTE to improve usability and feasibility of the framework.

[27]

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

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

**REVISTA / JOURNAL:** - PLoS One. 2013 Oct 25;8(10):e77950. doi: 10.1371/journal.pone.0077950.

●● Enlace al texto completo (gratis o de pago) [1371/journal.pone.0077950](#)

**AUTORES / AUTHORS:** - Wang J; Li C; Tao H; Cheng Y; Han L; Li X; Hu Y

**INSTITUCIÓN / INSTITUTION:** - Department of general oncology, Chinese PLA General Hospital, Beijing, People's Republic of China.

**RESUMEN / SUMMARY:** - Clinical studies have shown that statin use may alter the risk of lung cancer. However, these studies yielded different results. To quantify the association between statin use and risk of lung cancer, we performed a detailed meta-analysis. A literature search was carried out using MEDLINE, EMBASE and COCHRANE database between January 1966 and November 2012. Before meta-analysis, between-study heterogeneity and publication bias were assessed using adequate statistical tests. Fixed-effect and random-effect models were used to calculate the pooled relative risks (RR) and corresponding 95% confidence intervals (CIs). Subgroup analyses, sensitivity analysis and cumulative meta-analysis were also performed. A total of 20 (five randomized controlled trials, eight cohorts, and seven case-control) studies contributed to the analysis. Pooled results indicated a non-significant decrease of total lung cancer risk among all statin users (RR = 0.89, 95% CI [0.78, 1.02]). Further, long-term statin use did not significantly decrease the risk of total lung cancer (RR = 0.80, 95% CI [0.39, 1.64]). In our subgroup analyses, the results were not substantially affected by study design, participant ethnicity, or confounder adjustment. Furthermore, sensitivity analysis confirmed the stability of results. The findings of this meta-analysis suggested that there was no significant association between statin use and risk of lung cancer. More studies, especially randomized controlled trials and high quality cohort studies are warranted to confirm this association.

[28]

**TÍTULO / TITLE:** - The state of the art in the technical performance of lung-sparing operations for malignant pleural mesothelioma.

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

**REVISTA / JOURNAL:** - Semin Thorac Cardiovasc Surg. 2013 Summer;25(2):125-43. doi: 10.1053/j.semtcvs.2013.07.002.

●● Enlace al texto completo (gratis o de pago) [1053/j.semtcvs.2013.07.002](#)

**AUTORES / AUTHORS:** - Friedberg JS

**INSTITUCIÓN / INSTITUTION:** - Department of Surgery, Division of Thoracic Surgery, Penn-Presbyterian Medical Center, University of Pennsylvania, Philadelphia, Pennsylvania. Electronic address: [joseph.friedberg@uphs.upenn.edu](mailto:joseph.friedberg@uphs.upenn.edu).

**RESUMEN / SUMMARY:** - Malignant pleural mesothelioma remains an incurable disease for which the role of surgery remains controversial. Though not yet clearly defined there does appear to be a subset of patients who benefit from a surgery-based multimodal treatment plan, beyond what would be expected with current nonoperative therapies. As with other pleural cancers it is probably not possible to achieve a microscopic complete resection with any operation. The goal of surgery in this setting, therefore, is to remove all visible and

palpable disease - a macroscopic complete resection. There are basically two surgical approaches to achieve a macroscopic complete resection, lung-sacrificing and lung-sparing. Lung-sacrificing surgery, which likely leaves behind the least amount of microscopic disease, is accomplished as an extrapleural pneumonectomy. This is a well established and standardized operation. Lung-sparing surgery for malignant pleural mesothelioma, on the other hand, does not currently enjoy any degree of consistency. Not only are the reported variations on the operation widely disparate, but even the nomenclature to describe the operation is highly variable. Often the selection of a lung-sparing approach is reported as an intraoperative decision that hinges on the bulk of the cancer and/or the degree of extension into the pulmonary fissures. This article describes the current evolution of a lung-sparing procedure, radical pleurectomy, which has been used to achieve a macroscopic complete resection in over a hundred patients. Many of these cases involved bulky cancers, some exceeding two liters in volume, and often with extensive invasion of the pulmonary fissures. With the described technique there has not yet been an instance where conversion to extrapleural pneumonectomy would have contributed to the ability to achieve a macroscopic complete resection. Whether or not radical pleurectomy is the optimal approach for any or all patients undergoing surgery-based multimodal treatment for malignant pleural mesothelioma is not known, but the described technique does offer an operation that can serve as a consistent foundation for any surgery-based treatment strategy where achieving a macroscopic complete resection, while sparing the lung, is desired.

[29]

**TÍTULO / TITLE:** - Prognostic significance of circulating tumor cells in non-small-cell lung cancer patients: a meta-analysis.

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

**REVISTA / JOURNAL:** - PLoS One. 2013 Nov 4;8(11):e78070. doi: 10.1371/journal.pone.0078070.

•• [Enlace al texto completo \(gratis o de pago\) 1371/journal.pone.0078070](#)

**AUTORES / AUTHORS:** - Huang J; Wang K; Xu J; Huang J; Zhang T

**INSTITUCIÓN / INSTITUTION:** - Department of Oncology, Second Affiliated Hospital, Zhejiang University School of Medicine, Hangzhou, China.

**RESUMEN / SUMMARY:** - BACKGROUND: The prognostic significance of circulating tumor cells (CTCs) detected in patients with non-small-cell lung cancer (NSCLC) is still inconsistent. We aimed to assess the prognostic relevance of CTCs using a meta-analysis. METHODS: We searched PubMed, Web of Science and EMBASE for relevant studies that assessed the prognostic relevance of CTCs in NSCLC. Statistical analyses were conducted to calculate the summary incidence, odds ratio, relative risks (RRs) and 95% confidence intervals (CIs) using fixed or random-effects models according to the heterogeneity of included studies. RESULTS: A total of 20 studies, comprising 1576 patients, met the inclusion criteria. In identified studies, CTCs were not correlated with histology (adenocarcinoma vs squamous cell carcinoma) (odds ratio [OR] = 0.88; 95% confidence interval [CI]: 0.59-1.33; Z = -0.61; P = 0.545). However, pooled analyses showed that CTCs were associated with lymph node metastasis (OR = 2.06; 95% CI: 1.18-3.62; Z = 2.20; P = 0.027) and tumor stage (OR = 1.95; 95% CI: 1.08-3.54; Z = 2.53; P = 0.011). Moreover, CTCs were significantly associated with shorter overall survival (relative risk [RR] = 2.19; 95% CI: 1.53-3.12; Z = 4.32; P<0.0001) and progression-free/disease-free survival (RR = 2.14; 95% CI: 1.36-3.38; Z = 3.28; P<0.0001). CONCLUSION: The presence of CTCs indicates a poor prognosis in patients with NSCLC. Further well-

designed prospective studies are required to explore the clinical applications of CTCs in lung cancer.

[30]

**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 (gratis o de pago) [3349/ymj.2013.54.6.1384](http://3349/ymj.2013.54.6.1384)

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

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**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.

[31]

**TÍTULO / TITLE:** - Retrospective review of extra-pulmonary small cell carcinoma and prognostic factors.

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

**REVISTA / JOURNAL:** - Int J Clin Oncol. 2013 Oct 12.

●● Enlace al texto completo (gratis o de pago) [1007/s10147-013-0626-6](http://1007/s10147-013-0626-6)

**AUTORES / AUTHORS:** - Brammer JE; Lulla P; Lynch GR

**INSTITUCIÓN / INSTITUTION:** - Baylor College of Medicine, 1709 Dryden Road, Suite 500, Houston, TX, 77040, USA, [jbrammer1982@gmail.com](mailto:jbrammer1982@gmail.com).

**RESUMEN / SUMMARY:** - BACKGROUND: Extra-pulmonary small cell carcinoma (EPSCC) is a rare cause of malignancy, representing 2.5-5 % of all small cell carcinomas, with an incidence rate of 1000 cases per year in the USA. The purpose of this study is to characterize the location, extent of disease, and survival of patients with EPSCC, and to analyze potential clinical prognostic indicators predicting survival. METHODS: A retrospective review of all patients with EPSCC between the years 2000 and 2010 was conducted. Patients included for analysis had pathologic diagnosis of EPSCC, poorly differentiated tumors, and negative chest imaging at diagnosis. RESULTS: 53 patients were included in the analysis. 23 patients (43 %) had limited disease (LD) at diagnosis, and 30 patients (57 %) had extensive disease (ED) at diagnosis. Carcinoma of unknown primary represented the largest proportion of patients (40 %), followed by genitourinary (26 %), gastrointestinal (15 %), head and neck (11 %), gynecologic (6 %), and breast (2 %). The median overall survival (OS) was 4.7 months; 14.5 months for LD, and 3.7 months for ED. Genitourinary EPSCC had the best median OS at 13.1 months, and GI carcinomas had the worst at 1.7 months. On univariate analysis, ED ( $p = 0.0001$ ), non-genitourinary EPSCC ( $p = 0.036$ ), and hyponatremia were associated with worse OS ( $p = 0.0176$ ). CONCLUSIONS: In a cohort of patients with EPSCC, hyponatremia, non-genitourinary EPSCC, and extensive disease were associated with worse OS. Anatomic site predicted survival, which suggests that pathologic heterogeneity between individual tumor sites, including mixed tumor pathology, may affect the prognosis of this rare disease. Future directions for research should include thorough pathologic and genetic profiles.

