

#15#

Revisiones (todas) *** Reviews (all)

Pancreatic cancer.

October / November 2013

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[1]

TÍTULO / TITLE: - Prognostic value of circulating tumor cells in patients with pancreatic cancer: a meta-analysis.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Nov 12.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-1327-5](#)

AUTORES / AUTHORS: - Han L; Chen W; Zhao Q

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RESUMEN / SUMMARY: - Increasing scientific evidences suggest that circulating tumor cells (CTC) in peripheral blood may be a powerful predictor of survival in patients with pancreatic cancer. However, many existing studies have yielded inconclusive results. This meta-analysis aims to assess the prognostic value of CTC in patients with pancreatic cancer. An extensive literary search for relevant studies was conducted on PubMed, Embase, Web of Science, Cochrane Library, CISCOP, CINAHL, Google Scholar, CNKI, and CBM databases from their inception through July 1, 2013. The meta-analysis was then performed using the Stata 12.0 software. Crude hazard ratios (HRs) with 95 % confidence intervals (CIs) were calculated under a fixed or random effect model. Nine cohort studies were included in this meta-analysis with a total of 623 pancreatic cancer patients. This number included 268 CTC-positive patients and 355 CTC-negative patients. Our meta-analysis revealed that patients in the CTC-positive group were significantly associated with poor progression-free survival (PFS) (HR = 1.89, 95 % CI = 1.25-4.00, P < 0.001). Furthermore, pancreatic cancer patients in the CTC-positive group also showed worse overall survival (OS) than those in the CTC-negative group (HR = 1.23, 95 % CI = 0.88-2.08, P < 0.001). Subgroup analysis by

ethnicity indicated that CTC-positive patients had poor OS among both Asian and Caucasian populations (all $P < 0.05$). Further subgroup analyses by detection and treatment methods also suggested that CTC-positive patients showed worse OS than CTC-negative patients in the majority of subgroups (all $P < 0.05$). No publication bias was detected in this meta-analysis. In conclusion, our meta-analysis suggests that CTC-positive pancreatic cancer patients may have worse PFS and OS than CTC-negative patients. Detection of CTC in peripheral blood may be a promising biomarker for the detection and prognosis of pancreatic cancer.

[2]

TÍTULO / TITLE: - A meta-analysis of gemcitabine biomarkers in patients with pancreaticobiliary cancers.

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

REVISTA / JOURNAL: - Pancreas. 2013 Nov;42(8):1303-10. doi: 10.1097/MPA.0b013e3182a23ae4.

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

[1097/MPA.0b013e3182a23ae4](#)

AUTORES / AUTHORS: - Wei CH; Gorgan TR; Elashoff DA; Hines OJ; Farrell JJ; Donahue TR

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

[3]

TÍTULO / TITLE: - Female gender may predict response to FOLFIRINOX in patients with unresectable pancreatic cancer: A single institution retrospective review.

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

REVISTA / JOURNAL: - Int J Oncol. 2014 Jan;44(1):319-26. doi: 10.3892/ijo.2013.2176. Epub 2013 Nov 15.

●● Enlace al texto completo (gratis o de pago) [3892/ijo.2013.2176](#)

AUTORES / AUTHORS: - Hohla F; Hopfinger G; Romeder F; Rinnerthaler G; Bezan A; Stattner S; Hauser-Kronberger C; Ulmer H; Greil R

INSTITUCIÓN / INSTITUTION: - Third Medical Department with Hematology, Medical Oncology, Hemostaseology, Rheumatology and Infectious Diseases, Oncologic Center, Center for Clinical Cancer and Immunology Trials, Laboratory of Immunological and Molecular Cancer Research, Paracelsus Medical University of Salzburg, A-5020 Salzburg, Austria.

RESUMEN / SUMMARY: - FOLFIRINOX is a highly active regimen for the treatment of patients with unresectable pancreatic cancer. However, treatment with FOLFIRINOX is associated with relevant toxicity and predictors for response to therapy are warranted. We retrospectively analyzed 49 patients with unresectable pancreatic cancer treated with FOLFIRINOX in order to evaluate a possible predictive role of clinical parameters and tumor characteristics for response to chemotherapy. Tumor samples were characterized histopathologically before treatment and expression of p53 and Ki67 was analyzed using automated immunohistochemistry. Overall survival (OS) and progression-free survival (PFS) were estimated by the Kaplan-Meier method. The overall objective response rate was 55.1%, the disease control rate was 70.6%. Female gender was associated with a significantly higher disease control rate of 91.7% compared to 48.0% in male patients ($p=0.001$) which reached 100% in female patients when primarily treated compared to treatment after surgical resection and relapse (77.8%, $p=0.057$). For all patients median PFS was 3.5 months (95% CI, 2.7-4.3 months) and median OS was 13 months (95% CI, 9.4-16.6 months). Female patients showed a tendency towards a longer median PFS (5.0 months, 95% CI, 3.6-6.4 months) compared to males (3.0 months, 95% CI, 2.4-3.6 months) ($p=0.099$). Serum levels of CA19.9 and CEA were significantly higher in female patients compared to male patients ($p=0.037$, $p=0.05$). Tumors of patients with response to FOLFIRINOX showed a higher expression level of p53 and Ki67 as well as higher serum levels of CA19.9 compared to non-responders, which was statistically not significant. Our study indicates that female gender is a positive predictor for therapy response to FOLFIRINOX in patients with unresectable pancreatic cancer. Female gender in turn was associated with increased levels of tumor markers CEA and CA19.9 and patients with higher serum levels of CA19.9 were more responsive to FOLFIRINOX.

[4]

TÍTULO / TITLE: - Combined radiochemotherapy in patients with locally advanced pancreatic cancer: A meta-analysis.

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

REVISTA / JOURNAL: - World J Gastroenterol. 2013 Nov 14;19(42):7461-71. doi: 10.3748/wjg.v19.i42.7461.

●● Enlace al texto completo (gratis o de pago) [3748/wjg.v19.i42.7461](#)

AUTORES / AUTHORS: - Chen Y; Sun XJ; Jiang TH; Mao AW

INSTITUCIÓN / INSTITUTION: - Yue Chen, Department of Radiology, Renji Hospital of Shanghai Jiaotong University School of Medicine, Shanghai 200001, China.

RESUMEN / SUMMARY: - AIM: To compare the long-term clinical efficacy of chemotherapy plus radiotherapy (CRT) with that of radiotherapy alone (RT) or chemotherapy alone (CT) for locally advanced pancreatic carcinoma (LAPC). METHODS: Using manual and computer-aided methods, we searched the data through the databases, including PubMed/EmBase/CNKI/CQVIP/China Journals Full Text Database and websites and proceedings of major annual meetings such as ASCO and CSCO. The methodological quality of the included studies was assessed using the Jadad scoring system. Both English and Chinese publications were searched. We collected data from controlled clinical trials on CRT vs RT or CT for LAPC, and conducted a meta-analysis of 15 included studies. Meta-analysis was performed using RevMan4.2 Software according to the method recommended by Cochrane Collaboration. RESULTS: Fifteen eligible randomized controlled trials including a total of 1128 patients were screened. Jadad score was 2 in only one article, and 3-4 in the remaining 14 studies. The meta-analysis showed that CRT was superior in the 6- and 12-mo survivals to the RT alone group or CT alone group ($P = 0.0001$ and $P = 0.02$, respectively), whereas the 18-mo survival showed no significant difference ($P = 0.23$). Subgroup analysis showed that the 6-, 12-, and 18-mo survivals were not significantly different between the CRT group and CT group ($P = 0.07$, $P = 0.23$, and $P = 0.91$, respectively). Notably, the CRT group had significantly better 6-, 12-, and 18-mo survivals than the RT group (all $P < 0.01$). CRT group had significantly more grade 3-4 treatment-related hematologic and non-hematologic toxicities than the CT group or RT group (all $P < 0.01$). CONCLUSION: Compared with CT or RT, CRT can benefit the long-term survival of LAPC patients, although it may also increase treatment-related toxicities.

