

#15#

Revisiones (todas) *** Reviews (all)

Urological tumors.

October / November 2013

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[1]

TÍTULO / TITLE: - Dutasteride on Benign Prostatic Hyperplasia: A Meta-analysis on Randomized Clinical Trials in 6460 Patients.

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

REVISTA / JOURNAL: - Urology. 2013 Nov 16. pii: S0090-4295(13)01311-3. doi: 10.1016/j.urology.2013.10.007.

●● Enlace al texto completo (gratis o de pago) [1016/j.urology.2013.10.007](#)

AUTORES / AUTHORS: - Wu XJ; Zhi Y; Zheng J; He P; Zhou XZ; Li WB; Zhou ZS

INSTITUCIÓN / INSTITUTION: - Institute of Urinary Surgery, Southwest Hospital, Third Military Medical University, Chongqing, China.

RESUMEN / SUMMARY: - **OBJECTIVE:** To investigate the clinical effectiveness of dutasteride in the treatment of benign prostatic hyperplasia by meta-analysis. **MATERIALS AND METHODS:** Several databases were searched from inception to June 2013 for prospective clinical studies comparing dutasteride vs placebo. The continuous outcomes of therapeutic efficacy included International Prostate Symptom Score/American Urological Association Symptom Index, maximum flow rate, total prostate volume, and acute urinary retention (AUR). The dichotomous outcomes included surgery risk and the rate of sexual dysfunction. The relative risk for dichotomous outcome and the weighted mean difference for continuous outcomes were estimated using fixed effects model. **RESULTS:** Four studies met the inclusion criteria and were included, in which a total of 6460 patients received dutasteride and 6475 received placebo treatment. The average symptom score was improved by 1.98 with 95% confidence interval (CI) 1.77-2.19 (P <.00001); the average maximum flow rate was increased by 1.16 mL/s with 95% CI 0.63-1.70 (P <.0001); the total prostate volume was reduced by 13.86 mL (95% CI 12.76-14.96; P <.00001); the odds ratio for

AUR was 0.35 (95% CI 0.27-0.47; P <.00001). The major side effect for dutasteride was the increased rate of sexual dysfunction compared with placebo, with odds ratio of 0.41 (95% CI 0.31-0.54; P <.00001). CONCLUSION: Dutasteride is highly effective in mitigating benign prostatic hyperplasia symptoms and reducing the size of enlarged prostate and the risks of AUR and surgical intervention. However, dutasteride therapy is related to an increased rate of sexual dysfunction.

[2]

TÍTULO / TITLE: - A meta-analysis of patient outcomes with subcentimeter disease after chemotherapy for metastatic non-seminomatous germ cell tumor.

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

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

●● Enlace al texto completo (gratis o de pago) [1093/annonc/mdt425](#)

AUTORES / AUTHORS: - Ravi P; Gray KP; O'Donnell EK; Sweeney CJ

INSTITUCIÓN / INSTITUTION: - Christ's College, University of Cambridge, Cambridge, UK.

RESUMEN / SUMMARY: - BACKGROUND: Approximately a quarter of men with metastatic non-seminomatous germ cell tumor (NSGCT) have a residual mass, typically in the retroperitoneum, after chemotherapy. The management of small residual masses (≤ 1 cm) is controversial, with good outcomes seen with either post-chemotherapy retroperitoneal lymph node dissection (PC-RPLND) or surveillance. We sought to review our experience of surveillance and synthesize the cumulative findings with the current literature in the form of a meta-analysis. PATIENTS AND METHODS: We searched PubMed, EMBASE and abstracts from ASCO and AUA to identify relevant, English-language studies for the meta-analysis. The DFCI (Dana Farber Cancer Institute) database was constructed from a database of men undergoing cisplatin-based chemotherapy for metastatic NSGCT. The outcomes of interest were the proportion with necrosis, teratoma or active cancer on histology at PC-RPLND (literature) and the total number of relapses, RP-only relapses and overall survival in men undergoing surveillance (literature and DFCI cohort). RESULTS: Three of 47 men undergoing post-chemotherapy surveillance at our institution relapsed over a median follow-up of 5.4 years. All three were alive at a median of 4.2 years after relapse. On meta-analysis, the pooled estimates of necrosis, teratoma and active cancer in the 588 men who underwent PC-RPLND were 71, 24 and 4%, respectively. Of the combined 455 men who underwent surveillance, the pooled estimate of the relapse rate was 5%, with an RP-only relapse rate of 3%. Of the 15 men who suffered an RP-only relapse on surveillance, two died of disease. CONCLUSION: Surveillance is a reasonable strategy for men with minimal residual RP disease after chemotherapy and avoids an RPLND in approximately 97% of men who are cured with chemotherapy alone.

[3]

TÍTULO / TITLE: - Prognostic and clinicopathological significance of survivin expression in bladder cancer patients: a meta-analysis.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Oct 8.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-1216-y](#)

AUTORES / AUTHORS: - Lv S; Turlova E; Zhao S; Kang H; Han M; Sun HS

INSTITUCIÓN / INSTITUTION: - Department of Surgery, University of Toronto, Toronto, ON, Canada.