[32]

**TÍTULO / TITLE:** - Supportive and palliative care for lung cancer patients.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Oct;5(Suppl 5):S623-S628.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.10.05](#)

**AUTORES / AUTHORS:** - Yates P; Schofield P; Zhao I; Currow D

**INSTITUCIÓN / INSTITUTION:** - Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, Australia;

**RESUMEN / SUMMARY:** - Lung cancer patients face poor survival and experience co-occurring chronic physical and psychological symptoms. These symptoms can result in significant burden, impaired physical and social function and poor quality of life. This paper provides a review of evidence based interventions that support best practice supportive and palliative care for patients with lung cancer. Specifically, interventions to manage dyspnoea, one of the most common symptoms experienced by this group, are discussed to illustrate the emerging evidence base in the field. The evidence base for the pharmacological management of dyspnoea report systemic opioids have the best available evidence to support their use. In particular, the evidence strongly supports systemic morphine preferably initiated and continued as a once daily sustained release preparation. Evidence supporting the use of a range of other adjunctive non-pharmacological interventions in managing the symptom is also emerging. Interventions to improve breathing efficiency that have been reported to be effective include pursed lip breathing, diaphragmatic breathing, positioning and pacing techniques. Psychosocial interventions seeking to reduce anxiety and distress can also improve the management of breathlessness although further studies are needed. In addition, evidence reviews have concluded that case management approaches and nurse led follow-up programs are effective in reducing breathlessness and psychological distress, providing a useful model for supporting implementation of evidence based symptom management strategies. Optimal

outcomes from supportive and palliative care interventions thus require a multi-level approach, involving interventions at the patient, health professional and health service level.

[33]

**TÍTULO / TITLE:** - A review of clinical practice guidelines for lung cancer.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Oct;5(Suppl 5):S607-S622.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.07.37](#)

**AUTORES / AUTHORS:** - von Dincklage JJ; Ball D; Silvestri GA

**INSTITUCIÓN / INSTITUTION:** - Cancer Council Australia, Sydney, Australia;

**RESUMEN / SUMMARY:** - Clinical practice guidelines are important evidence-based resources to guide complex clinical decision making. However, it is challenging for health professionals to keep abreast available guidelines and to know how and where to access relevant guidelines. This review examines currently available guidelines for lung cancer published in the English language. Important key features are listed for each identified guideline. The methodology, approaches to dissemination and implementation, and associated resources are summarised. General challenges in the area of guideline development are highlighted. The potential to collaborate more widely across lung cancer guideline developers by sharing literature searches and assessments is discussed.

[34]

**TÍTULO / TITLE:** - Targeted therapy in lung cancer: IPASS and beyond, keeping abreast of the explosion of targeted therapies for lung cancer.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Oct;5(Suppl 5):S579-S592.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.08.52](#)

**AUTORES / AUTHORS:** - Savas P; Hughes B; Solomon B

**INSTITUCIÓN / INSTITUTION:** - The Peter MacCallum Cancer Centre, East Melbourne, Victoria, Australia;

**RESUMEN / SUMMARY:** - Advances in the treatment of non-small cell lung cancer (NSCLC) over the last decade have predominantly involved the development of therapies directed at molecular targets such as mutations in the epidermal growth factor receptor (EGFR) or rearrangements in the anaplastic lymphoma kinase (ALK) gene. Other targets have been discovered at low frequency, with multiple agents approved or in development for treatment of these rare molecular subtypes. The tumour microenvironment has also provided opportunities for therapies targeting angiogenesis and the host immune response. This review will provide an overview of current targeted therapies in NSCLC and promising treatment approaches on the horizon.

[35]

**TÍTULO / TITLE:** - Superior sulcus (Pancoast) tumors: current evidence on diagnosis and radical treatment.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Sep;5(Suppl 4):S342-S358.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.04.08](#)

**AUTORES / AUTHORS:** - Foroulis CN; Zarogoulidis P; Darwiche K; Katsikogiannis N; Machairiotis N; Karapantzios I; Tsakiridis K; Huang H; Zarogoulidis K

**INSTITUCIÓN / INSTITUTION:** - Department of Cardiothoracic Surgery, AHEPA University Hospital, Aristotle University Medical School, Thessaloniki, Greece;

**RESUMEN / SUMMARY:** - Pancoast tumors account for less than 5% of all bronchogenic carcinomas. These tumors are located in the apex of the lung and involve through tissue contiguity the apical chest wall and/or the structures of the thoracic inlet. The tumors become clinically evident with the characteristic symptoms of the “Pancoast-Tobias syndrome” which includes Claude-Bernard-Horner syndrome, severe pain in the shoulder radiating toward the axilla and/or scapula and along the ulnar distribution of the upper arm, atrophy of hand and arm muscles and obstruction of the subclavian vein resulting in edema of the upper arm. The diagnosis will be made by the combination of the characteristic clinical symptoms with the radiographic findings of a mass or opacity in the apex of the lung infiltrating the 1<sup>st</sup> and/or 2<sup>nd</sup> ribs. A tissue diagnosis of the tumor via CT-guided FNA/B should always be available before the initiation of treatment. Bronchoscopy, thoracoscopy and biopsy of palpable supraclavicular nodes are alternative ways to obtain a tissue diagnosis. Adenocarcinomas account for 2/3 of all Pancoast tumors, while the rest of the tumors are squamous cell and large cell carcinomas. Magnetic resonance imaging of the thoracic inlet is always recommended to define the exact extent of tumor invasion within the thoracic inlet before surgical intervention. Pancoast tumors are by definition T3 or T4 tumors. Induction chemo-radiotherapy is the standard of care for any potentially resectable Pancoast tumor followed by an attempt to achieve a complete tumor resection. Resection can be made through a variety of anterior and posterior approaches to the thoracic inlet. The choice of the approach depends on the location of the tumor (posterior - middle - anterior compartment of the thoracic inlet) and the depth/extent of invasion. Prognosis depends mainly on T stage of tumor, response to preoperative chemo-radiotherapy and completeness of resection. Resection of the invaded strictures of the thoracic inlet should be made en bloc with pulmonary parenchyma resection, preferably an upper lobectomy. Invasion of the vertebral column is not a contraindication for surgery which, however, should be performed in oncologic centers with experience in spinal surgery. Surgery for Pancoast tumors is associated with 5% mortality rate and the complication rate varies from 7-38%. The overall 2-year survival rate after induction chemo-radiotherapy and resection varies from 55% to 70%, while the 5-year survival for R0 resections is quite good (54-77%). The main pattern of recurrence is that of distant metastases, especially in the brain.

[36]

**TÍTULO / TITLE:** - Adjuvant chemotherapy and radiotherapy in the treatment of non-small cell lung cancer (NSCLC).

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Sep;5(Suppl 4):S371-S377.

●● [Enlace al texto completo \(gratis o de pago\) 3978/j.issn.2072-1439.2013.05.16](#)

**AUTORES / AUTHORS:** - Zaric B; Stojsic V; Tepavac A; Sarcev T; Zarogoulidis P; Darwiche K; Tsakiridis K; Karapantzios I; Kesisis G; Kougioumtzi I; Katsikogiannis N; Machairiotis N; Stylianaki A; Foroulis CN; Zarogoulidis K; Perin B

**INSTITUCIÓN / INSTITUTION:** - Institute for Pulmonary Diseases of Vojvodina, Clinic for Thoracic Oncology, Faculty of Medicine, University of Novi Sad, Serbia;

**RESUMEN / SUMMARY:** - Lung cancer is one of the most common human malignancies and remains the leading cause of cancer related deaths worldwide. Many recent technological advances led to improved diagnostics and staging of lung cancer. With development of new treatment options such as targeted therapies there might be improvement in progression free survival of patients with advanced stage non-small cell lung cancer (NSCLC). Improvement in

overall survival is still reserved for selected patients and selected treatments. One of the mostly investigated therapeutic options is adjuvant treatment. There are many open issues in selection of patients and administration of appropriate adjuvant treatment.

[37]

**TÍTULO / TITLE:** - Modern diagnostic and therapeutic interventional radiology in lung cancer.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Oct;5(Suppl 5):S511-S523.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.07.27](http://3978/j.issn.2072-1439.2013.07.27)

**AUTORES / AUTHORS:** - Lee WK; Lau EW; Chin K; Sedlaczek O; Steinke K

**INSTITUCIÓN / INSTITUTION:** - Department of Medical Imaging, St. Vincent's Hospital, University of Melbourne, Fitzroy, Victoria, Australia;

**RESUMEN / SUMMARY:** - Imaging has an important role in the multidisciplinary management of primary lung cancer. This article reviews the current state-of-the-art imaging modalities used for the evaluation, staging and post-treatment follow-up and surveillance of lung cancers, and image-guided percutaneous techniques for biopsy to confirm the diagnosis and for local therapy in non-surgical candidates.

[38]

**TÍTULO / TITLE:** - The continuing role of chemotherapy for advanced non-small cell lung cancer in the targeted therapy era.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Oct;5(Suppl 5):S556-S564.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.08.47](http://3978/j.issn.2072-1439.2013.08.47)

**AUTORES / AUTHORS:** - Lwin Z; Riess JW; Gandara D

**INSTITUCIÓN / INSTITUTION:** - Royal Brisbane and Women's Hospital, Brisbane, Australia;

**RESUMEN / SUMMARY:** - There have been remarkable advances in the targeted treatment of advanced non-small cell lung cancer (NSCLC) over the past several years. Survival outcomes are steadily improving as management paradigms shift in the diagnosis and treatment of advanced NSCLC. Customizing treatment based on histology and molecular typing has become a standard of care in this era of targeted therapy. While new chemotherapeutic agents have proven effective, the pivotal role of platinum-based chemotherapy doublets has been confirmed. Maintenance chemotherapy has become an option, but who to employ it in remains unclear in the real-world setting. Efforts to overcome resistance to targeted agents are ongoing utilizing combination regimens of chemotherapy plus targeted agents, but optimizing combination strategies needs further exploration. This review highlights recent developments in novel chemotherapeutics and in chemotherapy strategies over the past two years. Despite advances in molecular medicine, there remains an essential role for chemotherapy in advanced NSCLC, even in the recent targeted therapy era.