[5]

TÍTULO / TITLE: - The Role of Proinsulin and Insulin in the Diagnosis of Insulinoma: A Critical Evaluation of the Endocrine Society Clinical Practice Guideline.

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

REVISTA / JOURNAL: - J Clin Endocrinol Metab. 2013 Sep 30.

●● Enlace al texto completo (gratis o de pago) [1210/jc.2013-2182](#)

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RESUMEN / SUMMARY: - Context: An end of fast insulin ≥ 3 $\mu\text{IU/mL}$ and a proinsulin concentration ≥ 5 pmol/L have been suggested as useful cutoffs for the diagnosis of insulinoma. Objective: To evaluate the diagnostic performance of an end of fast insulin concentration ≥ 3 $\mu\text{IU/mL}$ and an end of fast proinsulin concentration ≥ 5 pmol/L . Design: Case-control series. Setting: Tertiary-care center. Patients: 56 subjects with a positive 48-hour supervised fast had an insulinoma between June 2000 and April 2011. During this same time period, a diagnosis of insulinoma was excluded in 29 subjects who underwent a supervised fast. Intervention: 48-hour supervised fast. Main Outcome Measure: Serum insulin concentration and plasma proinsulin concentration. Results: 91% patients with an insulinoma had a measured insulin concentration ≥ 5 $\mu\text{IU/mL}$ at the end of fast. The sensitivity increased to 98% if the threshold to define inadequate insulin suppression was lowered to ≥ 3 $\mu\text{IU/mL}$. The median (IQR) end of fast proinsulin was 100 (53-270) pmol/L for cases and 6.8 (4.2-

12.0) pmol/liter for controls. An end of fast proinsulin value of ≥ 5 pmol/L could not distinguish cases from controls (59% false positive rate). All patients with an insulinoma (sensitivity 100%) and none of the control subject (specificity 100%) had end of fast proinsulin concentration ≥ 27 pmol/L. Conclusion: Using a current insulin assay 9% of insulinoma cases end the supervised fast with an insulin concentration below 5 μ IU/mL. Inadequate insulin suppression defined using a threshold of ≥ 3 μ IU/mL increases the sensitivity of the test. The value of the proinsulin test lies in its unique ability to distinguish cases from controls. A proinsulin concentration of ≥ 22 pmol/L best discriminates cases from controls. Reliance on an end of fast proinsulin cutoff-value of 5 pmol/L does not augment sensitivity but greatly reduces specificity of the test.

[6]

TÍTULO / TITLE: - Diagnostic accuracy of laparoscopy following computed tomography (CT) scanning for assessing the resectability with curative intent in pancreatic and periampullary cancer.

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

REVISTA / JOURNAL: - Cochrane Database Syst Rev. 2013 Nov 25;11:CD009323. doi: 10.1002/14651858.CD009323.pub2.

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

[1002/14651858.CD009323.pub2](#)

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RESUMEN / SUMMARY: - BACKGROUND: Surgical resection is the only potentially curative treatment for pancreatic and periampullary cancer. A considerable proportion of patients undergo unnecessary laparotomy because of underestimation of the extent of the cancer on computed tomography (CT) scanning. Laparoscopy can detect metastases not visualised on CT scanning, enabling better assessment of the spread of cancer (staging of cancer). There has been no systematic review or meta-analysis assessing the role of diagnostic laparoscopy in assessing the resectability with curative intent in patients with pancreatic and periampullary cancer. OBJECTIVES: To determine the diagnostic accuracy of diagnostic laparoscopy performed as an add-on test to CT scanning in the assessment of curative resectability in pancreatic and periampullary cancer. SEARCH METHODS: We searched the Cochrane Register of Diagnostic Test Accuracy Studies, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE via PubMed, EMBASE via OvidSP (from inception to 13 September 2012), and Science Citation Index Expanded (from 1980 to 13 September 2012). SELECTION CRITERIA: We included diagnostic accuracy studies of diagnostic laparoscopy in patients with potentially resectable pancreatic and periampullary cancer on CT scan, where confirmation of liver or peritoneal involvement was by histopathological examination of suspicious (liver or peritoneal) lesions obtained at diagnostic laparoscopy or laparotomy. We accepted any criteria of resectability used in the studies. We included studies irrespective of language, publication status, or study design (prospective or retrospective). We excluded case-control studies. DATA COLLECTION AND ANALYSIS: Two authors independently performed data extraction and quality assessment using the QUADAS-2 tool. The specificity of diagnostic

laparoscopy in all studies was 1 because there were no false positives since laparoscopy and the reference standard are one and the same if histological examination after diagnostic laparoscopy is positive. Therefore, the sensitivities were meta-analysed using a univariate random-effects logistic regression model. The probability of unresectability in patients who had a negative laparoscopy (post-test probability for patients with a negative test result) was calculated using the median probability of unresectability (pre-test probability) from the included studies and the negative likelihood ratio derived from the model (specificity of 1 assumed). The difference between the pre-test and post-test probabilities gave the overall added value of diagnostic laparoscopy compared to the standard practice of CT scan staging alone. MAIN RESULTS: Fifteen studies with a total of 1015 patients were included in the meta-analysis. Only one study including 52 patients had a low risk of bias and low applicability concern in the patient selection domain. The median pre-test probability of unresectable disease after CT scanning across studies was 40.3% (that is 40 out of 100 patients who had resectable cancer after CT scan were found to have unresectable disease on laparotomy). The summary sensitivity of diagnostic laparoscopy was 68.7% (95% CI 54.3% to 80.2%). Assuming a pre-test probability of 40.3%, the post-test probability of unresectable disease for patients with a negative test result was 0.17 (95% CI 0.12 to 0.24). This indicates that if a patient is said to have resectable disease after diagnostic laparoscopy and CT scan, there is a 17% probability that their cancer will be unresectable compared to a 40% probability for those receiving CT alone. A subgroup analysis of patients with pancreatic cancer gave a summary sensitivity of 67.9% (95% CI 41.1% to 86.5%). The post-test probability of unresectable disease after being considered resectable on both CT and diagnostic laparoscopy was 18% compared to 40% for those receiving CT alone. AUTHORS' CONCLUSIONS: Diagnostic laparoscopy may decrease the rate of unnecessary laparotomy in patients with pancreatic and periampullary cancer found to have resectable disease on CT scan. On average, using diagnostic laparoscopy with biopsy and histopathological confirmation of suspicious lesions prior to laparotomy would avoid 23 unnecessary laparotomies in 100 patients in whom resection of cancer with curative intent is planned.

[7]

TÍTULO / TITLE: - Should extended lymphadenectomy be performed for adenocarcinoma of the head of the pancreas? A meta-analysis and systematic review.

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

REVISTA / JOURNAL: - J Gastroenterol Hepatol. 2013 Oct 28. doi: 10.1111/jgh.12393.

●● Enlace al texto completo (gratis o de pago) [1111/jgh.12393](#)

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INSTITUCIÓN / INSTITUTION: - Department of Hepatobiliary Surgery, Union Hospital, Fujian Medical University, Fuzhou, China; Fujian Institute of Hepatobiliary Surgery, Union Hospital, Fujian Medical University, Fuzhou, China.

RESUMEN / SUMMARY: - BACKGROUND AND AIM: Although some retrospective studies have recommended that pancreaticoduodenectomy with extended lymphadenectomy might improve the survival of patients with adenocarcinoma of the head of the pancreas, the procedure remains controversial. METHODS: Using PubMed, EMBASE and The Cochrane Library databases, a systematic literature review was performed to identify randomized controlled trials (RCTs) comparing

standard and extended lymphadenectomy in pancreaticoduodenectomy for adenocarcinoma of the head of the pancreas. RESULTS: Four trials including 423 patients satisfied the inclusion criteria. Extended lymphadenectomy failed to improve the overall survival of patients with adenocarcinoma of the head of the pancreas (hazard ratio 1.09; 95% confidence interval, 0.84-1.41; P = 0.51). Additionally, postoperative mortality and morbidity were comparable between the standard and extended groups, while extended lymphadenectomy was associated with poor quality of life (QoL) within 1 year after the operation. CONCLUSIONS: Extended lymphadenectomy do not benefit overall survival. Considering the poor QoL associated with extended lymphadenectomy, pancreaticoduodenectomy with standard lymphadenectomy is suitable for patients with adenocarcinoma of the head of the pancreas.