RESUMEN / SUMMARY: - Survivin has been widely reported to play a role in diagnosis and prognosis of bladder cancer patients. However, published data on this subject are heterogeneous. Here, we conducted a meta-analysis to obtain a complete evaluation of the association between survivin and recurrence-free survival (RFS), disease-specific survival (DSS), overall survival (OS), and odds ratio (OR) in bladder cancer patients. Published studies on this subject were selected for further assessment by online articles in PubMed, MEDLINE, EMBASE, and OVID databases. Pooled hazard ratios (HR) with 95 % confidence interval (95 % CI) were estimated. Funnel plots were used to evaluate the publication bias. As well, heterogeneity and sensitivity were analyzed. In this meta-analysis, we included 13 studies with the total number of 1,963 patients. Positive survivin expression in bladder cancer was associated with a poor RFS (HR, 1.831; 95 % CI, 1.344-2.49), DSS (HR, 1.721; 95 % CI, 1.477-2.004), or OS (HR, 1.753; 95 % CI, 1.092-2.816) in patients. In addition, a significant association between expression of survivin and age (OR, 0.641; 95 % CI, 0.416-0.987) as well as stage (OR, 0.37; 95 % CI, 0.190-0.750) was revealed. Heterogeneity was observed among the included studies with RFS ($\chi^2 = 29.58$, $p = 0.009$, $I^2 = 52.7\%$), OS ($\chi^2 = 15.67$, $p = 0.008$, $I^2 = 68.1\%$), and stage ($\chi^2 = 11.97$, $p = 0.035$, $I^2 = 58.2\%$). There was no publication bias according to Begg's and Egger's tests except for studies with gender. Furthermore, sensitivity analysis obtained the source of heterogeneity and confirmed opposite results of some studies. This study suggests that expression of survivin indicates poor prognosis in older patients and muscle invasive or advanced stage in bladder cancer. Survivin expression could be used in identifying a subgroup of patients with potential to benefit from a targeted therapy against survivin.

[4]

TÍTULO / TITLE: - Enhancer of zeste homolog 2 expression is associated with metastasis and adverse clinical outcome in clear cell renal cell carcinoma: a comparative study and review of the literature.

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

REVISTA / JOURNAL: - Arch Pathol Lab Med. 2013 Oct;137(10):1326-36. doi: 10.5858/arpa.2012-0525-OA.

●● [Enlace al texto completo \(gratis o de pago\) 5858/arpa.2012-0525-OA](#)

AUTORES / AUTHORS: - Xu B; Abourbih S; Sircar K; Kassouf W; Mansure JJ; Aprikian A; Tanguay S; Brimo F

INSTITUCIÓN / INSTITUTION: - From the Departments of Pathology (Drs Xu and Brimo) and Urology (Drs Abourbih, Kassouf, Mansure, Aprikian, and Tanguay), McGill University Health Centre, Montreal, Quebec, Canada; and the Department of Pathology (Dr Sircar), The University of Texas Maryland Anderson Cancer Center, Houston.

RESUMEN / SUMMARY: - CONTEXT: Enhancer of zeste homolog 2 (EZH2), a histone methyltransferase mediating chromatin condensation and epigenetic modulation, is overexpressed in various human carcinomas and is associated with adverse clinicopathologic characteristics and biologic behavior. The expression of EZH2 in renal cell carcinomas (RCCs) has not been fully characterized yet. OBJECTIVE: To evaluate the prognostic role of EZH2 in RCC by analyzing the immunohistochemical staining

pattern of the marker in relation to pathologic features and clinical outcome. DESIGN: We correlated the immunolabeling of EZH2 with multiple clinicopathologic features, including Fuhrman nuclear grade, pathologic stage, metastatic status, and clinical outcome in 223 clear cell RCCs (CRCCs) and 21 papillary RCCs, by using tissue microarrays of primary and metastatic cases. RESULTS: Most CRCCs (75%) showed positive EZH2 staining, with most primary tumors showing focal staining in comparison to nonfocal staining in metastatic cases. In primary tumors, EZH2 expression was associated with higher nuclear grade and lower pathologic stage. Metastatic tumors showed a higher number of positive cases (81% versus 67%) and a more diffuse and more intense pattern of staining than primary CRCCs. For the 22 locally advanced primary tumors (T3/4) and 43 metastatic RCCs, patients who experienced RCC-related deaths significantly overexpressed the marker in comparison to patients who did not experience RCC-related mortality. CONCLUSIONS: By showing that EZH2 expression is associated with increased metastatic potential and a worse clinical outcome, this study suggests that EZH2 can serve as a prognostic biomarker for RCC, thus confirming it as a key molecule driving oncogenesis and metastasis.

[5]

TÍTULO / TITLE: - Systematic review and meta-analysis of perioperative and oncological outcomes of laparoscopic cryoablation versus laparoscopic partial nephrectomy for the treatment of small renal tumors.

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

REVISTA / JOURNAL: - J Urol. 2013 Nov 11. pii: S0022-5347(13)05900-4. doi: 10.1016/j.juro.2013.11.006.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.11.006](#)

AUTORES / AUTHORS: - Klatte T; Shariat SF; Remzi M

INSTITUCIÓN / INSTITUTION: - Department of Urology, Medical University of Vienna, Vienna, Austria. Electronic address: tobias.klatte@gmx.de.

RESUMEN / SUMMARY: - BACKGROUND: For minimally-invasive treatment of small renal tumors, laparoscopic cryoablation (LCA) has emerged as an alternative procedure to minimally-invasive partial nephrectomy (laparoscopic, LPN; robot-assistant laparoscopic, RPN) for selected patients, but there is still limited data regarding its safety and oncologic efficacy. The purpose of this study was to compare perioperative and oncological outcomes of LCA and LPN/RPN. METHODS: We searched the literature published until September 2013 from MEDLINE, Web of Science, and major conference proceedings. We included studies comparing LCA and LPN/RPN, if they reported oncological or perioperative outcomes. RESULTS: Thirteen retrospective, non-randomized, observational studies met our inclusion criteria. According to the modified Newcastle-Ottawa-Scale, seven studies (53%) were considered to be of higher quality. Compared with LPN/RPN, LCA was associated with significantly shorter operative times (weighted mean difference (WMD) 35.45 min), lower EBL (WMD 130.11 mL), shorter LOS (WMD 1.22 days), and a lower risk of total (risk ratio (RR) 1.82), urological (RR 1.99) and non-urological complications (RR 2.33). Patients undergoing LCA had a significantly increased risk of local (RR 9.39) and metastatic tumor progression (RR 4.68). CONCLUSIONS: This analysis provides fair evidence that oncological outcomes are substantially worse for LCA than for LPN/RPN, but LCA may be associated with improved perioperative outcomes. Surgical

resection may therefore be encouraged in the majority of cases. Balancing cancer control with the risk for perioperative complications is crucial for patient counseling and selection of the appropriate procedure. Prospective, randomized controlled studies with long-term follow-up are needed to confirm our findings.