[39]

**TÍTULO / TITLE:** - Surgical outcomes in lung cancer presenting as ground-glass opacities of 3 cm or less: A review of 5 years' experience.

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

**REVISTA / JOURNAL:** - J Chin Med Assoc. 2013 Dec;76(12):693-7. doi: 10.1016/j.jcma.2013.08.005. Epub 2013 Oct 4.

●● Enlace al texto completo (gratis o de pago) [1016/j.jcma.2013.08.005](http://1016/j.jcma.2013.08.005)



**AUTORES / AUTHORS:** - Duann CW; Hung JJ; Hsu PK; Huang CS; Hsieh CC; Hsu HS; Wu YC; Hsu WH

**INSTITUCIÓN / INSTITUTION:** - Division of Thoracic Surgery, Department of Surgery, Taipei Veterans General Hospital and National Yang-Ming University School of Medicine, Taipei, Taiwan, ROC.

**RESUMEN / SUMMARY:** - BACKGROUND: High-resolution computed tomography (HRCT) has become increasingly popular recently and more pulmonary ground-glass opacities (GGOs) are being identified. However, the treatment for these GGOs remains controversial. The purpose of this study was to retrospectively review the clinical and pathological characteristics and to demonstrate the longterm surgical outcomes in patients undergoing resection for GGOs in our institute. METHODS: From January 2004 to December 2008, we enrolled 50 patients undergoing resection for solitary pulmonary GGOs of 3 cm or less at Taipei Veterans General Hospital. Patients with a past history of lung cancer, or multiple GGOs at presentation, or GGOs accompanied by a solid component of more than 50 percent were excluded. The patients were retrospectively reviewed and the rate and circumstances of survival were analyzed. RESULTS: Of the 50 patients, 43 (86%) patients underwent surgery immediately after the GGO lesions were detected by the initial HRCT. Forty-six (92.0%) patients were diagnosed with lung cancer. Of this group, there were 8 (17.4%) adenocarcinomas with lepidic predominant pattern, 13 (28.3%) adenocarcinomas with acinar predominant pattern, and 24 (52.2%) adenocarcinomas with papillary predominant pattern. There was one adenocarcinoma that was mixed with small cell carcinoma. There was no surgical mortality overall, and the 5-year overall and disease-specific survival rates were 97.5% and 100%, respectively. CONCLUSION: The percentage of malignancy is high in pulmonary GGOs. Surgery results in an excellent prognosis in these patients.

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[40]

**TÍTULO / TITLE:** - Screening for lung cancer with low-dose computed tomography: a review of current status.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Oct;5(Suppl 5):S524-S539.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.09.06](http://3978/j.issn.2072-1439.2013.09.06)

**AUTORES / AUTHORS:** - Marshall HM; Bowman RV; Yang IA; Fong KM; Berg CD

**INSTITUCIÓN / INSTITUTION:** - Department of Thoracic Medicine, The Prince Charles Hospital, Brisbane, Australia; ; University of Queensland Thoracic Research Centre, School of Medicine, The University of Queensland, Brisbane, Australia;

**RESUMEN / SUMMARY:** - Screening using low-dose computed tomography (CT) represents an exciting new development in the struggle to improve outcomes for people with lung cancer. Randomised controlled evidence demonstrating a 20% relative lung cancer mortality benefit has led to endorsement of screening by several expert bodies in the US and funding by healthcare providers. Despite this pivotal result, many questions remain regarding technical and logistical aspects of screening, cost-effectiveness and generalizability to other settings. This review discusses the rationale behind screening, the results of on-going trials, potential harms of screening and current knowledge gaps.

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[41]

**TÍTULO / TITLE:** - Prognostic value of cancer stem cell marker CD133 expression in non-small cell lung cancer: a systematic review.

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

**REVISTA / JOURNAL:** - Int J Clin Exp Pathol. 2013 Oct 15;6(11):2644-50.

**AUTORES / AUTHORS:** - Qu H; Li R; Liu Z; Zhang J; Luo R

**INSTITUCIÓN / INSTITUTION:** - Cancer Center, Southern Medical University Guangzhou, 510315, China ; Traditional Chinese Medicine-Integrated Hospital, Southern Medical University Guangzhou, 510315, China ; Department of Oncology, The First Affiliated Hospital, Baotou Medical College Baotou, 014010, China.

**RESUMEN / SUMMARY:** - OBJECTIVE: To investigate the correlation between CD133-positive non-small cell lung cancer (NSCLC) and clinicopathological features and its impact on survival. METHODS: A search in the Pubmed, Embase and Wanfang databases (up to July 15, 2013) was performed. Only articles in which CD133 antigen was detected in situ localization by immunohistochemical staining were included. This meta-analysis was done using RevMan 5.2 software. Outcomes included overall survival and various clinicopathological features. RESULTS: A total of 1004 NSCLC patients from 11 studies were included. Meta-analysis showed that CD133 expression patients had a significant worse 5-year overall survival compared to the low expression ones (RR = 3.19, 95% CI: 2.05-4.98, P<0.0001 fixed random). With respect to clinicopathological features, CD133 expression by IHC method was closely correlated with tumor T stage (OR = 0.91, 95% CI: 0.59-1.39, P = 0.67 fixed-effect) and tumor grade (OR = 1.20, 95% CI: 0.80-1.79, P = 0.37 fixed-effect). CONCLUSION: CD133-positive NSCLC patients had worse prognosis, and was associated with common clinicopathological poor prognostic factors.

[42]

**TÍTULO / TITLE:** - Treatment of non-small cell lung cancer (NSCLC).

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Sep;5(Suppl 4):S389-S396.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.07.10](#)

**AUTORES / AUTHORS:** - Zarogoulidis K; Zarogoulidis P; Darwiche K; Boutsikou E; Machairiotis N; Tsakiridis K; Katsikogiannis N; Kougioumtzi I; Karapantzios I; Huang H; Spyrtatos D

**INSTITUCIÓN / INSTITUTION:** - Pulmonary Department-Oncology Unit, "G. Papanikolaou" General Hospital, Aristotle University of Thessaloniki, Thessaloniki, Greece;

**RESUMEN / SUMMARY:** - Radical surgery is the standard of care for fit stage I non-small cell lung cancer (NSCLC) patients. Adjuvant treatment should be offered only as part of an investigation trial. Stage II and IIIA adjuvant cisplatin-based chemotherapy remains the gold standard for completely resected NSCLC tumors. Additionally radiotherapy should be offered in patients with N2 lymph nodes. In advanced stage IIIB/IV or inoperable NSCLC pts, a multidisciplinary treatment should be offered consisted of 4 cycles of cisplatin-based chemotherapy plus a 3<sup>rd</sup> generation cytotoxic agent or a cytostatic (anti-EGFR, anti-VEGFR) drug.

[43]

**TÍTULO / TITLE:** - Focus on treatment of lung carcinoid tumor.

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

**REVISTA / JOURNAL:** - Onco Targets Ther. 2013 Oct 25;6:1533-1537.

●● Enlace al texto completo (gratis o de pago) [2147/OTT.S32464](#)

**AUTORES / AUTHORS:** - Noel-Savina E; Descourt R

**INSTITUCIÓN / INSTITUTION:** - Pulmonary Service, Hospital de la Cavale Blanche, CHU - Brest, Brest, France.

**RESUMEN / SUMMARY:** - Bronchial typical carcinoid tumors are neuroendocrine bronchopulmonary tumors with a low-grade malignancy, and an atypical carcinoid is an intermediate form of these tumors. There is a lack of knowledge on the optimal treatment for these tumors. The surgical treatment of choice consists of a lobectomy supplemented by dissection. The benefit of chemotherapy and radiotherapy is unclear. Targeted therapy could be used in this condition, but there is a lack of research recommending it.

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[44]

**TÍTULO / TITLE:** - Targeting the Epigenome in Lung Cancer: Expanding Approaches to Epigenetic Therapy.

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

**REVISTA / JOURNAL:** - Front Oncol. 2013 Oct 9;3:261.

●● Enlace al texto completo (gratis o de pago) [3389/fonc.2013.00261](#)

**AUTORES / AUTHORS:** - Jakopovic M; Thomas A; Balasubramaniam S; Schrupp D; Giaccone G; Bates SE

**INSTITUCIÓN / INSTITUTION:** - University of Zagreb, School of Medicine, Department for Respiratory Diseases Jordanovac, University Hospital Center Zagreb , Zagreb , Croatia.