[8]

TÍTULO / TITLE: - High-Dose Aspirin Consumption Contributes to Decreased Risk for Pancreatic Cancer in a Systematic Review and Meta-analysis.

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

REVISTA / JOURNAL: - Pancreas. 2013 Nov 20.

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

[1097/MPA.0b013e3182a8d41f](#)

AUTORES / AUTHORS: - Cui XJ; He Q; Zhang JM; Fan HJ; Wen ZF; Qin YR

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RESUMEN / SUMMARY: - OBJECTIVES: The aim of this study was to analyze the association between aspirin intake and its effect for chemoprevention of pancreatic cancer incidence by using a meta-analysis method. METHODS: The databases of MEDLINE, EMBASE, and Wangfang (Chinese database) were retrieved to identify eligible studies. Odds ratio (OR) and 95% confidence interval (CI) were calculated using a random-effects model. RESULTS: A total of 10 studies (4 case-control studies, 5 prospective cohort studies, and 1 randomized controlled trial) with 7,252 cases of pancreatic cancer and more than 120,000 healthy control subjects were enrolled in the studies. Pooled analyses showed that high-dose aspirin intake was marginally associated with decreased risk for pancreatic cancer for overall analysis (OR, 0.88; 95% CI, 0.76-1.01) as well as for both cohort and case-control studies (OR, 0.70; 95% CI, 0.54-1.16, for the cohort studies; OR, 0.82; 95% CI, 0.62-1.02, for the case-control studies), without between-study heterogeneity. Stratified analysis for Americans showed a similar result (OR, 0.82; 95% CI, 0.65-1.02). In contrast, our study inferred that low-dose aspirin intake was not associated with risk for pancreatic cancer for the total and subgroup analyses. CONCLUSIONS: In summary, our study indicated that high-dose aspirin, rather than low-dose aspirin, might be associated with decreased risk for pancreatic cancer, especially for Americans.

[9]

TÍTULO / TITLE: - The impact of perioperative blood glucose levels on pancreatic cancer prognosis and surgical outcomes: an evidence-based review.

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

REVISTA / JOURNAL: - Pancreas. 2013 Nov;42(8):1210-7. doi: 10.1097/MPA.0b013e3182a6db8e.

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

[1097/MPA.0b013e3182a6db8e](#)

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RESUMEN / SUMMARY: - Although diabetes mellitus (DM) and pancreatic cancer (PC) are intricately linked, a comprehensive review addressing the impact of DM on PC prognosis and surgical outcomes is lacking. PubMed search was performed (1980-2012) using keywords "pancreatic cancer", "diabetes mellitus", "glucose intolerance", "pancreatic resection", "prognosis", and "post-operative outcomes". The search results were analyzed to determine the strength of association between DM and PC and to assess the impact of DM on PC prognosis and postoperative outcomes. Thirty-one studies involving 38,777 patients were identified. Patients with non-insulin-dependent DM have 1.5-2 fold increased relative risk of developing PC. Non-insulin-dependent DM is identified in 25.7% of patients with PC compared to 10.4% age-matched controls (95% confidence interval, 1.5-4.7; $P < 0.0001$). Patients with PC are more likely to have a diagnosis of new-onset DM than age-matched controls (14.7% vs 2.7%; $P < 0.0001$). Patients with PC with DM have a significantly lower overall survival than those without DM (14.4 vs 21.7 months; $P < 0.001$). The presence of DM significantly increases overall postoperative complication rates (45.6% vs 35.6%; $P < 0.008$). Patients with new-onset non-insulin-dependent DM are at a higher risk of developing PC and have a worse long-term survival and a higher rate of postoperative complications.

[10]

TÍTULO / TITLE: - Association of OGG1 Ser326Cys polymorphism and pancreatic cancer susceptibility: evidence from a meta-analysis.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Nov 3.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-1317-7](#)

AUTORES / AUTHORS: - Yan Y; Chen X; Li T; Li M; Liang H

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RESUMEN / SUMMARY: - The 8-oxoguanine DNA glycosylase (OGG1) gene has been considered to be associated with cancer susceptibility. The OGG1 Ser326Cys polymorphism has been reported to be associated with pancreatic cancer (PC), but the

published studies have yielded inconsistent results. For better understanding of the effect of OGG1 Ser326Cys polymorphism on PC susceptibility, a meta-analysis was performed. All eligible studies were identified through a search of PubMed, Excerpta Medica Database (Embase), Elsevier Science Direct, and Chinese Biomedical Literature Database before May 2013. The association between the OGG1 Ser326Cys polymorphism and PC risk was conducted by odds ratios (ORs) and 95 % confidence intervals (CIs). A total of five case-control studies with 1,690 cases and 3,650 controls were eventually collected. Overall, we found that OGG1 Ser326Cys polymorphism was not associated with PC susceptibility (Cys/Cys vs. Ser/Ser: OR = 0.95, 95 % CI = 0.80-1.14; Cys/Cys vs. Ser/Ser + Ser/Cys: OR = 0.95, 95 % CI = 0.78-1.14; Cys/Cys + Ser/Cys vs. Ser/Ser (OR = 1.00, 95 % CI = 0.89-1.12)). In the subgroup analysis based on ethnicity, source of control, sample size, and genotyping method, no significant association was found in any genetic models. This meta-analysis suggests that the OGG1 Ser326Cys polymorphism may not be associated with PC susceptibility. Considering the limited sample size and ethnicity included in the meta-analysis, further larger scaled and well-designed studies are needed to confirm our results.

[11]

TÍTULO / TITLE: - Endoscopic ultrasound elastography for differentiating between pancreatic adenocarcinoma and inflammatory masses: a meta-analysis.

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

REVISTA / JOURNAL: - World J Gastroenterol. 2013 Oct 7;19(37):6284-91. doi: 10.3748/wjg.v19.i37.6284.

●● [Enlace al texto completo \(gratis o de pago\) 3748/wjg.v19.i37.6284](#)

AUTORES / AUTHORS: - Li X; Xu W; Shi J; Lin Y; Zeng X

INSTITUCIÓN / INSTITUTION: - Xiang Li, Jian Shi, Yong Lin, Xin Zeng, Department of Gastroenterology, Shanghai Changzheng Hospital, Second Military Medical University, Shanghai 200003, China.

RESUMEN / SUMMARY: - AIM: To evaluate the accuracy of endoscopic ultrasound (EUS) elastography for differentiating between pancreatic ductal adenocarcinoma (PDAC) and pancreatic inflammatory masses (PIM). METHODS: Electronic databases (updated to December 2012) and manual bibliographical searches were carried out. A meta-analysis of all diagnostic clinical trials evaluating the accuracy of EUS elastography in differentiating PDAC from PIM was conducted. Heterogeneity was assessed among the studies. The meta-analysis was performed to evaluate the accuracy of EUS elastography in differentiating PDAC from PIM in homogeneous studies. RESULTS: Ten studies involving 781 patients were included in the analysis. Significant heterogeneity in sensitivity was observed among the studies (Cochran Q test = 24.16, df = 9, P = 0.0041, I (2) = 62.8%), while heterogeneity in specificity was not observed (Cochran Q test = 5.93, df = 9, P = 0.7473, I (2) = 0.0%). The area under the curve under the Sports Rights Owners Coalition was 0.8227. Evaluation of heterogeneity suggested that the different diagnostic standards used in the included studies were the source of heterogeneity. In studies using the color pattern as the diagnostic standard, the pooled sensitivity, specificity, positive likelihood ratio (LR), negative LR and diagnostic OR were 0.99 (0.97-1.00), 0.76 (0.67-0.83), 3.36 (2.39-4.72), 0.03 (0.01-0.07) and 129.96 (47.02-359.16), respectively. In studies using the hue histogram as the diagnostic standard, the pooled sensitivity, specificity, positive

LR, negative LR and diagnostic OR were 0.92 (0.89-0.95), 0.68 (0.57-0.78), 2.84 (2.05-3.93), 0.12 (0.08-0.19) and 24.69 (12.81-47.59), respectively. CONCLUSION: EUS elastography is a valuable method for the differential diagnosis between PDAC and PIM. And a preferable diagnostic standard should be explored and improvements in specificity are required.