[6]

TÍTULO / TITLE: - Pioglitazone prescription increases risk of bladder cancer in patients with type 2 diabetes: an updated meta-analysis.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Oct 4.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-1278-x](#)

AUTORES / AUTHORS: - He S; Tang YH; Zhao G; Yang X; Wang D; Zhang Y

INSTITUCIÓN / INSTITUTION: - Department of Urology, Wu Qing District People's Hospital, Tianjin, China.

RESUMEN / SUMMARY: - Pioglitazone is widely used for glycemic control in patients with type 2 diabetes mellitus, but evidence regarding the association between pioglitazone and bladder cancer risk is confusing. A systematic search of databases was carried out, and other relevant papers were also identified. Then, the analyses were conducted according to the PRISMA and MOOSE guidelines. After quality assessment, nine datasets from 10 available studies were included on the basis of inclusion criteria. The incidence of bladder cancer among pioglitazone ever users and never users, pooled from four cohort and one randomized studies, were 84.51 and 66.68 per 100,000 person-years, respectively. Nine studies representing 2,596,856 diabetic patients were recognized as eligible for overall study; the result suggested an increased risk of bladder cancer in patients exposed to pioglitazone. A persistent significance was detected after being adjusted by age, gender, and use of other diabetes medications. Subgroup analyses indicated that the significantly increased incidence of bladder cancer was found in men, but not in women. Additionally, the analyses addressing increasing exposure to pioglitazone observed a dose-response relation between exclusive ever use of pioglitazone and bladder cancer in terms of cumulative duration of use and cumulative dosage. With some limitations, our results suggest an increased risk of bladder cancer in diabetic patients using pioglitazone, especially for men with long-term and high-dose exposure. Additional studies are needed to provide more precise evidences to support our results.

[7]

TÍTULO / TITLE: - Early and late renal adverse effects after potentially nephrotoxic treatment for childhood cancer.

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

REVISTA / JOURNAL: - Cochrane Database Syst Rev. 2013 Oct 8;10:CD008944. doi: 10.1002/14651858.CD008944.pub2.

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

[1002/14651858.CD008944.pub2](#)

AUTORES / AUTHORS: - Knijnenburg SL; Mulder RL; Schouten-Van Meeteren AY; Bokenkamp A; Blufpand H; van Dulmen-den Broeder E; Veening MA; Kremer LC; Jaspers MW

INSTITUCIÓN / INSTITUTION: - Medical Informatics, Academic Medical Center, P.O. Box 22660, Amsterdam, Netherlands, 1100 DD.

RESUMEN / SUMMARY: - **BACKGROUND:** Great improvements in diagnostics and treatment for malignant disease in childhood have led to a major increase in survival. However, childhood cancer survivors (CCS) are at great risk for developing adverse effects caused by multimodal treatment for their malignancy. Nephrotoxicity is one of these known (acute) side effects of several treatments, including cisplatin, carboplatin, ifosfamide, radiotherapy and nephrectomy, and can cause glomerular filtration rate impairment, proteinuria, tubulopathy and hypertension. However, evidence about the long-term effects of these treatments on renal function remains inconclusive. To reduce the number of (long-term) nephrotoxic events in CCS, it is important to know the risk of, and risk factors for, early and late renal adverse effects, so that ultimately treatment and screening protocols can be adjusted. **OBJECTIVES:** To evaluate existing evidence on the effects of potentially nephrotoxic treatment modalities on the prevalence of and associated risk factors for renal dysfunction in survivors treated for childhood cancer with a median or mean survival of at least one year after cessation of treatment, where possible in comparison with healthy controls or CCS treated without potentially nephrotoxic treatment. **SEARCH METHODS:** We searched the following electronic databases: the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library, Issue 4, 2011), MEDLINE/PubMed (from 1945 to December 2011) and EMBASE/Ovid (from 1980 to December 2011). **SELECTION CRITERIA:** With the exception of case reports, case series and studies including fewer than 20 participants, we included studies with all study designs that reported on renal function (one year or longer after cessation of treatment) in children and adults who were treated for a paediatric malignancy (aged 18 years or younger at diagnosis) with cisplatin, carboplatin, ifosfamide, radiation including the kidney region and/or a nephrectomy. **DATA COLLECTION AND ANALYSIS:** Two review authors independently performed study selection, risk of bias assessment and data extraction using standardised data collection forms. Analyses were performed according to the guidelines of the Cochrane Handbook for Systematic Reviews of Interventions. **MAIN RESULTS:** The search strategy identified 5504 studies, of which 5138 were excluded on the basis of title and/or abstract. The full-text screening of the remaining 366 articles resulted in the inclusion of 57 studies investigating the prevalence of and sometimes also risk factors for early and late renal adverse effects of treatment for childhood cancer. The 57 studies included at least 13,338 participants of interest for this study, of whom at least 6516 underwent renal function testing. The prevalence of renal adverse effects ranged from 0% to 84%. This variation may be due to diversity in included malignancies, prescribed treatments, reported outcome measurements and the methodological quality of available evidence. Chronic kidney disease/renal insufficiency (as defined by the authors of the original studies) was reported in 10 of 57 studies. The prevalence of chronic kidney disease ranged between 0.5% and 70.4% in the 10 studies and between 0.5% and 18.8% in the six studies that specifically investigated Wilms' tumour survivors treated with a unilateral nephrectomy. A decreased (estimated) glomerular filtration rate was present in 0% to 50% of all assessed survivors (32/57 studies). Total body irradiation; concomitant treatment with aminoglycosides, vancomycin, amphotericin B or cyclosporin A; older age at treatment and longer interval from therapy to follow-up were significant risk factors reported in multivariate analyses. Proteinuria was present in 0% to 84% of all survivors (17/57 studies). No