**RESUMEN / SUMMARY:** - Epigenetic aberrations offer dynamic and reversible targets for cancer therapy; increasingly, alteration via overexpression, mutation, or rearrangement is found in genes that control the epigenome. Such alterations suggest a fundamental role in carcinogenesis. Here, we consider three epigenetic mechanisms: DNA methylation, histone tail modification and non-coding, microRNA regulation. Evidence for each of these in lung cancer origin or progression has been gathered, along with evidence that epigenetic alterations might be useful in early detection. DNA hypermethylation of tumor suppressor promoters has been observed, along with global hypomethylation and hypoacetylation, suggesting an important role for tumor suppressor gene silencing. These features have been linked as prognostic markers with poor outcome in lung cancer. Several lines of evidence have also suggested a role for miRNA in carcinogenesis and in outcome. Cigarette smoke downregulates miR-487b, which targets both RAS and MYC; RAS is also a target of miR-let-7, again downregulated in lung cancer. Together the evidence implicates epigenetic aberration in lung cancer and suggests that targeting these aberrations should be carefully explored. To date, DNA methyltransferase and histone deacetylase inhibitors have had minimal clinical activity. Explanations include the possibility that the agents are not sufficiently potent to invoke epigenetic reversion to a more normal state; that insufficient time elapses in most clinical trials to observe true epigenetic reversion; and that doses often used may provoke off-target effects such as DNA damage that prevent epigenetic reversion. Combinations of epigenetic therapies may address those problems. When epigenetic agents are used in combination with chemotherapy or targeted therapy it is hoped that downstream biological effects will provoke synergistic cytotoxicity. This review evaluates the challenges of exploiting the epigenome in the treatment of lung cancer.

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[45]

**TÍTULO / TITLE:** - Therapeutic procedure in small cell lung cancer.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Sep;5(Suppl 4):S420-S424.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.09.16](#)

**AUTORES / AUTHORS:** - Kallianos A; Rapti A; Zarogoulidis P; Tsakiridis K; Mpakas A; Katsikogiannis N; Kougioumtzi I; Li Q; Huang H; Zaric B; Perin B; Courcoutsakis N; Zarogoulidis K

**INSTITUCIÓN / INSTITUTION:** - Second Pulmonary Department, "SOTIRIA" Hospital of Chest Diseases, Athens, Greece;

**RESUMEN / SUMMARY:** - Small cell lung cancer (SCLC) represents 12.95% of all lung cancer diagnoses and continues to be a major clinical problem, with an aggressive clinical course and short disease-free duration after 1<sup>st</sup> line therapy. Treatment of SCLC remains challenging because of its rapid growth and development of drug resistance during the course of the disease. Chemotherapy remains the current optimal treatment and radical thoracic radiotherapy representing the best treatment option for fit patients with LD. Platinum-based chemotherapy is the treatment of choice in patients with good performance status, and the effect of cisplatin is important for concurrent chemoradiotherapy in LD cause of his radiosensitivity. Patients with progress disease after first-line chemotherapy have poor prognosis. Second-line therapy may produce a modest clinical benefit. A number of targeted agents have been investigated in LD and ED, mostly in unselected populations, with disappointing results. Prophylactic cranial irradiation (PCI) is recommended only for patients who had full response to first line chemotherapy, as target of improving overall survival and decreasing possibilities of brain metastases. New factors for target therapy are the hope for the management of this systematic disease. If we identify these targets for treatment of SCLC and overcome drug-resistance mechanisms, we will create new chemo-radiotherapy schedules for future.

[46]

**TÍTULO / TITLE:** - Lung cancer: an update on current and future diagnostic and treatment techniques.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Sep;5(Suppl 4):S341. doi: 10.3978/j.issn.2072-1439.2013.09.14.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.09.14](#)

**AUTORES / AUTHORS:** - Zarogoulidis P; Tsakiridis K; Zarogoulidis K

[47]

**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 (gratis 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.

[48]

**TÍTULO / TITLE:** - Genetic susceptibility to lung cancer and co-morbidities.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Oct;5(Suppl 5):S454-S462.

•• Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.08.06](#)

**AUTORES / AUTHORS:** - Yang IA; Holloway JW; Fong KM

**INSTITUCIÓN / INSTITUTION:** - Department of Thoracic Medicine, The Prince Charles Hospital, Brisbane, Australia; ; UQ Thoracic Research Centre, The University of Queensland, Brisbane, Australia;

**RESUMEN / SUMMARY:** - Lung cancer is a leading cause of cancer death and disease burden in many countries. Understanding of the biological pathways involved in lung cancer aetiology is required to identify key biomolecules that could be of significant clinical value, either as predictive, prognostic or diagnostic markers, or as targets for the development of novel therapies to treat this disease, in addition to smoking avoidance strategies. Genome-wide association studies (GWAS) have enabled significant progress in the past 5 years in investigating genetic susceptibility to lung cancer. Large scale, multi-cohort GWAS of mainly Caucasian, smoking, populations have identified strong associations for lung cancer mapped to chromosomal regions 15q [nicotinic acetylcholine receptor (nAChR) subunits: CHRNA3, CHRNA5], 5p (TERT-CLPTM1L locus) and 6p (BAT3-MSH5). Some studies in Asian populations of smokers have found similar risk loci, whereas GWAS in never smoking Asian females have identified associations in other chromosomal regions, e.g., 3q (TP63), that are distinct from smoking-related lung cancer risk loci. GWAS of smoking behaviour have identified risk loci for smoking quantity at 15q (similar genes to lung cancer susceptibility: CHRNA3, CHRNA5) and 19q (CYP2A6). Other genes have been mapped for smoking initiation and smoking cessation. In chronic obstructive pulmonary disease (COPD), which is a known risk factor for lung cancer, GWAS in large cohorts have also found CHRNA3 and CHRNA5 single nucleotide polymorphisms (SNPs) mapping at 15q as risk loci, as well as other regions at 4q31 (HHIP), 4q24 (FAM13A) and 5q (HTR4). The overlap in risk loci between lung cancer, smoking behaviour and COPD may be due to the effects of nicotine addiction; however, more work needs to be undertaken to explore the potential direct effects of nicotine and its metabolites in gene-environment interaction in these phenotypes. Goals of future genetic susceptibility studies of lung cancer should focus on refining the strongest risk loci in a wide range of populations with lung cancer, and integrating other clinical and biomarker information, in order to achieve the aim of personalised therapy for lung cancer.

[49]

**TÍTULO / TITLE:** - Ocular metastasis of lung adenocarcinoma with ELM4-ALK translocation: A case report with a review of the literature.

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

**REVISTA / JOURNAL:** - Saudi J Ophthalmol. 2013 Jul;27(3):187-92. doi: 10.1016/j.sjopt.2013.06.011.

●● Enlace al texto completo (gratis o de pago) [1016/j.sjopt.2013.06.011](#)

**AUTORES / AUTHORS:** - Jiang K; Brownstein S; Sekhon HS; Laurie SA; Lam K; Gilberg S; Britton W

**INSTITUCIÓN / INSTITUTION:** - Department of Ophthalmology, University of Ottawa, The Ottawa Hospital, The Ottawa Hospital Research Institute, Ottawa, Ontario, Canada ; Department of Pathology and Laboratory Medicine, University of Ottawa, The Ottawa Hospital, The Ottawa Hospital Research Institute, Ottawa, Ontario, Canada.

**RESUMEN / SUMMARY:** - Choroidal metastasis is the most common intraocular neoplasm and is associated with significant morbidity. In a small percentage of patients, ocular manifestation may be the initial presentation of a systemic malignancy and can be diagnostically difficult to distinguish from ocular primary malignancies. Herein, we present a case of a never-smoker whose ocular pathology was integral to the diagnosis and management of a lung adenocarcinoma harboring a rare oncogene. Through this case, we have explored important diagnostic and therapeutic considerations of pulmonary metastases to the choroid.

[50]

**TÍTULO / TITLE:** - Primary small cell carcinoma of kidney after renal transplantation: a case report and literature review.

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

**REVISTA / JOURNAL:** - Chin J Cancer Res. 2013 Oct;25(5):608-611.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.1000-9604.2013.10.07](#)

**AUTORES / AUTHORS:** - Lee HY; Wu WJ; Tsai KB; Shen JT; Jang MY; Wang HS; Chang SF; Tsai LJ

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, Department of Pathology, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan, China;

**RESUMEN / SUMMARY:** - Extrapulmonary small cell carcinoma (EPSCC) is a rare neoplasm comprising 2.5% to 5% of small cell carcinomas (SCCs). Bladder SCC is the most common site of genitourinary tract. Primary renal SCC is extremely rare. We report a case of primary SCC of the kidney which is rarely reported in the urinary tract and presents an aggressive clinical picture. A 59-year-old female visited a urologic clinic with complaint of persistent left flank soreness 10 years after undergoing renal transplantation. Abdominal computed tomography showed a left renal pelvis tumor. After the patient received left nephroureterectomy with bladder cuff resection, her pathology results showed SCC. After surgery, she received adjuvant systemic chemotherapy, and her recovery has been uneventful as of 8 months. Primary renal SCC presents with an advanced tumor stage and a short median survival period, therefore early intervention and close follow-up are recommended.

[51]

**TÍTULO / TITLE:** - Neo-adjuvant chemotherapy in early stage non-small cell lung cancer.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Sep;5(Suppl 4):S446-S448.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.07.36](#)

**AUTORES / AUTHORS:** - Boukovinas I; Tsakiridis K; Zarogoulidis P; Machairiotis N; Katsikogiannis N; Kougioumtzi I; Zarogoulidis K

**INSTITUCIÓN / INSTITUTION:** - Medical Oncology Department, "Theagenion" Cancer Hospital, Thessaloniki, Greece;

**RESUMEN / SUMMARY:** - Lung cancer treatment has evolved during the last decade from the non-specific cytotoxic drugs to targeted therapy. New diagnostic equipment such as the endobronchial ultrasound bronchoscopy and positron emission tomography has enhanced early lung cancer diagnosis. However; we still need additional novel biomarkers to assist the already used diagnostic techniques. Surgery is still the best treatment for early lung cancer treatment. Several surgical techniques are being used based on the tumour location and cardiothoracic centre's experience. There are however marginal situations where neo-adjuvant chemotherapy provides a "pre-step" for the patient. In the current work we will provide current data for the patients needing neo-adjuvant chemotherapy before proceeding to curative surgery.