[12]

TÍTULO / TITLE: - Giant insulinoma: a report of 3 cases and review of the literature.

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

REVISTA / JOURNAL: - Pancreas. 2013 Nov;42(8):1323-32. doi: 10.1097/MPA.0b013e318292006a.

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

[1097/MPA.0b013e318292006a](#)

AUTORES / AUTHORS: - Callacondo D; Arenas JL; Ganoza AJ; Rojas-Camayo J; Quesada-Olarte J; Robledo H

INSTITUCIÓN / INSTITUTION: - From the *Laboratorios de Investigación y Desarrollo, Universidad Peruana Cayetano Heredia Lima, Peru; daggerDepartment of Pathology, Hospital Nacional Guillermo Almenara Irgoyen, Lima, Peru; double daggerThomas E. Starzl Transplantation Institute, University of Pittsburgh Medical Center, Pittsburgh, PA; and section signDepartment of General Surgery, Hospital Nacional Guillermo Almenara Irgoyen, Lima, Peru.

RESUMEN / SUMMARY: - Insulinoma is a rare pancreatic neuroendocrine tumor that is usually described as benign, sporadic, and very small (<2 cm). However, there have been rare case reports of insulinoma presenting as a giant tumor. We describe 3 cases of giant insulinomas, all of which developed liver metastases. The patients were aged 38, 63, and 67 years. Clinically, all patients presented with Whipple's triad associated with a large mass located in the pancreatic tail. The tumors ranged in size from 10 to 15 cm. On microscopic examination, the tumors were well differentiated with amyloid deposition ranging between 20% and 30%. Immunohistochemically, all 3 tumors showed strong diffuse expression of chromogranin and synaptophysin, whereas they were only focally positive for insulin. One patient developed liver recurrence 3 years after resection of the primary tumor yet remained asymptomatic without treatment. Another patient with liver recurrence underwent right hepatectomy and has been free of disease for 2 years. The third patient died of metastatic disease 13 years after initial surgery. Giant insulinomas are characterized by focal expression of insulin and high rates of liver metastases. Long-term follow-up is mandatory in these patients, as recurrence is expected after primary surgery.

[13]

TÍTULO / TITLE: - Pancreatic cancer: A comprehensive review and update.

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

REVISTA / JOURNAL: - Dis Mon. 2013 Nov;59(11):368-402. doi: 10.1016/j.disamonth.2013.08.001.

●● Enlace al texto completo (gratis o de pago) [1016/j.disamonth.2013.08.001](#)

AUTORES / AUTHORS: - Muniraj T; Jamidar PA; Aslanian HR

[14]

TÍTULO / TITLE: - A review of pancreatic cyst fluid analysis in the differential diagnosis of pancreatic cyst lesions.

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

REVISTA / JOURNAL: - Ann Clin Biochem. 2013 Oct 4.

●● Enlace al texto completo (gratis o de pago) [1177/0004563213503819](#)

AUTORES / AUTHORS: - Boot C

INSTITUCIÓN / INSTITUTION: - Clinical Laboratory Services, University Hospitals Birmingham NHS Foundation Trust, Queen Elizabeth Hospital Birmingham, Birmingham, UK.

RESUMEN / SUMMARY: - Diagnosis and management of pancreatic cyst lesions is challenging as there is currently no investigation that offers both high diagnostic sensitivity and high specificity for the identification of potentially malignant lesions. Accurate classification of these lesions is vital in order to avoid unnecessary treatment of benign lesions and missed opportunities for early treatment of lesions that are malignant/pre-malignant. Pancreatic cyst fluid analysis has an important role in diagnosis, although all currently available investigations based on fluid analysis have significant limitations. Cytological analysis can reveal features that are specific for a certain class of cyst, but offers limited sensitivity in detecting malignant/pre-malignant cysts. Measurement of tumour markers, particularly carcinoembryonic antigen can also be informative. Concentrations of cyst fluid carcinoembryonic antigen tend to be higher in malignant/pre-malignant cysts, although there is a wide overlap between the various classes of cyst. A number of studies have suggested that diagnostic carcinoembryonic antigen cut-offs can be chosen that provide a high degree of specificity but limited sensitivity. Studies of the analytical validity of tumour marker assays in pancreatic cyst fluid analysis have highlighted discrepancies in some fluid specimens, which require further investigation. DNA analysis also has a role. In particular, K-Ras-2 mutational analysis appears to provide high specificity for detection of malignant/pre-malignant lesions. A number of diagnostic algorithms have been published, integrating use of available investigations in order to achieve the optimum discrimination of benign and potentially malignant cysts. Research into new biochemical markers and optimal use of available pancreatic cyst fluid analyses is ongoing.

[15]

TÍTULO / TITLE: - Pleiotrophin promotes perineural invasion in pancreatic cancer.

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

REVISTA / JOURNAL: - World J Gastroenterol. 2013 Oct 21;19(39):6555-6558.

●● Enlace al texto completo (gratis o de pago) [3748/wjg.v19.i39.6555](#)

AUTORES / AUTHORS: - Yao J; Hu XF; Feng XS; Gao SG

INSTITUCIÓN / INSTITUTION: - Jun Yao, Xiu-Feng Hu, Xiao-Shan Feng, She-Gan Gao, Department of Oncology, the First Affiliated Hospital of Henan University of Science and Technology, Luoyang 471003, Henan Province, China.

RESUMEN / SUMMARY: - Perineural invasion (PNI) in pancreatic cancer is an important cause of local recurrence, but little is known about its mechanism. Pleiotrophin (PTN) is an important neurotrophic factor. It is of interest that our recent experimental data showed its involvement in PNI of pancreatic cancer. PTN strongly presents in the

cytoplasm of pancreatic cancer cells, and high expression of PTN and its receptor may contribute to the high PNI of pancreatic cancer. Correspondingly, PNI is prone to happen in PTN-positive tumors. We thus hypothesize that, as a neurite growth-promoting factor, PTN may promote PNI in pancreatic cancer. PTN is released at the time of tumor cell necrosis, and binds with its high-affinity receptor, N-syndecan on pancreatic nerves, to promote neural growth in pancreatic cancer. Furthermore, neural destruction leads to a distorted neural homeostasis. Neurons and Schwann cells produce more N-syndecan in an effort to repair the pancreatic nerves. However, the abundance of N-syndecan attracts further PTN-positive cancer cells to the site of injury, creating a vicious cycle. Ultimately, increased PTN and N-syndecan levels, due to the continuous nerve injury, may promote cancer invasion and propagation along the neural structures. Therefore, it is meaningful to discuss the relationship between PTN/N-syndecan signaling and PNI in pancreatic cancer, which may lead to a better understanding of the mechanism of PNI in pancreatic cancer.

[16]

TÍTULO / TITLE: - Role of extended lymphadenectomy in the treatment of pancreatic head adenocarcinoma: review and meta-analysis.

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

REVISTA / JOURNAL: - ANZ J Surg. 2013 Oct 28. doi: 10.1111/ans.12423.

●● Enlace al texto completo (gratis o de pago) [1111/ans.12423](#)

AUTORES / AUTHORS: - Svoronos C; Tsoulfas G; Katsourakis A; Noussios G; Chatzitheoklitos E; Marakis NG

INSTITUCIÓN / INSTITUTION: - Department of Surgery, General Hospital of Thessaloniki, Agios Dimitrios, Thessaloniki, Greece.