study performed multivariate analysis to assess risk factors for proteinuria. Hypophosphataemia was assessed in seven studies. Reported prevalences ranged between 0% and 47.6%, but four of seven studies found a prevalence of 0%. No studies assessed risk factors for hypophosphataemia using multivariate analysis. The prevalence of impairment of tubular phosphate reabsorption was mostly higher (range 0% to 62.5%; 11/57 studies). Higher cumulative ifosfamide dose, concomitant cisplatin treatment, nephrectomy and longer follow-up duration were significant risk factors for impaired tubular phosphate reabsorption in multivariate analyses. Treatment with cisplatin and carboplatin was associated with a significantly lower serum magnesium level in multivariate analysis, and the prevalence of hypomagnesaemia ranged between 0% and 37.5% in the eight studies investigating serum magnesium. Hypertension was investigated in 24 of the 57 studies. Reported prevalences ranged from 0% to 18.2%. A higher body mass index was the only significant risk factor noted in more than one multivariate analysis. Other reported factors that significantly increased the risk of hypertension were use of total body irradiation, abdominal irradiation, acute kidney injury, unrelated or autologous stem cell donor type, growth hormone therapy and older age at screening. Previous infection with hepatitis C significantly decreased the risk of hypertension. Because of the profound heterogeneity of the studies, it was not possible to perform any meta-analysis. **AUTHORS' CONCLUSIONS:** The prevalence of renal adverse events after treatment with cisplatin, carboplatin, ifosfamide, radiation therapy involving the kidney region and/or nephrectomy ranged from 0% to 84%. With currently available evidence, it was not possible to draw any conclusions with regard to prevalence of and risk factors for renal adverse effects. Future studies should focus on adequate study design and reporting and should deploy multivariate risk factor analysis to correct for possible confounding. Until more evidence becomes available, CCS should be enrolled into long-term follow-up programmes to monitor their renal function and blood pressure.

[8]

TÍTULO / TITLE: - Meta-analysis of 11C-choline and 18F-choline PET/CT for management of patients with prostate cancer.

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

REVISTA / JOURNAL: - Nucl Med Commun. 2013 Nov 14.

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

[1097/MNM.0000000000000040](#)

AUTORES / AUTHORS: - von Eyben FE; Kairemo K

INSTITUCIÓN / INSTITUTION: - aCenter of Tobacco Control Research, Odense, Denmark bDepartment of Molecular Radiotherapy and Nuclear Medicine, International Comprehensive Cancer Center Docrates, Helsinki, Finland.

RESUMEN / SUMMARY: - The aim of the study was to evaluate the diagnostic accuracy and clinical aspects of C-choline and F-choline PET/computed tomography (CT) in patients with prostate cancer. A meta-analysis of original studies from 1998 to September 2013 that described choline PET/CT scans for prostate cancer was conducted. We assessed the main sites of positive findings and the relationship between positive findings and histology, change of treatment and serum prostate-specific antigen (PSA) response to the changed treatment. A total of 3167 patients from 47 eligible articles were assessed with respect to their findings on choline PET/CT during staging and restaging for biochemical recurrence. We examined 661 patients at

staging and 158 patients at restaging for biochemical recurrence after external beam radiotherapy. These patients had positive results in the prostate bed more often than did the 2348 patients with biochemical recurrence after radical prostatectomy ($P < 0.001$, chi-test). On assessing 609 patients, the pooled sensitivity of choline PET/CT for pelvic lymph node metastases was found to be 0.62 [95% confidence interval (CI) 0.51-0.66] and the pooled specificity was found to be 0.92 (95% CI 0.89-0.94). Head-to-head studies of 280 patients showed that more patients had positive findings with choline PET/CT than with bone scanning [127 (45%) vs. 46 (16%), odds ratio 2.8, 95% CI 1.9-4.1, $P < 0.0005$, Wilcoxon rank test]. Choline PET/CT led to a change in treatment in 381 (41%) of 938 patients. The changes yielded complete PSA response in 101 of 404 (25%) patients. C-choline or F-choline PET/CT is useful as the first imaging examination for patients with prostate cancer and biochemical recurrence with PSA levels between 1.0 and 50 ng/ml.

[9]

TÍTULO / TITLE: - DNA repair gene XRCC3 polymorphisms and bladder cancer risk: a meta-analysis.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Oct 9.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s13277-013-1259-0](#)

AUTORES / AUTHORS: - Peng Q; Mo C; Tang W; Chen Z; Li R; Zhai L; Yang S; Wu J; Sui J; Li S; Qin X

INSTITUCIÓN / INSTITUTION: - Department of Clinical Laboratory, First Affiliated Hospital of Guangxi Medical University, Nanning, 530021, Guangxi, China.