[52]

**TÍTULO / TITLE:** - Malignant pleural mesothelioma: current and future perspectives.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Sep;5(Suppl 4):S397-S406.

- Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.08.08](http://3978/j.issn.2072-1439.2013.08.08)

**AUTORES / AUTHORS:** - Porpodis K; Zarogoulidis P; Boutsikou E; Papaioannou A; Machairiotis N; Tsakiridis K; Katsikogiannis N; Zaric B; Perin B; Huang H; Kougioumtzi I; Spyrtatos D; Zarogoulidis K

**INSTITUCIÓN / INSTITUTION:** - Pulmonary Department-Oncology Unit, "G. Papanikolaou" General Hospital, Aristotle University of Thessaloniki, Thessaloniki, Greece;

**RESUMEN / SUMMARY:** - Mesothelioma still remains an occupational related cancer with severe outcome. It is usually diagnosed at advanced stage since it does not demonstrate early symptoms. Several efforts have been made towards removing all materials inducing mesothelioma in the work setting and new work protection measures have been applied. Although we have new targeted treatments and radical surgery as arrows in the quiver, the type of mesothelioma and early diagnosis still remain the best treatment approach. Novel treatment modalities have been explored and several others are already on the way. In the current review we will present current data for mesothelioma and future perspectives.

[53]

**TÍTULO / TITLE:** - Stereotactic Body Radiotherapy for Early Stage Lung Cancer.

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

**REVISTA / JOURNAL:** - Cancer Res. Acceso gratuito al texto completo a partir de 1 año de la fecha de publicación.

- Enlace a la Editora de la Revista <http://cancerres.aacrjournals.org/>
- Cita: Cancer Research: <> Treat. 2013 Sep;45(3):155-161. Epub 2013 Sep 30.
- Enlace al texto completo (gratis o de pago) [4143/crt.2013.45.3.155](http://4143/crt.2013.45.3.155)

**AUTORES / AUTHORS:** - Nagata Y

**INSTITUCIÓN / INSTITUTION:** - Department of Radiation Oncology, Hiroshima University, Hiroshima, Japan.

**RESUMEN / SUMMARY:** - Stereotactic body radiation therapy (SBRT) is a newly developed technique currently in clinical use. SBRT originated from stereotactic radiosurgery for intracranial tumors. SBRT has been widely used clinically for lung cancer. The practice of

SBRT demands different kinds of patient fixation, breathing control, target determination, treatment planning, and verifications. The history and current standard technique are reviewed. Clinical studies of lung cancer showed high local control rates with acceptable toxicities. Past and on-going clinical trials are reviewed.

[54]

**TÍTULO / TITLE:** - Chemotherapy advances in small-cell lung cancer.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Oct;5(Suppl 5):S565-S578.

●● [Enlace al texto completo \(gratis o de pago\) 3978/j.issn.2072-1439.2013.07.43](#)

**AUTORES / AUTHORS:** - Chan BA; Coward JI

**INSTITUCIÓN / INSTITUTION:** - Mater Adult Hospital, Department of Medical Oncology, Raymond Terrace, Brisbane, QLD 4101, Australia; ; School of Medicine, University of Queensland, St Lucia, Brisbane, QLD 4072, Australia;

**RESUMEN / SUMMARY:** - Although chemotherapeutic advances have recently been heralded in lung adenocarcinomas, such success with small-cell lung cancer (SCLC) has been ominously absent. Indeed, the dismal outlook of this disease is exemplified by the failure of any significant advances in first line therapy since the introduction of the current standard platinum-etoposide doublet over 30 years ago. Moreover, such sluggish progress is compounded by the dearth of FDA-approved agents for patients with relapsed disease. However, over the past decade, novel formulations of drug classes commonly used in SCLC (e.g. topoisomerase inhibitors, anthracyclines, alkylating and platinum agents) are emerging as potential alternatives that could effectively add to the armamentarium of agents currently at our disposal. This review is introduced with an overview on the historical development of chemotherapeutic regimens used in this disease and followed by the recent encouraging advances witnessed in clinical trials with drugs such as amrubicin and belotecan which are forging new horizons for future treatment algorithms.

[55]

**TÍTULO / TITLE:** - Intensive care unit and lung cancer: when should we intubate?

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Sep;5(Suppl 4):S407-S412.

●● [Enlace al texto completo \(gratis o de pago\) 3978/j.issn.2072-1439.2013.08.15](#)

**AUTORES / AUTHORS:** - Zarogoulidis P; Pataka A; Terzi E; Hohenforst-Schmidt W; Machairiotis N; Huang H; Tsakiridis K; Katsikogiannis N; Kougioumtzi I; Mpakas A; Zarogoulidis K

**INSTITUCIÓN / INSTITUTION:** - Pulmonary Department-Oncology Unit, "G. Papanikolaou" General Hospital, Aristotle University of Thessaloniki, Thessaloniki, Greece;

**RESUMEN / SUMMARY:** - Lung cancer still remains the leading cause of cancer death among males. Several new methodologies are being used in the everyday practise for diagnosis and staging. Novel targeted therapies are being used and others are being investigated. However; early diagnosis still remains the cornerstone for efficient treatment and disease management. Lung cancer patients requires in many situations intensive care unit (ICU) admission, either due to the necessity for supportive care until efficient disease symptom control (respiratory distress due to malignant pleural effusion) or disease adverse effect management (massive pulmonary embolism). In any case guidelines indicating the patient that has to be intubated have not yet been issued. In the current review we will present current data and finally present



an algorithm based on the current published information for lung cancer patients that will probably benefit from admission to the ICU.

[56]

**TÍTULO / TITLE:** - Advanced bronchoscopic techniques in diagnosis and staging of lung cancer.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Sep;5(Suppl 4):S359-S370.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.05.15](http://3978/j.issn.2072-1439.2013.05.15)

**AUTORES / AUTHORS:** - Zaric B; Stojic V; Sarcev T; Stojanovic G; Carapic V; Perin B; Zarogoulidis P; Darwiche K; Tsakiridis K; Karapantzios I; Kesisis G; Kougioumtzi I; Katsikogiannis N; Machairiotis N; Stylianaki A; Foroulis CN; Zarogoulidis K

**INSTITUCIÓN / INSTITUTION:** - Institute for Pulmonary Diseases of Vojvodina, Clinic for Thoracic Oncology, Faculty of Medicine, University of Novi Sad, Serbia;

**RESUMEN / SUMMARY:** - The role of advanced bronchoscopic diagnostic techniques in detection and staging of lung cancer has steeply increased in recent years. Bronchoscopic imaging techniques became widely available and easy to use. Technical improvement led to merging in technologies making autofluorescence or narrow band imaging incorporated into one bronchoscope. New tools, such as autofluorescence imaging (AFI), narrow band imaging (NBI) or fuji intelligent chromo endoscopy (FICE), found their place in respiratory endoscopy suites. Development of endobronchial ultrasound (EBUS) improved minimally invasive mediastinal staging and diagnosis of peripheral lung lesions. Linear EBUS proven to be complementary to mediastinoscopy. This technique is now available in almost all high volume centers performing bronchoscopy. Radial EBUS with mini-probes and guiding sheaths provides accurate diagnosis of peripheral pulmonary lesions. Combining EBUS guided procedures with rapid on site cytology (ROSE) increases diagnostic yield even more. Electromagnetic navigation technology (EMN) is also widely used for diagnosis of peripheral lesions. Future development will certainly lead to new improvements in technology and creation of new sophisticated tools for research in respiratory endoscopy. Broncho-microscopy, alveoloscopy, optical coherence tomography are some of the new research techniques emerging for rapid technological development.

[57]

**TÍTULO / TITLE:** - Lung cancer surgery: an up to date.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Sep;5(Suppl 4):S425-S439.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.09.17](http://3978/j.issn.2072-1439.2013.09.17)

**AUTORES / AUTHORS:** - Baltayiannis N; Chandrinos M; Anagnostopoulos D; Zarogoulidis P; Tsakiridis K; Mpakas A; Machairiotis N; Katsikogiannis N; Kougioumtzi I; Courcoutsakis N; Zarogoulidis K

**INSTITUCIÓN / INSTITUTION:** - Department of Thoracic Surgery, Metaxa Hospital, Piraeus, Greece;

**RESUMEN / SUMMARY:** - According to the International Agency for Research on Cancer (IARC) GLOBOCAN World Cancer Report, lung cancer affects more than 1 million people a year worldwide. In Greece according to the 2008 GLOBOCAN report, there were 6,667 cases recorded, 18% of the total incidence of all cancers in the population. Furthermore, there were 6,402 deaths due to lung cancer, 23.5% of all deaths due to cancer. Therefore, in our country, lung cancer is the most common and deadly form of cancer for the male population. The most

important prognostic indicator in lung cancer is the extent of disease. The Union Internationale Contre le Cancer (UICC) and the American Joint Committee for Cancer Staging (AJCC) developed the tumour, node, and metastases (TNM) staging system which attempts to define those patients who might be suitable for radical surgery or radical radiotherapy, from the majority, who will only be suitable for palliative measures. Surgery has an important part for the therapy of patients with lung cancer. "Lobectomy is the gold standard treatment". This statement may be challenged in cases of stage Ia cancer or in patients with limited pulmonary function. In these cases an anatomical segmentectomy with lymph node dissection is an acceptable alternative. Chest wall invasion is not a contraindication to resection. En-bloc rib resection and reconstruction is the treatment of choice. N2 disease represents both a spectrum of disease and the interface between surgical and non-surgical treatment of lung cancer Evidence from trials suggests that multizone or unresectable N2 disease should be treated primarily by chemoradiotherapy. There may be a role for surgery if N2 is downstaged to N0 and lobectomy is possible, but pneumonectomy is avoidable. Small cell lung cancer (SCLC) is considered a systemic disease at diagnosis, because the potential for hematogenous and lymphogenic metastases is very high. The efficacy of surgical intervention for SCLC is not clear. Lung cancer resection can be performed using several surgical techniques. Video-assisted thoracoscopic surgery (VATS) lobectomy is a safe, efficient, well accepted and widespread technique among thoracic surgeons. The 5-year survival rate following complete resection of lung cancer is stage dependent. Incomplete resection rarely is useful and cures the patient.