RESUMEN / SUMMARY: - BACKGROUND: Extended lymph node dissection has been established as the method of choice in the treatment of many digestive malignancies, but its role in the treatment of adenocarcinoma of the pancreas remains controversial. OBJECTIVES: The goal is to evaluate the role of extended lymph node dissection in pancreatic head adenocarcinoma and to review how it affects survival, morbidity, mortality and post-operative quality of life. METHODS: A computerized search was made of the Medline database from January 1973 to October 2012. Fifteen non-duplicated studies, four randomized and 11 non-randomized, comparing extended radical pancreaticoduodenectomy (ERP) and standard pancreaticoduodenectomy were reviewed. Five-year overall survivals were compared using the MetaXL software in eight of these studies, where the necessary data were available. RESULTS: The 5-year survival after ERP ranged from 6 to 33.4% and the local recurrence incidence from 8 to 36.1%, while the incidence of severe diarrhoea, one of the main complications, ranged from 10.8 to 42.4%. Meta-analysis showed that there was no significant difference in the 5-year overall survival (95% confidence interval (CI): -0.21-0.20, Z = 0.07, P = 0.94) for randomized control trials, (95% CI: -0.51-0.02, Z = 1.85, P = 0.07) for non-randomized control trials and (95% CI: -0.26-0.06, Z = 1.20, P = 0.23) for all the studies. CONCLUSIONS: Although ERP is a safe procedure, it did not offer a significant improvement in survival, while at the same time leading to an increased incidence of severe diarrhoea for at least 1 year, thus leaving the standard pancreaticoduodenectomy as the surgical method of choice for the treatment of pancreatic head adenocarcinoma.

[17]

TÍTULO / TITLE: - Unresectable giant pancreatic neuroendocrine tumor effectively treated by high-intensity focused ultrasound: A case report and review of the literature.

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

REVISTA / JOURNAL: - Pancreatology. 2013 Nov-Dec;13(6):634-8. doi: 10.1016/j.pan.2013.10.001. Epub 2013 Oct 10.

●● Enlace al texto completo (gratis o de pago) [1016/j.pan.2013.10.001](#)

AUTORES / AUTHORS: - Chen Q; Zhu X; Chen Q; Wang K; Meng Z

INSTITUCIÓN / INSTITUTION: - Department of Integrated Oncology, Fudan University Shanghai Cancer Center, China; Department of Oncology, Shanghai Medical College, Fudan University, Shanghai 200032, China.

RESUMEN / SUMMARY: - Patients with pancreatic neuroendocrine tumors (PNETs) diagnosed at late stage are not suitable candidates for surgery. So far, only a limited number of cases have been documented in literature about the effectiveness of HIFU, which has been more frequently reported to treat pancreatic adenocarcinoma rather than PNET. We report herein that a patient with a pancreatic neuroendocrine unresectable tumor was effectively treated with serial high-intensity focused ultrasound (HIFU) ablation, with no significant side effects detected. Upon evaluation, treatment results included: the tendency of tumor shrinkage, pain relief, decreased tumor marker levels, and obvious improvements in quality of life. Sustained efficacy was observed during a follow-up at 25 months with no tumor progression.

[18]

TÍTULO / TITLE: - Eastern Canadian Colorectal Cancer Consensus Conference: standards of care for the treatment of patients with rectal, pancreatic, and gastrointestinal stromal tumours and pancreatic neuroendocrine tumours.

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

REVISTA / JOURNAL: - Curr Oncol. 2013 Oct;20(5):e455-64. doi: 10.3747/co.20.1638.

●● Enlace al texto completo (gratis o de pago) [3747/co.20.1638](#)

AUTORES / AUTHORS: - Di Valentin T; Biagi J; Bourque S; Butt R; Champion P; Chaput V; Colwell B; Cripps C; Dorreen M; Edwards S; Falkson C; Frechette D; Gill S; Goel R; Grant D; Hammad N; Jeyakumar A; L'esperance M; Marginean C; Maroun J; Nantais M; Perrin N; Quinton C; Rother M; Samson B; Siddiqui J; Singh S; Snow S; St-Hilaire E; Tehfe M; Thirlwell M; Welch S; Williams L; Wright F; Goodwin R

INSTITUCIÓN / INSTITUTION: - ON: The Ottawa Hospital Cancer Centre, Ottawa (Di Valentin, Cripps, Goel, Marginean, Maroun, Goodwin); Queen's University and Cancer Centre of Southeastern Ontario, Kingston (Biagi, Falkson, Hammad); Peel Regional Cancer Centre, Mississauga (Quinton, Rother); Sunnybrook Health Sciences Centre, Toronto (Singh, Wright); London Regional Cancer Program, London (Welch).

RESUMEN / SUMMARY: - The annual Eastern Canadian Colorectal Cancer Consensus Conference was held in Halifax, Nova Scotia, October 20-22, 2011. Health care professionals involved in the care of patients with colorectal cancer participated in presentation and discussion sessions for the purposes of developing the recommendations presented here. This consensus statement addresses current issues in the management of rectal cancer, including pathology reporting, neoadjuvant

systemic and radiation therapy, surgical techniques, and palliative care of rectal cancer patients. Other topics discussed include multidisciplinary cancer conferences, treatment of gastrointestinal stromal tumours and pancreatic neuroendocrine tumours, the use of folfirinox in pancreatic cancer, and treatment of stage ii colon cancer.

[19]

TÍTULO / TITLE: - Neoadjuvant chemo-radiotherapy for patients with borderline resectable pancreatic cancer: a meta-analytical evaluation of prospective studies.

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

REVISTA / JOURNAL: - JOP. 2013 Nov 10;14(6):618-25. doi: 10.6092/1590-8577/1724.

AUTORES / AUTHORS: - Festa V; Andriulli A; Valvano MR; Uomo G; Perri F; Andriulli N; Corrao S; Koch M

INSTITUCIÓN / INSTITUTION: - Division of Gastroenterology, "San Filippo Neri" Hospital. Rome, Italy. v.festa@sanfilippoeneri.roma.it.

RESUMEN / SUMMARY: - CONTEXT: For patients with borderline resectable pancreatic cancer, the benefit of neoadjuvant therapy remains to be defined. OBJECTIVE: We did a systematic search of the literature on this topic. METHODS: Prospective studies where chemotherapy with or without radiotherapy was given before surgery to patients with borderline resectable cancer, were analyzed by a meta-analytical approach. MAIN OUTCOME MEASURES: Primary outcome was surgical exploration and resection rates; tumor response, therapy-induced toxicity, and survival were secondary outcomes. Data were expressed as weighted pooled proportions with 95% confidence intervals (95% CI). RESULTS: Ten studies with 182 participants were included. Following treatment, 69% of patients (95% CI: 56-80%) were brought to surgery and 80% (95% CI: 66-90%) of surgically-explored patients were resected. Eighty-three percent (95% CI: 74-90%) of resected specimens were deemed R0 resections. The weighted fractions of resected patients alive at 1 and 2 years were 61% (95% CI: 48-100%) and 44% (95% CI: 32-59%), respectively. At restaging following neoadjuvant therapy, weighted frequencies for complete/partial response were 16% (95% CI: 9-28%), 69% (95% CI: 60-76%) for stable disease, and 19% (95% CI: 13-25%) for progressive cancer. Treatment-related grade 3-4 toxicity was 32% (95% CI: 21-45%). CONCLUSION: This meta-analysis shows that downstaging of the lesion following neoadjuvant therapies is uncommon for patients with borderline resectable pancreatic cancer. A clear benefit of this regimen could be to spare surgery to patients with progressive disease during the frame-time chemo-radiotherapy is being delivered.

[20]

TÍTULO / TITLE: - MicroRNA targets autophagy in pancreatic cancer cells during cancer therapy.

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

REVISTA / JOURNAL: - Autophagy. 2013 Oct 8;9(12).

AUTORES / AUTHORS: - Wang P; Zhang L; Chen Z; Meng Z

INSTITUCIÓN / INSTITUTION: - Department of Integrative Oncology; Fudan University Shanghai Cancer Center; Shanghai, China; Department of Oncology; Shanghai Medical College; Fudan University; Shanghai, China.