RESUMEN / SUMMARY: - The X-ray repair cross-complementing group 3 (XRCC3) in homologous recombination repair (HRR) pathway plays a vital role in DNA double-strand break repair (DSBR). Variants in the XRCC3 gene might result in altered protein structure or function which may influence DSBR efficiency and lead to cancer. Numerous epidemiological studies have been conducted to evaluate the association between XRCC3 polymorphisms and bladder cancer risk. However, the results of these previous studies have been inconsistent. To derive a more precise estimation of the association, we performed a meta-analysis of all available studies relating XRCC3 polymorphisms and bladder cancer. All studies published up to April 2013 on the association between XRCC3 polymorphisms and bladder cancer risk were identified by searching electronic databases PubMed, EMBASE, and Chinese Biomedical Literature databases. The association between the XRCC3 polymorphisms and bladder cancer risk was assessed by odds ratios (ORs) together with their 95 % confidence intervals (CIs). A total of 16 case-control studies met the inclusion criteria and were selected. With respect to C18067T polymorphism, significant increased bladder cancer risk was found when all eligible studies were pooled into the meta-analysis (TT vs. CC: OR = 1.174, 95%CI = 1.033-1.335, $P = 0.014$ and recessive model TT vs. TC + CC: OR = 1.147, 95 %CI = 1.020-1.290, $P = 0.022$, respectively). The results were still significant after excluding the Hardy-Weinberg equilibrium violation studies (TT vs. CC: OR = 1.178, 95 %CI = 1.036-1.339, $P = 0.013$ and recessive model TT vs. TC + CC: OR = 1.144, 95 %CI = 1.017-1.287, $P = 0.025$, respectively). In subgroup analysis by ethnicity, significant elevated risk was found among Asians (dominant model TT + TC vs. CC: OR = 1.285, 95 %CI = 1.012-1.631). In the subgroup analyses according to

smoking status, no significant association was detected in all genetic comparison models. With respect to A17893G and A4541G polymorphisms, no significant association with bladder cancer risk was observed in the overall and subgroup analyses. This meta-analysis suggests that the XRCC3 C18067T polymorphism was associated with increased bladder cancer risk especially among Asians. However, the XRCC3 A17893G and A4541G polymorphisms may not play important roles in bladder carcinogenesis. Further studies with larger sample sizes are needed to validate our finds.

[10]

TÍTULO / TITLE: - Testicular seminoma and non-seminoma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up.

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

REVISTA / JOURNAL: - Ann Oncol. 2013 Oct;24 Suppl 6:vi125-32. doi: 10.1093/annonc/mdt304.

●● Enlace al texto completo (gratis o de pago) [1093/annonc/mdt304](#)

AUTORES / AUTHORS: - Oldenburg J; Fossa SD; Nuvér J; Heidenreich A; Schmoll HJ; Bokemeyer C; Horwich A; Beyer J; Kataja V

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Oslo University Hospital, Oslo, Norway.

[11]

TÍTULO / TITLE: - Genetic polymorphisms of XRCC3 Thr241Met (C18067T, rs861539) and bladder cancer risk: a meta-analysis of 18 research studies.

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/s13277-013-1203-3](#)

AUTORES / AUTHORS: - Ma Q; Zhao Y; Wang S; Zhang X; Zhang J; Du M; Li L; Zhang Y

INSTITUCIÓN / INSTITUTION: - Department of Urology, Tianjin First Central Hospital, Tianjin, 300192, China.

RESUMEN / SUMMARY: - The relationship of bladder cancer with the presence of X-ray cross-complementing group 3(XRCC3) genetic polymorphism Thr241Met has been reported with inconsistent results. The objective of this study was to quantitatively evaluate the association between this polymorphism and bladder cancer susceptibility. A comprehensive research was conducted through PubMed, Medline, Embase, and Web of Science databases up to Aug. 20, 2013. Pooled odds ratio and 95 % confidence interval were calculated using a fixed or random effects model. Statistical analysis was performed with Stata 12.0 software. Of the 18 case-control studies selected for this meta-analysis, a total of 5,667 bladder cancer cases and 7,609 controls were included. The combined results based on all studies suggested that XRCC3 Thr241Met was associated with bladder cancer risk under homozygote and recessive models. When stratifying for ethnicity, significant association was found in Caucasians under homozygote and recessive models. This meta-analysis suggests that XRCC3 Thr241Met polymorphism is a risk factor for bladder cancer risk. However, further well-designed studies are required to confirm our findings.

[12]

TÍTULO / TITLE: - Surgical complications and graft survival in pediatric kidney transplant recipients treated with a steroid-free protocol: experiences from a danish university hospital.

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

REVISTA / JOURNAL: - Transplant Proc. 2013 Nov;45(9):3258-61. doi: 10.1016/j.transproceed.2013.07.059.

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

[1016/j.transproceed.2013.07.059](#)

AUTORES / AUTHORS: - Jensen KK; Roder O; Bistrup C

INSTITUCIÓN / INSTITUTION: - Department of Thoracic and Vascular Surgery T, Odense University Hospital, Odense, Denmark. Electronic address: mail@kristiankiim.dk.

RESUMEN / SUMMARY: - BACKGROUND: The outcome of pediatric kidney transplantation depends on several factors, among these are the complications, which occur in relation to the surgical procedure. In this study, we present our experience with pediatric kidney transplantation in a steroid-free immunosuppression regimen, from a surgical point of view. METHODS: Patient charts of pediatric kidney transplantations in the period 1998-2011 were reviewed. Surgical complications, acute rejection, and patient and graft survivals were recorded. RESULTS: Sixty-one renal transplantations were performed in 58 patients. Thirty patients (49.1%) experienced a surgical complication, of which 11 (18%) required an explorative laparotomy. Overall the five-year Kaplan-Meier patient survival rate was 96.2% and the graft survival rate was 88.6%. Nine patients (14.7%) had an acute rejection episode within the first year after transplantation. No correlation was observed between surgical complications and acute rejection episodes or graft loss. CONCLUSIONS: This study indicated a high incidence of surgical complications among pediatric kidney transplantations when using a steroid-free immunosuppression regimen. Despite this, we observed high overall patient and graft survival, supporting the trend toward steroids avoidance in pediatric kidney transplantation.