[58]

**TÍTULO / TITLE:** - Molecular biology of lung cancer.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Oct;5(Suppl 5):S479-S490.

●● [Enlace al texto completo \(gratis o de pago\) 3978/j.issn.2072-1439.2013.08.03](#)

**AUTORES / AUTHORS:** - Cooper WA; Lam DC; O'Toole SA; Minna JD

**INSTITUCIÓN / INSTITUTION:** - Tissue Pathology and Diagnostic Oncology, Royal Prince Alfred Hospital, Camperdown, Sydney, NSW, Australia; ; School of Medicine, University of Western Sydney, NSW, Australia;

**RESUMEN / SUMMARY:** - Lung cancers are characterised by abundant genetic diversity with relatively few recurrent mutations occurring at high frequency. However, the genetic alterations often affect a common group of oncogenic signalling pathways. There have been vast improvements in our understanding of the molecular biology that underpins lung cancer in recent years and this has led to a revolution in the diagnosis and treatment of lung adenocarcinomas (ADC) based on the genotype of an individual's tumour. New technologies are identifying key and potentially targetable genetic aberrations not only in adenocarcinoma but also in squamous cell carcinoma (SCC) of the lung. Lung cancer mutations have been identified in v-Ki-ras2 Kirsten rat sarcoma viral oncogene homolog (KRAS), epidermal growth factor receptor (EGFR), BRAF and the parallel phosphatidylinositol 3-kinase (PI3K) pathway oncogenes and more recently in MEK and HER2 while structural rearrangements in ALK, ROS1 and possibly rearranged during transfection (RET) provide new therapeutic targets. Amplification is another mechanism of activation of oncogenes such as MET in adenocarcinoma, fibroblast growth factor receptor 1 (FGFR1) and discoidin domain receptor 2 (DDR2) in SCC. Intriguingly, many of these genetic alternations are associated with smoking status and with particular racial and gender differences, which may provide insight into the mechanisms of carcinogenesis and role of host factors in lung cancer development and

progression. The role of tumour suppressor genes is increasingly recognised with aberrations reported in TP53, PTEN, RB1, LKB1 and p16/CDKN2A. Identification of biologically significant genetic alterations in lung cancer that lead to activation of oncogenes and inactivation of tumour suppressor genes has the potential to provide further therapeutic opportunities. It is hoped that these discoveries may make a major contribution to improving outcome for patients with this poor prognosis disease.

[59]

**TÍTULO / TITLE:** - Occupational exposure and lung cancer.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Sep;5(Suppl 4):S440-S445.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.07.09](#)

**AUTORES / AUTHORS:** - Spyrtos D; Zarogoulidis P; Porpodis K; Tsakiridis K; Machairiotis N; Katsikogiannis N; Kougioumtzi I; Dryllis G; Kallianos A; Rapti A; Li C; Zarogoulidis K

**INSTITUCIÓN / INSTITUTION:** - Pulmonary Department-Oncology Unit, "G. Papanikolaou" General Hospital, Aristotle University of Thessaloniki, Thessaloniki, Greece;

**RESUMEN / SUMMARY:** - Lung cancer is the leading cause of cancer death for male and the second most usual cancer for women after breast cancer. Currently there are available several non-specific cytotoxic agents and several targeted agents for lung cancer therapy. However; early stage diagnosis is still unavailable and several efforts are being made towards this direction. Novel biomarkers are being investigated along with new biopsy techniques. The occupational and environmental exposure to carcinogenic agents is an everyday phenomenon. Therefore until efficient early diagnosis is available, avoidance of exposure to carcinogenic agents is necessary. In the current mini-review occupational and environmental carcinogenic agents will be presented.

[60]

**TÍTULO / TITLE:** - Smoking Cessation in Lung Cancer-Achievable and Effective.

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

**REVISTA / JOURNAL:** - Dtsch Arztebl Int. 2013 Oct;110(43):719-724. Epub 2013 Oct 25.

●● Enlace al texto completo (gratis o de pago) [3238/arztebl.2013.0719](#)

**AUTORES / AUTHORS:** - Andreas S; Rittmeyer A; Hinterthaler M; Huber RM

**INSTITUCIÓN / INSTITUTION:** - Stefan Andreas and Achim Rittmeyer have equally contributed to the manuscript ; Lung Hospital Immenhausen, pneumological training hospital of Gottingen University.

**RESUMEN / SUMMARY:** - BACKGROUND: Lung cancer is the leading cause of death from cancer in Germany. 90% of cases are due to the inhalation of tobacco smoke. About 40% of patients with newly diagnosed lung cancer are still smokers. A structured smoking cessation program is medically reasonable in this situation but is only rarely offered. METHODS: This review is based on a selective search in the PubMed database combined with a manual search for current publications. RESULTS: Many cross-sectional and longitudinal studies have shown that patients with lung cancer benefit from smoking cessation. After resection with curative intent, second tumors are 2.3 times more common, and recurrent tumors 1.9 times more common, in patients who continue to smoke than in those who stop. The overall mortality in smokers is 2.9 times higher. Smoking cessation also lowers the rate of radiation pneumonitis and infection during radiotherapy and prolongs the median survival after chemoradiotherapy for small-cell lung cancer (18.0 vs. 13.6 months). For patients with non-small-cell lung cancer, smoking cessation is associated with a better general state of health

(77.5% vs. 57.6%). For the many patients with lung cancer who are treated palliatively, smoking cessation offers the advantages of improved pulmonary function, weight gain, and better overall quality of life. CONCLUSION: Smoking cessation in patients with lung cancer is an important means of increasing the efficacy of treatment and improving their quality of life.

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[61]

**TÍTULO / TITLE:** - Pulmonary atypical carcinoid tumor in a 15-year-old girl: a case report and review of the literature.

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

**REVISTA / JOURNAL:** - Rare Tumors. 2013 Sep 26;5(3):e45. doi: 10.4081/rt.2013.e45.

●● Enlace al texto completo (gratis o de pago) [4081/rt.2013.e45](#)

**AUTORES / AUTHORS:** - Geramizadeh B; Reza Foroutan H; Shokripour M; Reza Dehghanian A

**RESUMEN / SUMMARY:** - Primary pulmonary neoplasms in children are very rare, and because of their rarity, delays in diagnosis and treatment are common. Bronchial typical carcinoid accounts for 80% of primary malignant tumors, but, there are less than 40 proven cases in children reported in literature. Atypical carcinoids (AC) are the least common type of pulmonary carcinoids among children and to the best of our knowledge less than 10 cases have been reported in the English literature so far. Herein we present an extremely rare case of AC in a 15-year-old child and review the previously reported and published cases of pulmonary AC in pediatric age group.

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[62]

**TÍTULO / TITLE:** - Primary intrahepatic malignant mesothelioma with multiple lymphadenopathies due to non-tuberculous mycobacteria: A case report and review of the literature.

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

**REVISTA / JOURNAL:** - Oncol Lett. 2013 Sep;6(3):676-680. Epub 2013 Jul 15.

●● Enlace al texto completo (gratis o de pago) [3892/ol.2013.1461](#)

**AUTORES / AUTHORS:** - Inagaki N; Kibata K; Tamaki T; Shimizu T; Nomura S

**INSTITUCIÓN / INSTITUTION:** - First Department of Internal Medicine, Kansai Medical University, Moriguchi, Osaka 570-8506, Japan.

**RESUMEN / SUMMARY:** - Primary intrahepatic malignant mesothelioma (PIHMM) is an extremely rare tumor with clinicopathological characteristics that remain to be elucidated. The current study presents the case of a 68-year-old female with PIHMM and multiple lymphadenopathies due to non-tuberculous mycobacteria. The patient presented with an intrahepatic tumor, 70 mm in diameter, in the right lobe of the liver. An ultrasound-guided fine-needle aspiration biopsy of the liver tumor revealed findings that were consistent with an intrahepatic malignant mesothelioma. The systemic lymph node swellings were due to epithelioid granulomas that were caused by non-tuberculous mycobacteria. However, a hepatic rupture occurred due to the rapid growth of the liver tumor and consequently, a surgical resection was not performed. A review of the literature revealed that the clinicopathological characteristics of PIHMM are similar to those of non-occupational mesothelioma. However, PIHMM is usually a solitary tumor and is rarely associated with cavity effusion in contrast with conventional mesothelioma. Therefore, surgical resection with curative intent is often recommended for patients with PIHMM.

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[63]

**TÍTULO / TITLE:** - Repeat stereotactic radiosurgery in the management of brain metastases from NSCLC: A case report and review of the literature.