RESUMEN / SUMMARY: - The therapeutic outcome of pancreatic cancer is generally poor due to the inherent or acquired resistance of cancer cells to treatment. Pancreatic cancer cells have higher basal autophagy levels than other cancer cell types, which

may correlate with their nonresponsiveness to the available cancer therapy. Therefore, understanding the mechanisms behind autophagy activation in pancreatic cancer cells may ultimately improve therapeutic outcomes. Here we demonstrated that MIR23B is a potent inhibitor of autophagy. MIR23B targets the 3'UTR of the autophagy-related gene ATG12, thereby decreasing autophagic activity and ultimately promoting radiation-induced pancreatic cancer cell death. Thus, our study clarified some of the underlying molecular mechanisms of activated autophagy in response to cancer therapy in pancreatic cancer.

[21]

TÍTULO / TITLE: - Diagnostic accuracy of K-ras mutation for pancreatic carcinoma: a meta-analysis.

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

REVISTA / JOURNAL: - Hepatobiliary Pancreat Dis Int. 2013 Oct;12(5):458-64.

AUTORES / AUTHORS: - Liu SL; Chen G; Zhao YP; Wu WM; Zhang TP

INSTITUCIÓN / INSTITUTION: - Department of General Surgery, Peking Union Medical College Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing 100730, China. zhaoy8028@gmail.com.

RESUMEN / SUMMARY: - BACKGROUND: The conventional tests for the diagnosis of early stage pancreatic carcinoma are not acceptable. This meta-analysis is to evaluate the accuracy of K-ras mutation for the diagnosis of pancreatic carcinoma. DATA SOURCES: A systemic search of all relevant literature was performed in Web of Science, EMBASE, Cochrane Database, and MEDLINE (PubMed as the search engine) prior to June 1, 2011. Thirty-four studies fulfilled the inclusion criteria and data were pooled for analysis. RESULTS: The pooled estimates for K-ras mutation in diagnosis of pancreatic carcinoma were as follows: sensitivity 0.68 (95% CI: 0.66-0.71), specificity 0.87 (95% CI: 0.85-0.88), positive likelihood ratio 4.54 (95% CI: 3.47-5.94), negative likelihood ratio 0.37 (95% CI: 0.30-0.44) and diagnostic odds ratio 14.90 (95% CI: 10.02-22.15). Summary receiver operating characteristic analysis demonstrated that the maximum joint sensitivity and specificity was 0.79, and the overall area under the curve was 0.86. CONCLUSIONS: Diagnostic accuracy of K-ras mutation was not superior to that of conventional tests. Therefore, K-ras mutation analysis alone is not recommended for the diagnosis of pancreatic carcinoma.

[22]

TÍTULO / TITLE: - Clinical characteristics and prognosis of primary leiomyosarcoma of the pancreas: a systematic review.

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

REVISTA / JOURNAL: - World J Surg Oncol. 2013 Nov 12;11(1):290.

●● [Enlace al texto completo \(gratis o de pago\) 1186/1477-7819-11-290](#)

AUTORES / AUTHORS: - Xu J; Zhang T; Wang T; You L; Zhao Y

RESUMEN / SUMMARY: - BACKGROUND: Primary pancreatic leiomyosarcoma (PLMS) is rare. The clinical characteristics and prognosis is still not completely understood. The aim of the present study is to identify the clinical characteristics and long-term outcomes of PLMS from the existing reported cases in different scientific literature. METHODS: PLMS cases reported in Chinese and English journals were collected and reviewed. Clinical features and long-term outcomes of these cases were

summarized and analyzed statistically. RESULTS: A total of 69 cases reported from both Chinese and English journals were included in the present study. An equal incidence in gender was observed. The mean age was 53.9 +/- 14.7 years. The most common symptoms were abdominal mass, abdominal pain, and weight loss. The mean size of the tumor was 11.4 +/- 7.1 cm. The incidence of PLMS between the head and body-tail of the pancreas had a similar pattern. Twenty-five percent of patients had distant metastasis and 19% of patients had adjacent organs/vessels invasion at the time of diagnosis. But lymph node metastasis was documented in only one (1.5%) patient. The median survival time was 48 months. The overall 1-, 3-, 5-, and 10-year survival rates were 66.6%, 51.2%, 43.9%, and 29.3%, respectively. Results from the multivariate analysis showed that non-radical resection (P = 0.000; hazard ratio (HR) 5.128; 95% confidence interval (CI) 2.041-12.987) was the independent adverse prognostic factor. Adjacent organs/vessels invasion (yes) may be considered as another potential independent adverse prognostic factor (P = 0.071; HR 2.708; 95% CI 0.981-7.474) CONCLUSIONS: PLMS is rare without specific clinical features. PLMS is an aggressive tumor and has a poor prognosis. Radical resection can prolong survival time of the patients.

[23]

TÍTULO / TITLE: - Laparoscopic versus open pancreas resection for pancreatic neuroendocrine tumours: a systematic review and meta-analysis.

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

REVISTA / JOURNAL: - HPB (Oxford). 2013 Nov 7. doi: 10.1111/hpb.12162.

●● Enlace al texto completo (gratis o de pago) [1111/hpb.12162](#)

AUTORES / AUTHORS: - Drymoussis P; Raptis DA; Spalding D; Fernandez-Cruz L; Menon D; Breitenstein S; Davidson B; Frilling A

INSTITUCIÓN / INSTITUTION: - Department of Surgery and Cancer, Hammersmith Hospital Campus, Imperial College London, London, UK.

RESUMEN / SUMMARY: - BACKGROUND: Over the last decade laparoscopic pancreatic surgery (LPS) has emerged as an alternative to open pancreatic surgery (OPS) in selected patients with neuroendocrine tumours (NET) of the pancreas (PNET). Evidence on the safety and efficacy of LPS is available from non-comparative studies. OBJECTIVES: This study was designed as a meta-analysis of studies which allow a comparison of LPS and OPS for resection of PNET. METHODS: Studies conducted from 1994 to 2012 and reporting on LPS and OPS were reviewed. Studies considered were required to report on outcomes in more than 10 patients on at least one of the following: operative time; hospital length of stay (LoS); intraoperative blood loss; postoperative morbidity; pancreatic fistula rates, and mortality. Outcomes were compared using weighted mean differences and odds ratios. RESULTS: Eleven studies were included. These referred to 906 patients with PNET, of whom 22% underwent LPS and 78% underwent OPS. Laparoscopic pancreatic surgery was associated with a lower overall complication rate (38% in LPS versus 46% in OPS; P < 0.001). Blood loss and LoS were lower in LPS by 67 ml (P < 0.001) and 5 days (P < 0.001), respectively. There were no differences in rates of pancreatic fistula, operative time or mortality. CONCLUSIONS: The nature of this meta-analysis is limited; nevertheless LPS for PNET appears to be safe and is associated with a reduced complication rate and shorter LoS than OPS.

[24]

TÍTULO / TITLE: - Pancreatic metastases from renal cell carcinoma: a case report and literature review of the clinical and radiological characteristics.

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

REVISTA / JOURNAL: - World J Surg Oncol. 2013 Nov 9;11(1):289.

●● Enlace al texto completo (gratis o de pago) [1186/1477-7819-11-289](#)

AUTORES / AUTHORS: - Hoshino Y; Shinozaki H; Kimura Y; Masugi Y; Ito H; Terauchi T; Kimata M; Furukawa J; Kobayashi K; Ogata Y

RESUMEN / SUMMARY: - Metastatic pancreatic cancer is rare, accounting for approximately 2% of all pancreatic malignancies, and most cases arise from renal cell carcinoma. We report the case of a 63-year-old woman, who presented with a pancreatic tumor detected during her annual health examination. She had undergone left nephrectomy 13 years previously for renal cell carcinoma. Computed tomography (CT) revealed two tumors in the head and body of the pancreas, a hypervascular tumor and a hypovascular tumor with an enhanced rim, respectively. She underwent pylorus-preserving pancreaticoduodenectomy, and metastatic pancreatic tumors arising from the kidney with clustered clear cell carcinoma immunohistochemically positive for CD10 were diagnosed. This report presents the different enhancement features of different lesions on CT scans. Because the enhancement features of lesions have been reported to vary according to the size of the metastatic tumor, a knowledge of the history of renal cell carcinoma is crucial for diagnosis.