[13]

TÍTULO / TITLE: - Coffee consumption and risk of nonaggressive, aggressive and fatal prostate cancer—a dose-response meta-analysis.

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

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

●● Enlace al texto completo (gratis o de pago) [1093/annonc/mdt420](#)

AUTORES / AUTHORS: - Discacciati A; Orsini N; Wolk A

INSTITUCIÓN / INSTITUTION: - Units of Nutritional Epidemiology.

RESUMEN / SUMMARY: - BACKGROUND: Existing epidemiological evidence is controversial regarding the possible associations between coffee consumption and risk of prostate cancer (PCa) by aggressiveness of the disease. MATERIALS AND METHODS: We conducted a random-effects dose-response meta-analysis to assess the relationships between coffee consumption and nonaggressive, aggressive and fatal PCa risk. Studies were identified by a search of Medline and Embase databases to 15

July 2013. We carried out separate analyses by grade (Gleason score: low-grade, high-grade) and stage (TNM staging system: localized, advanced) of the tumors. Nonaggressive tumors were defined as low-grade or localized, while aggressive tumors were defined as high-grade or advanced. RESULTS: Eight studies (three case-control and five cohort) were included in this meta-analysis. Gleason 7 tumors were classified as high-grade in one study, while in another study, Gleason 7(4 + 3) tumors were classified as high-grade and Gleason 7(3 + 4) as low-grade. In the remaining four studies, Gleason 7 tumors were excluded from the analyses or analyzed separately. The pooled relative risk (RR) for a consumption increment of 3 cups/day was 0.97 [95% confidence interval (CI) 0.92-1.03] for low-grade PCa (n = 6), 0.97 (95% CI 0.94-0.99) for localized PCa (n = 6), 0.89 (95% CI 0.78-1.00) for high-grade PCa (n = 6), 0.95 (95% CI 0.85-1.06) for advanced PCa (n = 6) and 0.89 (95% CI 0.82-0.97) for fatal PCa (n = 4). No evidence of publication bias was observed. Heterogeneity was absent or marginal (I² range = 0-26%), with the only exception of the analysis on advanced PCa, where moderate heterogeneity was observed (I² = 60%). When restricting the analyses only to those studies that defined high-grade tumors as Gleason 8-10, the inverse association became slightly stronger [RR: 0.84 (95% CI 0.72-0.98); n = 4]. CONCLUSIONS: Results from this dose-response meta-analysis suggest that coffee consumption may be inversely associated with the risk of fatal PCa. No clear evidence of an association with PCa incidence was observed.

[14]

TÍTULO / TITLE: - Association between CCND1 and XPC polymorphisms and bladder cancer risk: a meta-analysis based on 15 case-control studies.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Nov 22.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s13277-013-1412-9](#)

AUTORES / AUTHORS: - Wang Y; Li Z; Liu N; Zhang G

INSTITUCIÓN / INSTITUTION: - Department of Urology, China-Japan Friendship Hospital, No. 2 East Yinghua Road, Beijing, 100029, China.

RESUMEN / SUMMARY: - Perturbations in cell cycle and DNA repair genes might affect susceptibility to cancer. The aim of this meta-analysis is to generate large-scale evidence to determine the degree to which common Cyclin D1 (CCND1) G870A (dbSNP: rs603965) and xeroderma pigmentosum group C (XPC) Ala499Val (dbSNP: rs2228000) polymorphisms are associated with susceptibility to bladder cancer. The electronic databases PubMed, Embase, Web of Science, and CNKI were searched for relevant studies (with an upper date limit of July 25, 2013). The principal outcome measure for evaluating the strength of association was crude odds ratios (ORs) along with their corresponding confidence intervals (95 %CIs). We found and reviewed nine case-control studies on CCND1 G870A with a total of 6,823 subjects and seven studies on XPC Ala499Val with a total of 7,674 subjects. Our meta-analysis provides evidence that the variant genotype of CCND1 G870A showed a significant association in the occurrence of invasive bladder tumors in former and current smokers. The XPC Ala499Val polymorphism correlated with significant differences between patients and unaffected subjects, but when the groups were stratified by ethnicity, the magnitude of the overall effect was similar only among Caucasian populations. Results from our meta-analysis support the view that the G870A polymorphism may modulate the risk of

bladder cancer in conjunction with tobacco smoking and that the Ala499Val polymorphism may contribute to the susceptibility to bladder cancer in Caucasian populations. Our findings, however, warrant larger well-designed studies to investigate the significance of these two polymorphisms as markers of susceptibility to bladder cancer.

[15]

TÍTULO / TITLE: - Molecular imaging of prostate cancer with PET.

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

REVISTA / JOURNAL: - J Nucl Med. 2013 Oct;54(10):1685-8. doi: 10.2967/jnumed.113.126094.

●● Enlace al texto completo (gratis o de pago) [2967/jnumed.113.126094](#)

AUTORES / AUTHORS: - Jadvar H

RESUMEN / SUMMARY: - Molecular imaging is paving the way for precision and personalized medicine. In view of the significant biologic and clinical heterogeneity of prostate cancer, molecular imaging is expected to play an important role in the evaluation of this prevalent disease. The natural history of prostate cancer spans from an indolent localized process to biochemical relapse after radical treatment with curative intent to a lethal castrate-resistant metastatic disease. The ongoing unraveling of the complex tumor biology of prostate cancer uniquely positions molecular imaging with PET to contribute significantly to every clinical phase of prostate cancer evaluation. The purpose of this article was to provide a concise review of the current state of affairs and potential future developments in the diagnostic utility of PET in prostate cancer.