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

**REVISTA / JOURNAL:** - Oncol Lett. 2013 Oct;6(4):897-900. Epub 2013 Aug 2.

●● Enlace al texto completo (gratis o de pago) [3892/ol.2013.1509](#)

**AUTORES / AUTHORS:** - Marvaso G; Barone A; Vaccaro C; Bruzzaniti V; Grespi S; Scotti V; Bianco C

**INSTITUCIÓN / INSTITUTION:** - Medical Radiation Oncology Unit, Magna Graecia University and Cancer Center, Germaneto, Catanzaro I-88100, Italy.

**RESUMEN / SUMMARY:** - The aims of radiotherapeutic treatment of brain metastases include maintaining neurocognitive function and improvement of survival. Based on these premises, we present a case report in which the role of repeat stereotactic radiosurgery (SRS) was investigated in a patient with a recurrent brain metastasis from non-small cell lung cancer in the same area as previously treated with radiosurgery. A 40-year-old male caucasian patient was diagnosed with brain metastasis from non-small cell lung cancer (NSCLC) and underwent SRS. The patient developed a recurrence of the disease and a second SRS on the same area was performed. After 8 months, tumor restaging demonstrated a lesion compatible with a recurrence and the patient underwent surgery. Histological diagnosis following surgery revealed only the occurrence of radionecrosis. Radiotherapy was well-tolerated and no grade 3/4 neurological toxicity occurred. To date, no consensus exists on the efficacy of retreatment with SRS. Despite the limited number of studies in this field, in the present case report, we outline the outcomes of this unconventional approach.

[64]

**TÍTULO / TITLE:** - Intrathoracic giant pleural lipoma: case report and review of the literature.

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

**REVISTA / JOURNAL:** - J Cardiothorac Surg. 2013 Oct 11;8(1):196. doi: 10.1186/1749-8090-8-196.

●● Enlace al texto completo (gratis o de pago) [1186/1749-8090-8-196](#)

**AUTORES / AUTHORS:** - Chen M; Yang J; Zhu L; Zhao H

**INSTITUCIÓN / INSTITUTION:** - Department of Thoracic Surgery, Shanghai Chest Hospital affiliated to Shanghai Jiao Tong University, Shanghai, China. [h\\_zhao28@163.com](mailto:h_zhao28@163.com).

**RESUMEN / SUMMARY:** - This report describes a giant pleural lipoma that arose from the pleura of the 7<sup>th</sup> anterior intercostal space and occupied approximately 75% of the right pleural cavity in a 49-year-old woman. The tumor was completely excised by right thoracotomy. The complete histopathological investigation showed pleural lipoma, and we made a review of literature.

[65]

**TÍTULO / TITLE:** - Benign cystic mesothelioma of the peritoneum: a case report and literature review.

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

**REVISTA / JOURNAL:** - World J Emerg Surg. 2013 Oct 13;8(1):43. doi: 10.1186/1749-7922-8-43.

●● Enlace al texto completo (gratis o de pago) [1186/1749-7922-8-43](#)

**AUTORES / AUTHORS:** - Elboughaddouti H; Bouassria A; Mouaqit O; Benjelloun el B; Ousadden A; Mazaz K; Taleb KA

**INSTITUCIÓN / INSTITUTION:** - Department of Surgery, School of Medicine and Pharmacy of Fez, Sidi Mohammed Ben Abdallah University, University hospital HASSAN II, BP: 1893, Km2,200, Route de Sidi Hrazem FEZ 30000, Morocco. [h.elbouhaddouti@yahoo.fr](mailto:h.elbouhaddouti@yahoo.fr).

**RESUMEN / SUMMARY:** - Benign cystic mesothelioma of the peritoneum (BCM) is an uncommon lesion with some 130 cases reported since the first case described by Smith and Mennenmeyer in 1979. It is a rare intra abdominal tumor occurring predominantly in women of reproductive age. Due to the rarity of this tumor, similarity of patient presentation, and comparable features on imaging, the diagnosis of this pathology is difficult, and is based on histological findings. This tumor is known for local recurrence. It's agreed that surgery is the only effective treatment, but there are no evidence-based treatment strategies for BCM.

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[66]

**TÍTULO / TITLE:** - Mucinous bronchioloalveolar carcinoma with K-ras mutation arising in type 1 congenital cystic adenomatoid malformation: a case report with review of the literature.

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

**REVISTA / JOURNAL:** - Int J Clin Exp Pathol. 2013 Oct 15;6(11):2597-602.

**AUTORES / AUTHORS:** - Ishida M; Igarashi T; Teramoto K; Hanaoka J; Iwai M; Yoshida K; Kagotani A; Tezuka N; Okabe H

**INSTITUCIÓN / INSTITUTION:** - Department of Clinical Laboratory Medicine and Division of Diagnostic Pathology, Shiga University of Medical Science Shiga, Japan.

**RESUMEN / SUMMARY:** - Congenital cystic adenomatoid malformation (CCAM) of the lung is a rare hamartomatous cystic lesion, characterized by the presence of large cysts, which are histopathologically lined by pseudostratified ciliated cells. It has been recognized that rare cases of type 1 CCAM show malignant transformation, usually bronchioloalveolar carcinoma (BAC) or adenocarcinoma. Herein, we describe a case of BAC arising in type 1 CCAM with K-ras mutation. A 9-year-old Japanese girl presented with fever. Computed tomography demonstrated large cystic lesions in her right lower lung. Histopathological study of the resected specimen revealed multiple cysts, which were lined by pseudostratified ciliated cells, and occasionally interspersed with mucous cells without atypia. A small focus of proliferation of columnar cells showing lepidic growth pattern was present. These columnar cells had abundant mucin in the cytoplasm and mildly to moderately enlarged nuclei. Accordingly, a diagnosis of BAC arising in type 1 CCAM was made. Polymerase chain reaction analysis revealed K-ras mutation at codon 12 in the BAC component. The presence of mucous cell/goblet cell hyperplasia and atypical adenomatous hyperplasia is a well known phenomenon in type 1 CCAM. A recent study clearly demonstrated K-ras mutation in these lesions, which are thought to be precursors of BAC. Therefore, the concept of malignant transformation in the sequence from type 1 CCAM to mucous cell hyperplasia to atypical adenomatous hyperplasia to BAC and invasive adenocarcinoma due to K-ras mutation has been proposed. Careful histopathological analysis is important for evaluation of malignant lesions in type 1 CCAM.

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[67]

**TÍTULO / TITLE:** - The pivotal role of pathology in the management of lung cancer.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Oct;5(Suppl 5):S463-S478.

●● [Enlace al texto completo \(gratis o de pago\) 3978/j.issn.2072-1439.2013.08.43](#)

**AUTORES / AUTHORS:** - Davidson MR; Gazdar AF; Clarke BE

**INSTITUCIÓN / INSTITUTION:** - University of Queensland Thoracic Research Centre, The Prince Charles Hospital, QLD, Australia; ; Department of Anatomical Pathology, Royal Brisbane and Women's Hospital, QLD, Australia;

**RESUMEN / SUMMARY:** - The last decade has seen significant advances in our understanding of lung cancer biology and management. Identification of key driver events in lung carcinogenesis has contributed to the development of targeted lung cancer therapies, heralding the era of personalised medicine for lung cancer. As a result, histological subtyping and molecular testing has become of paramount importance, placing increasing demands on often small diagnostic specimens. This has triggered the review and development of the first structured classification of lung cancer in small biopsy/cytology specimens and a new classification of lung adenocarcinoma from the IASLC/ATS/ERS. These have enhanced the clinical relevance of pathological diagnosis, and emphasise the role of the modern surgical pathologist as an integral member of the multidisciplinary team, playing a crucial role in clinical trials and determining appropriate and timely management for patients with lung cancer.

[68]

**TÍTULO / TITLE:** - An emerging place for lung cancer genomics in 2013.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Oct;5(Suppl 5):S491-S497.

●● [Enlace al texto completo \(gratis o de pago\) 3978/j.issn.2072-1439.2013.10.06](#)

**AUTORES / AUTHORS:** - Daniels MG; Bowman RV; Yang IA; Govindan R; Fong KM

**INSTITUCIÓN / INSTITUTION:** - The University of Queensland and the Prince Charles Hospital Thoracic Research Centre, the Prince Charles Hospital, Chermside 4032, Australia;

**RESUMEN / SUMMARY:** - Lung cancer is a disease with a dismal prognosis and is the biggest cause of cancer deaths in many countries. Nonetheless, rapid technological developments in genome science promise more effective prevention and treatment strategies. Since the Human Genome Project, scientific advances have revolutionized the diagnosis and treatment of human cancers, including thoracic cancers. The latest, massively parallel, next generation sequencing (NGS) technologies offer much greater sequencing capacity than traditional, capillary-based Sanger sequencing. These modern but costly technologies have been applied to whole genome-, and whole exome sequencing (WGS and WES) for the discovery of mutations and polymorphisms, transcriptome sequencing for quantification of gene expression, small ribonucleic acid (RNA) sequencing for microRNA profiling, large scale analysis of deoxyribonucleic acid (DNA) methylation and chromatin immunoprecipitation mapping of DNA-protein interaction. With the rise of personalized cancer care, based on the premise of precision medicine, sequencing technologies are constantly changing. To date, the genomic landscape of lung cancer has been captured in several WGS projects. Such work has not only contributed to our understanding of cancer biology, but has also provided impetus for technical advances that may improve our ability to accurately capture the cancer genome. Issues such as short read lengths contribute to sequenced libraries that contain challenging gaps in the aligned genome. Emerging platforms promise longer reads as well as the ability to capture a range of epigenomic signals. In addition, ongoing optimization of bioinformatics strategies for data analysis and interpretation are critical, especially for the differentiation between driver and passenger mutations. Moreover, broader deployment of these and future generations of platforms, coupled with an increasing bioinformatics workforce with access to highly sophisticated technologies, could see many of these discoveries translated to the clinic at a rapid pace. We look forward to these advances making a difference for the many patients we treat in the Asia-Pacific region and around the world.