[25]

TÍTULO / TITLE: - Novel therapeutic strategies targeting tumor-stromal interactions in pancreatic cancer.

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

REVISTA / JOURNAL: - Front Physiol. 2013 Nov 11;4:331.

●● Enlace al texto completo (gratis o de pago) [3389/fphys.2013.00331](#)

AUTORES / AUTHORS: - Hamada S; Masamune A; Shimosegawa T

INSTITUCIÓN / INSTITUTION: - Division of Gastroenterology, Tohoku University Graduate School of Medicine Sendai, Miyagi, Japan.

RESUMEN / SUMMARY: - Therapy-resistance and postoperative recurrence are causes of the poor prognosis in pancreatic cancer. Conventional therapies have a limited impact on the control of pancreatic cancer, resulting in the rapid re-growth of the tumor. The indispensable role of tumor-stromal interaction, which acts as a defender of cancer cells and enhances malignant potential, is being uncovered now. For example, specific signaling pathways for desmoplasia induction have been identified, such as sonic hedgehog (Shh) or connective tissue growth factor (CTGF), whose inhibition causes desmoplasia depletion and therapeutic advantages at least in in vivo mouse models of pancreatic cancer. Revolutions in drug delivery methods have led to the establishment of novel chemotherapeutic regimens, with better patient survival. Furthermore, mechanisms of immunosuppression in the pancreatic cancer-bearing host were clarified by the identification of myeloid-derived suppressor cells (MDSCs), which also promote disease progression. Strategies to target these components of the tumor stroma revealed certain anticancer effects in vitro and in vivo, suggesting the possibility of stroma-targeting therapy. Suppression of the stromal cell function increases the sensitivity of pancreatic cancer cells to therapeutic intervention. Further study will

clarify the complex nature of the tumor microenvironment, the targeting of which has the potential to improve clinical outcome.

[26]

TÍTULO / TITLE: - Laparoscopic left pancreatectomy for pancreatic sarcomatoid carcinoma: A case report and review of the literature.

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

REVISTA / JOURNAL: - Oncol Lett. 2013 Aug;6(2):568-570. Epub 2013 Jun 18.

●● [Enlace al texto completo \(gratis o de pago\) 3892/ol.2013.1411](#)

AUTORES / AUTHORS: - Yao J; Qian JJ; Zhu CR; Bai DS; Miao Y

INSTITUCIÓN / INSTITUTION: - Departments of Hepatobiliary and Pancreatic Surgery, The First Affiliated Hospital of Yangzhou University, Yangzhou, Jiangsu 225001, P.R. China ;

RESUMEN / SUMMARY: - Sarcomatoid carcinoma of the pancreas is extremely rare. The current report presents a case of carcinosarcoma of the pancreas in a 48-year-old male. Pre-operative computed tomography scans revealed a large complex cystic and solid mass in the tail of the pancreas; the patient underwent a laparoscopic spleen-preserving left pancreatectomy. The tumor was shown to be made of cystic and solid components, with a grossly grey/ white appearance. A histological evaluation of the tumor revealed two elements separated from each other, one component was a pancreatic ductal adenocarcinoma and the other component exhibited a sarcomatous growth pattern, composed of spindle cells and multinucleated giant cells. Immunohistochemically, the epithelial area was positive for cytokeratin (CK) and negative for vimentin, while the sarcomatoid area was negative for CK and positive for vimentin. These observations confirmed a diagnosis of pancreatic carcinosarcoma. Although the patient was treated by gemcitabine following surgery, the outcome was extremely poor and the patient succumbed to sarcomatoid carcinoma three months after the treatment.

[27]

TÍTULO / TITLE: - Laparoscopic distal pancreatectomy for a pancreatic lymphoepithelial cyst: case report and review of literature.

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

REVISTA / JOURNAL: - JOP. 2013 Nov 10;14(6):664-8. doi: 10.6092/1590-8577/1738.

AUTORES / AUTHORS: - Yanagimoto H; Satoi S; Toyokawa H; Yamamoto T; Hirooka S; Yui R; Yamaki S; Yoshida K; Wada G; Okuno M; Inoue K; Michiura T; Matsui Y; Nakano Y; Sakaida N; Kwon AH

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Kansai Medical University, Hirakata Hospital. Shinmachi, Hirakata, Japan. yanagimh@hirakata.kmu.ac.jp.

RESUMEN / SUMMARY: - CONTEXT: Lymphoepithelial cysts of the pancreas are a rare disease of true pancreatic cysts, the cause of which is unknown. The differential diagnosis is broad and includes many benign and malignant cystic lesions of the pancreas and surrounding organs. A combination of imaging modalities and fine needle aspiration might narrow the differential diagnosis. However, the final diagnosis can only be achieved with certainty after resection of the cyst. CASE REPORT: The present case report is a lymphoepithelial cyst of the pancreas that was resected laparoscopically. A 53-year-old man was incidentally found to have a cystic tumor in the tail of the pancreas after undergoing an abdominal ultrasound, which showed a

41x33 mm cystic mass in the pancreatic tail. He had no abdominal symptoms. Laparoscopic distal pancreatectomy and splenectomy were performed. Histologic examination revealed a lymphoepithelial cyst. CONCLUSION: Herein, we discuss the diagnostic difficulties and management decisions that face surgeons treating pancreatic cysts.

[28]

TÍTULO / TITLE: - Laparoscopic distal pancreatectomy for multiple epithelial cysts in an intrapancreatic accessory spleen. A case report and review of literature.

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

REVISTA / JOURNAL: - JOP. 2013 Nov 10;14(6):636-41. doi: 10.6092/1590-8577/1784.

AUTORES / AUTHORS: - Wakasugi M; Tori M; Akamatsu H; Ueshima S; Omori T; Tei M; Masuzawa T; Tsujimoto M; Nishida T

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Osaka Police Hospital. Osaka, Japan. wakasugi@oph.or.jp.

RESUMEN / SUMMARY: - CONTEXT: Accessory spleen is a congenital abnormality consisting of normal splenic tissue in ectopic sites that is found in approximately 10-15% of the general population. However, an intrapancreatic accessory spleen has seldom been reported and multiple epithelial cysts in the intrapancreatic accessory spleen are extremely rare. CASE REPORT: A 37-year-old woman with no clinical manifestations presented with two cystic lesions in the tail of the pancreas. The tumor markers CA 19-9 (251 U/mL) and SPAN-1 (38 U/mL) were increased. Computed tomography showed a multilocular cyst, 40 mm in size, and a unilocular cyst, 20 mm in size, in the tail of the pancreas and gallstones. The cystic component was hypointense on T1-weighted magnetic resonance images and hyperintense on T2-weighted magnetic resonance images. A laparoscopic distal pancreatectomy was performed with the presumptive diagnosis of a mucinous cystic neoplasm or an intraductal papillary mucinous neoplasm with gallstones. The pathological examination showed that the walls of the two cysts were covered with non-keratinized stratified squamous epithelium, surrounded by normal splenic tissue. The final pathological diagnosis was two epithelial cysts originating from an intrapancreatic accessory spleen. CONCLUSIONS: Even though multiple masses were detected in the pancreatic tail, the possibility of epithelial cysts originating from an accessory spleen should be considered. Laparoscopic distal pancreatectomy might be a safe and effective procedure and provide good cosmetic result for a benign or low-grade malignant tumor in the pancreas.

[29]

TÍTULO / TITLE: - Ectopic pancreatic pseudocyst and cyst presenting as a cervical and mediastinal mass - case report and review of the literature.

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

REVISTA / JOURNAL: - Diagn Pathol. 2013 Oct 23;8(1):176.