[16]

TÍTULO / TITLE: - Associations between vascular endothelial growth factor polymorphisms and prostate cancer risk: a meta-analysis.

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

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

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-1173-5](#)

AUTORES / AUTHORS: - Xu Y; Zhu S

INSTITUCIÓN / INSTITUTION: - Department of Urology, Zhejiang Cancer Hospital, Hangzhou, 310022, Zhejiang Province, China.

RESUMEN / SUMMARY: - Angiogenesis is crucial for the development and metastasis of common cancers, and vascular endothelial growth factor (VEGF) is a key mediator in the process of angiogenesis. Numerous studies assessed the associations of VEGF 1154G/A and 2578C/A polymorphisms with prostate cancer risk, but the results were inconsistent. We performed a meta-analysis to investigate the possible associations. Relevant studies were searched in PubMed and Embase databases. The pooled odds ratio (OR) with 95 % confidence interval (95 % CI) was calculated to evaluate the associations. Finally, eight individual case-control studies from seven publications were finally included into the meta-analysis. There were a total of 3,879 cases and 4,285 controls from those eight studies. Meta-analysis of those four case-control studies for VEGF 1154G/A polymorphism showed that VEGF 1154G/A polymorphism was weakly associated with risk of prostate cancer under the allele model (A versus G: OR = 0.68,

95 % CI 0.46-1.00, P = 0.05). Meta-analysis of four case-control studies for VEGF 2578C/A polymorphism showed that there was an association between VEGF 2578C/A polymorphism and prostate cancer under the recessive model (AA versus CC/CA: OR = 1.53, 95 % CI 1.01-2.30, P = 0.04). However, there was no obvious association in the other comparison models. Therefore, there is limited evidence for the associations of VEGF 1154G/A and 2578C/A polymorphisms with prostate cancer risk, and more studies are needed to further assess the associations above.

[17]

TÍTULO / TITLE: - The Role of Magnetic Resonance Imaging in Focal Therapy for Prostate Cancer: Recommendations from a Consensus Panel.

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

REVISTA / JOURNAL: - BJU Int. 2013 Nov 12. doi: 10.1111/bju.12243.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12243](#)

AUTORES / AUTHORS: - Muller BG; Futterer JJ; Gupta RT; Katz A; Kirkham A; Kurhanewicz J; Moul JW; Pinto PA; Rastinehad AR; Robertson C; de la Rosette J; Sanchez-Salas R; Jones JS; Ukimura O; Verma S; Wijkstra H; Marberger M

INSTITUCIÓN / INSTITUTION: - Department of Urology, AMC University Hospital, Amsterdam, the Netherlands.

RESUMEN / SUMMARY: - **OBJECTIVES:** To establish a consensus on the utility of multiparametric magnetic resonance imaging (mpMRI) to identify patients for focal therapy. Topics specifically not included staging of prostate cancer (PCa), but rather identifying the optimal requirements for performing MRI, and the current status of optimally performed mpMRI to a) determine focality of prostate cancer (i.e. localizing small target lesions of 0.5 cm³ and greater), b) to monitor and assess the outcome of focal ablation therapies, and c) to identify the diagnostic advantages of new MRI methods. In addition, the need for transperineal template saturation biopsies in selecting patients for focal therapy was discussed, if a high quality mpMRI is available. In other words, can mpMRI replace the role of transperineal saturation biopsies in patient selection for focal therapy? **METHODS:** Urological surgeons, radiologists, and basic researchers, from Europe and North America participated in a consensus meeting about the use of mpMRI in focal therapy of prostate cancer. The consensus process was face-to-face and specific clinical issues were raised and discussed with agreement sought when possible. All participants are listed among the authors. **RESULTS:** Consensus was reached on most key aspects of the meeting, however on definition of the optimal requirements for mpMRI, there was 1 dissenting voice. mpMRI is the optimum approach to achieve the objectives needed for focal therapy, if made on a high quality machine (3T with/without endorectal coil or 1.5 with endorectal coil) and judged by an experienced radiologist. Structured and standardized reporting of prostate MRI is paramount. State of the art mpMRI is capable to localize small tumors for focal therapy. State of the art mpMRI is the technique of choice for follow up of focal ablation. **CONCLUSIONS:** The present evidence for MRI in focal therapy is limited. mpMRI is not accurate enough to consistently grade tumor aggressiveness. Template guided saturation biopsies are no longer necessary when a high quality state of the art mpMRI is available, however, suspicious lesion should always be confirmed by (targeted) biopsy.

[18]

TÍTULO / TITLE: - Lack of association between methylenetetrahydrofolate dehydrogenase 1 G1958A polymorphism and prostate cancer risk: a meta-analysis.

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

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

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-1269-y](#)

AUTORES / AUTHORS: - Liu G; Qi C; Xu Q; Wu B; Wang Y; Xue C

INSTITUCIÓN / INSTITUTION: - Department of Urology, Xianshuigu Hospital of Jinnan District, Tianjin, 300350, China.

RESUMEN / SUMMARY: - The methylenetetrahydrofolate dehydrogenase 1 (MTHFD1) polymorphism G1958A has been extensively investigated as a potential risk factor for prostate cancer (PCa), but the results have thus far been inconclusive. This meta-analysis was performed to derive a more precise estimation of the association. A comprehensive search was conducted to identify all case-control studies of MTHFD1 G1958A polymorphism and PCa risk. We used odds ratios (ORs) to assess the strength of the association, and 95 % confidence intervals (CIs) give a sense of the precision of the estimate. Statistical analyses were performed using Review Manager version 5.0 and Stata 10.0. A total of six available studies were considered in the present meta-analysis, with 7,493 patients and 36,941 controls. When all groups were pooled, there was no evidence that G1958A had significant association with PCa under additive, recessive, dominant, and allelic models. This meta-analysis suggests that MTHFD1 G1958A polymorphism might not be a risk factor for PCa. However, further large-scale and well-designed case-control studies are necessary to validate the risk identified in the present meta-analysis.