[69]

**TÍTULO / TITLE:** - Malignant pleural effusion and algorithm management.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Sep;5(Suppl 4):S413-S419.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.09.04](http://3978/j.issn.2072-1439.2013.09.04)

**AUTORES / AUTHORS:** - Zarogoulidis K; Zarogoulidis P; Darwiche K; Tsakiridis K; Machairiotis N; Kougioumtzi I; Courcoutsakis N; Terzi E; Zaric B; Huang H; Freitag L; Spyratos D

**INSTITUCIÓN / INSTITUTION:** - Pulmonary Department-Oncology Unit, "G. Papanikolaou" General Hospital, Aristotle University of Thessaloniki, Thessaloniki, Greece;

**RESUMEN / SUMMARY:** - Involvement of the pleura in lung cancer is a common manifestation accompanying with reduced life expectancy. Symptoms relief and improvement of the quality of life are the primary goals of the management of malignant pleural effusion (MPE). Histological confirmation is essential for optimal patient management. Lung cancer patients, with life expectancy more than 3 months, resistant to chemotherapy should be treated with thoracentesis, intercostal tube drainage and installation of a sclerosant agent or pleurodesis through thoracoscopic procedures or placement of an indwelling pleura catheter. Talc pleurodesis (sterile asbestos-free graded, particle size >15 µm), as "poudrage" or "slurry" still remains the treatment of choice in patients with MPE resistant to chemotherapy.

[70]

**TÍTULO / TITLE:** - Exhaled breath analysis for lung cancer.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Oct;5(Suppl 5):S540-S550.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.08.44](http://3978/j.issn.2072-1439.2013.08.44)

**AUTORES / AUTHORS:** - Dent AG; Sutedja TG; Zimmerman PV

**INSTITUCIÓN / INSTITUTION:** - Department of Thoracic Medicine, The Prince Charles Hospital, Rode Road, Chermside, Queensland 4032, Australia; ; The University of Queensland, Brisbane, St Lucia, Queensland 4072, Australia;

**RESUMEN / SUMMARY:** - Early diagnosis of lung cancer results in improved survival compared to diagnosis with more advanced disease. Early disease is not reliably indicated by symptoms. Because investigations such as bronchoscopy and needle biopsy have associated risks and substantial costs, they are not suitable for population screening. Hence new easily applicable tests, which can be used to screen individuals at risk, are required. Biomarker testing in exhaled breath samples is a simple, relatively inexpensive, non-invasive approach. Exhaled breath contains volatile and non-volatile organic compounds produced as end-products of metabolic processes and the composition of such compounds varies between healthy subjects and subjects with lung cancer. Many studies have analysed the patterns of these compounds in exhaled breath. In addition studies have also reported that the exhaled breath condensate (EBC) can reveal gene mutations or DNA abnormalities in patients with lung cancer. This review has summarised the scientific evidence demonstrating that lung cancer has distinct chemical profiles in exhaled breath and characteristic genetic changes in EBC. It is not yet possible to accurately identify individuals with lung cancer in at risk populations by any of these techniques. However, analysis of both volatile organic compounds in exhaled breath and of EBC have great potential to become clinically useful diagnostic and screening tools for early stage lung cancer detection.

[71]



**TÍTULO / TITLE:** - Research status and funding trends of lung cancer biomarkers.

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

**REVISTA / JOURNAL:** - J Thorac Dis. 2013 Oct;5(5):698-705.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2013.10.10](#)

**AUTORES / AUTHORS:** - Li C; Hong W

**INSTITUCIÓN / INSTITUTION:** - Department of Health Science, National Natural Science Foundation of China, Beijing 100083, China.

**RESUMEN / SUMMARY:** - Lung cancer is one of malignant tumors with the highest morbidity and mortality in the world. At present, research of early diagnosis, treatment, prognosis, and metastasis associated biomarkers is most active. This article reviewed the research status of lung cancer biomarkers and analyzed the funding situation in the field of lung cancer markers in recent 10 years in China and abroad, to provide a reference for the future basic and clinical translational research of lung cancer biomarkers.

[72]

**TÍTULO / TITLE:** - Emerging Options for the Management of Non-Small Cell Lung Cancer.

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

**REVISTA / JOURNAL:** - Clin Med Insights Oncol. 2013 Aug 21;7:221-234.

●● Enlace al texto completo (gratis o de pago) [4137/CMO.S10269](#)

**AUTORES / AUTHORS:** - Binder D; Hegenbarth K

**INSTITUCIÓN / INSTITUTION:** - Department of Hematology, Oncology, and Tumor Immunology, HELIOS Klinikum Berlin-Buch, Berlin, Germany.

**RESUMEN / SUMMARY:** - Lung cancer is one of the leading causes of death in industrialized and developing countries. Approximately 80% of patients are diagnosed with non-small cell histology. Although a multidisciplinary approach is necessary for the treatment of patients at early or locally-advanced stages of the disease, further successes in the treatment of patients with advanced disease will largely rely on improved systemic tumor control. Although therapies directed against the epidermal growth factor receptor (EGFR) have been incorporated into daily clinical practice, the value of other treatments remains to be elucidated. The current review highlights the most important driver mutations in non-small cell lung cancer (NSCLC) and describes recent study results and the status of EGFR-directed therapy, anaplastic lymphoma kinase (ALK)-directed agents, antiangiogenic therapy, and mesenchymal-epithelial transition factor (MET) inhibitors. However, many other agents with different modes of action are being examined in clinical research.

[73]

**TÍTULO / TITLE:** - EGFR inhibition in non-small cell lung cancer: current evidence and future directions.

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

**REVISTA / JOURNAL:** - Biomark Res. 2013 Jan 16;1(1):2.

●● Enlace al texto completo (gratis o de pago) [1186/2050-7771-1-2](#)

**AUTORES / AUTHORS:** - Chi A; Remick S; Tse W

**INSTITUCIÓN / INSTITUTION:** - Department of Radiation Oncology, West Virginia University, Morgantown, WV, 26506, USA. [achiaz2010@gmail.com](mailto:achiaz2010@gmail.com).

**RESUMEN / SUMMARY:** - EGFR inhibition has emerged to be an important strategy in the treatment of non-small cell lung cancer (NSCLC). Small molecule tyrosine kinase inhibitors (TKIs) and mono-clonal antibodies (mAbs) to the EGFR have been tested in multiple large randomized phase III studies alone or combined with chemotherapy, as well as small phase I-II

studies which investigated their efficacy as radiosensitizers when combined with radiotherapy. In this review, we described the current clinical outcome after treatment with EGFR TKIs and mAbs alone or combined with chemotherapy in advanced stage NSCLC, as well as the early findings in feasibility/phase I or II studies regarding to whether EGFR TKI or mAb can be safely and effectively combined with radiotherapy in the treatment of locally advanced NSCLC. Furthermore, we explore the potential predictive biomarkers for response to EGFR TKIs or mAbs in NSCLC patients based on the findings in the current clinical trials; the mechanisms of resistance to EGFR inhibition; and the strategies of augmenting the antitumor activity of the EGFR inhibitors alone or when combined with chemotherapy or radiotherapy.

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[74]

**TÍTULO / TITLE:** - Recent advances in immunotherapy for non-small-cell lung cancer.

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

**REVISTA / JOURNAL:** - Hum Vaccin Immunother. 2013 Nov 6;10(2).

**AUTORES / AUTHORS:** - Suzuki H; Owada Y; Watanabe Y; Inoue T; Fukuharav M; Yamaura T; Mutoh S; Okabe N; Yaginuma H; Hasegawa T; Yonechi A; Ohsugi J; Hoshino M; Higuchi M; Shio Y; Gotoh M

**INSTITUCIÓN / INSTITUTION:** - Department of Regenerative Surgery; Fukushima Medical University; School of Medicine; Fukushima, Japan.

**RESUMEN / SUMMARY:** - Despite of recent development in the field of molecular targeted therapies, lung cancer is a leading cause of cancer death in the world. Remarkable progress has been made recently in immunotherapy for patients with non-small-cell lung cancer (NSCLC), with several modalities, concepts, and treatment settings being investigated. In vaccine development, large-scale clinical trials such as those with L-BLP25, belagenpumatucel-L, TG4010, and talactoferrin are already ongoing and some results have been reported. A trial of a vaccine as adjuvant therapy for patients with completely resected NSCLC is also ongoing with one of the major cancer-testis antigens, melanoma-associated antigen (MAGE)-A3. More recently, the effectiveness of multiple peptide vaccines has also been shown. Recently developed unique treatment modalities are the immune checkpoint inhibitors, such as antibodies against PD-1 and PD-L1, which also show promise. However, although therapeutic cancer vaccines are generally thought to be safe, severe adverse events should be monitored carefully when using immune checkpoint inhibitors. Here, we discuss recent advances and future perspectives of immunotherapy for patients with NSCLC.

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[75]

**TÍTULO / TITLE:** - Lung cancer screening: current status.

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

**REVISTA / JOURNAL:** - Radiol Med. 2013 Nov 22.

●● Enlace al texto completo (gratis o de pago) [1007/s11547-013-0313-8](#)

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