●● [Enlace al texto completo \(gratis o de pago\) 1186/1746-1596-8-176](#)

AUTORES / AUTHORS: - Rokach A; Izbicki G; Deeb M; Bogot N; Arish N; Hadas-Halperen I; Azulai H; Bohadana A; Golomb E

RESUMEN / SUMMARY: - Ectopic pancreas in the mediastinum is extremely rare. We are reporting on a case of a twenty two year old woman who presented to our clinic with a large cervical mass. The CT scan revealed a cystic lesion in the anterior

mediastinum. The patient underwent surgical resection by cervical approach. A Cystic mass with pseudocysts, cysts and complete pancreatic tissue were found in pathology. There were no signs of pancreatitis or malignancy. No recurrence was observed after a follow up of four years. We reviewed the case reports describing this rare condition in the medical literature. We conclude that the possibility of ectopic pancreatic tissue should be included in the differential diagnosis of anterior mediastinal cystic mass, though as a remote possibility. Surgery is probably needed for the diagnosis and treatment. Posterior mediastinal pseudocyst is a different entity associated with acute pancreatitis. In those cases surgery is not recommended. Our third conclusion is that pancreatic tissue should be actively sought, if a structure resembling a pseudocyst is found in an unexpected location. Virtual slides The virtual slide(s) for this article can be found here: <http://www.diagnosticpathology.diagnomx.eu/vs/1849369005957671>.

[30]

TÍTULO / TITLE: - Malignant extra-adrenal pancreatic paraganglioma: case report and literature review.

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

REVISTA / JOURNAL: - BMC Cancer. 2013 Oct 20;13(1):486.

●● [Enlace al texto completo \(gratis o de pago\) 1186/1471-2407-13-486](#)

AUTORES / AUTHORS: - Al-Jiffry BO; Alnemary Y; Khayat SH; Haiba M; Hatem M

RESUMEN / SUMMARY: - BACKGROUND: Pancreatic paragangliomas are rare tumors, with only 16 reported cases to date. One of these cases demonstrates metastasis to lymph node, while another case was functional, however, none of these cases showed malignant and large, pancreatic paraganglioma with marked invasion. Also another unique feature was the age of our patient compared to the average reported ages in published literature (42--85 years). CASE PRESENTATION: A 19-year-old woman presented with a one-year history of intermittent abdominal pain. Physical examination showed a palpable mass in the right upper abdomen, but initial laboratory results were within normal ranges; tumor markers (CEA, AFP, and CA19-9) were negative. An abdominal and pelvic computed tomography (CT) scan showed a well-defined retroperitoneal para-aortic mass. The CT scan revealed that the surrounding lymph nodes were not enlarged, but the liver showed evidence of parenchymal infiltration. Intraoperatively, a large, firm tumor originating from the head of pancreas was found pushing on the caudate hepatic lobe and the inferior vena cava (IVC). The tumor was resected through a pancreaticoduodenectomy, involving segment VI of the liver and a small segment of the IVC. The blood pressure spiked (>220 mm Hg) when the tumor was manipulated during the operation. The final pathology report showed a 9-cm tumor with lymphovascular invasions; immunohistochemistry was positive for synaptophysin and chromogranin. All resection margins were negative and 1/15 lymph nodes was positive for metastasis. Post-operative recovery was unremarkable. One month after discharge, the patient was re-admitted with abdominal pain and found to have an abdominal collection at the resection site, which was drained under CT guidance. She received a therapeutic dose of I131-metaiodobenzylguanidine (MIBG). Follow-ups showed the absence of recurrence, and she has remained disease free. CONCLUSION: This patient was an extraordinary example of a rare tumor. Even more remarkable was that the tumor was malignant with lymph node invasion. To our knowledge, a case similar to that presented here has not been previously reported in the literature.

[31]

TÍTULO / TITLE: - Technical Advances in Endoscopic Ultrasound (EUS)-Guided Tissue Acquisition for Pancreatic Cancers: How Can We Get the Best Results with EUS-Guided Fine Needle Aspiration?

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

REVISTA / JOURNAL: - Clin Endosc. 2013 Sep;46(5):552-562. Epub 2013 Sep 30.

●● Enlace al texto completo (gratis o de pago) [5946/ce.2013.46.5.552](#)

AUTORES / AUTHORS: - Kedia P; Gaidhane M; Kahaleh M

INSTITUCIÓN / INSTITUTION: - Division of Gastroenterology and Hepatology, New York Presbyterian Hospital, Weill Cornell Medical College, New York, NY, USA.

RESUMEN / SUMMARY: - Endoscopic ultrasound-guided fine needle aspiration (EUS-FNA) is one of the least invasive and most effective modality in diagnosing pancreatic adenocarcinoma in solid pancreatic lesions, with a higher diagnostic accuracy than cystic tumors. EUS-FNA has been shown to detect tumors less than 3 mm, due to high spatial resolution allowing the detection of very small lesions and vascular invasion, particularly in the pancreatic head and neck, which may not be detected on transverse computed tomography. Furthermore, this minimally invasive procedure is often ideal in the endoscopic procurement of tissue in patients with unresectable tumors. While EUS-FNA has been increasingly used as a diagnostic tool, most studies have collectively looked at all primary pancreatic solid lesions, including lymphomas and pancreatic neuroendocrine neoplasms, whereas very few studies have examined the diagnostic utility of EUS-FNA of pancreatic ductal carcinoma only. As with any novel and advanced endoscopic procedure that may incorporate several practices and approaches, endoscopists have adopted diverse techniques to improve the tissue procurement practice and increase diagnostic accuracy. In this article, we present a review of literature to date and discuss currently practiced EUS-FNA technique, including indications, technical details, equipment, patient selection, and diagnostic accuracy.

[32]

TÍTULO / TITLE: - Alteration of pancreatic cancer cell functions by tumor-stromal cell interaction.

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

REVISTA / JOURNAL: - Front Physiol. 2013 Nov 1;4:318.

●● Enlace al texto completo (gratis o de pago) [3389/fphys.2013.00318](#)

AUTORES / AUTHORS: - Hamada S; Masamune A; Shimosegawa T

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RESUMEN / SUMMARY: - Pancreatic cancer shows a characteristic tissue structure called desmoplasia, which consists of dense fibrotic stroma surrounding cancer cells. Interactions between pancreatic cancer cells and stromal cells promote invasive growth of cancer cells and establish a specific microenvironment such as hypoxia which further aggravates the malignant behavior of cancer cells. Pancreatic stellate cells (PSCs) play a pivotal role in the development of fibrosis within the pancreatic cancer tissue, and also affect cancer cell function. PSCs induce epithelial-mesenchymal transition and cancer stem cell (CSC)-related phenotypes in pancreatic cancer cells by activating multiple signaling pathways. In addition, pancreatic cancer cells and PSCs

recruit myeloid-derived suppressor cells which attenuate the immune reaction against pancreatic cancer cells. As a result, pancreatic cancer cells become refractory against conventional therapies. The formation of the CSC-niche by stromal cells facilitates postoperative recurrence, re-growth of therapy-resistant tumors and distant metastasis. Conventional therapies targeting cancer cells alone have failed to conquer pancreatic cancer, but targeting the stromal cells and immune cells in animal experiments has provided evidence of improved therapeutic responses. A combination of novel strategies altering stromal cell functions could contribute to improving the pancreatic cancer prognosis.

[33]

TÍTULO / TITLE: - Ureteral Metastasis as the Presenting Manifestation of Pancreatic Carcinoma.

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

REVISTA / JOURNAL: - Rev Urol. 2013;15(3):124-130.

AUTORES / AUTHORS: - Arvind NK; Singh O; Gupta S; Ali Q

INSTITUCIÓN / INSTITUTION: - Department of Urology, Bhopal Memorial Hospital and Research Centre, Bhopal, India.

RESUMEN / SUMMARY: - We recently cared for a patient with adenocarcinoma of the pancreas who presented with ureteral metastasis followed by hydroureteronephrosis long before the appearance of any symptoms related to the primary lesion. The entity is extremely rare; only seven similar cases are on record in the scientific literature. No recent review exists on this topic. This encouraged us to present our case along with the previous cases of adenocarcinoma of the pancreas with ureteral metastasis that have been reported.