[19]

TÍTULO / TITLE: - Evaluation of the TMPRSS2:ERG fusion for the detection of prostate cancer: a systematic review and meta-analysis.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Oct 20.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-1286-x](#)

AUTORES / AUTHORS: - Yao Y; Wang H; Li B; Tang Y

INSTITUCIÓN / INSTITUTION: - Department of Interventional Oncology, Tianjin Medical University Cancer Institute and Hospital, National Clinical Research Center for Cancer, Tianjin, China.

RESUMEN / SUMMARY: - The diagnostic value of TMPRSS2:ERG detection in patients with prostate cancer is controversial. We performed a meta-analysis to consolidate current evidence regarding the use of TMPRSS2:ERG detection assays to diagnose prostate cancers. PubMed, Web of knowledge and other databases were searched for relevant original articles published until July 30, 2013. Methodological quality was assessed using the Quality Assessment of Diagnostic Accuracy Studies (QUADAS) tool. Studies that investigated the presence of TMPRSS2:ERG in the body fluid, needle biopsy and prostatectomy tissue of patients with prostate cancer were identified and reviewed. Sensitivities, specificities, and positive likelihood ratios (LR+) and negative likelihood ratios (LR-) of TMPRSS2:ERG detection in individual studies were calculated and meta-analyzed by random effects model. Thirty-two studies met the inclusion

criteria for the meta-analysis. Overall sensitivity of TMPRSS2:ERG detection assays was 47.4 % (95 % CI, 45.5-49.3 %); specificity, LR+, and LR- was 92.6 % (95 % CI, 91.5-93.7 %), 8.94 (95 % CI, 5.65-14.13) and 0.49 (95 % CI, 0.43-0.55). The pooled sensitivity and specificity in the body fluid subgroup was 44.7 % (95 % CI, 41.5-47.9 %) and 85.8 % (95 % CI, 83.5-87.8 %), respectively. The pooled sensitivity and specificity based on the reverse transcripts PCR was 49.0 % (95 % CI, 45.9-52.1 %) and 90.2 % (95 % CI, 88.2-92.0 %), respectively. TMPRSS2:ERG may not be used as first-line screening test. However, due to the high specificity, TMPRSS2: ERG detection maybe can serve as a quick and noninvasive method for confirming prostate cancer diagnosis.

[20]

TÍTULO / TITLE: - Comparative Efficacy of Bisphosphonates in Metastatic Breast and Prostate Cancer and Multiple Myeloma: A Mixed-Treatment Meta-analysis.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Nov 26.

- Enlace al texto completo (gratis o de pago) [1158/1078-0432.CCR-13-2275](#)

AUTORES / AUTHORS: - Palmieri C; Fullarton JR; Brown J

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Department of Molecular and Clinical Cancer Medicine, Institute of Translational Medicine, The University of Liverpool; Liverpool and Merseyside Breast Academic Unit, The Linda McCartney Centre, Royal Liverpool University Hospital, Liverpool; Academic Department of Medical Oncology, Clatterbridge Cancer Centre NHS Foundation Trust, Wirral; Fullarton Consultancy, Sandy, Bedfordshire; and Academic Unit of Clinical Oncology, University of Sheffield, Weston Park Hospital, Sheffield, United Kingdom.

RESUMEN / SUMMARY: - A mixed-treatment comparison (MTC) was undertaken to compare the efficacy of zoledronic acid, clodronate, pamidronate, and ibandronate (i.v. and oral) in patients with skeletal-related events (SRE) secondary to metastatic breast and prostate cancer and multiple myeloma. Studies of bisphosphonates in the three malignancies were identified and SRE data were extracted. Outcomes from the MTC were expressed as the annual SRE rate and as the mean likelihood (probability) ratio for the rate of SREs during treatment with zoledronic acid compared with the other bisphosphonates. A total of 17 studies were identified (7 breast, 3 prostate, and 7 multiple myeloma). Data were available for all bisphosphonates in breast cancer; no data were available for ibandronate (oral or i.v.) in prostate cancer or for oral ibandronate in multiple myeloma. The SRE rates in breast cancer were 1.60 for zoledronic acid, 1.67 for oral ibandronate (excess SRE rate, 4%), 1.70 for i.v. ibandronate (6%), 2.07 for pamidronate (29%), and 2.29 for clodronate (42%). In prostate cancer, the SRE rates were 0.83 for zoledronic acid, 1.11 for clodronate (35%), and 1.41 for pamidronate (71%). In multiple myeloma, the SRE rates were 1.43 for zoledronic acid, 1.64 for pamidronate (15%), 1.90 for clodronate (33%), and 2.49 for i.v. ibandronate (75%). Zoledronic acid seems to be the most efficacious bisphosphonate for reducing the risk of SREs in patients with cancer of the breast or prostate and those with multiple myeloma. Clin Cancer Res; 19(24); 1-10. ©2013 AACR.

[21]

TÍTULO / TITLE: - Naftopidil for the treatment of benign prostate hyperplasia. A systematic review.

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

REVISTA / JOURNAL: - Curr Med Res Opin. 2013 Nov 5.

●● Enlace al texto completo (gratis o de pago) [1185/03007995.2013.861813](#)

AUTORES / AUTHORS: - Castiglione F; Benigni F; Briganti A; Salonia A; Villa L; Nini A; Di Trapani E; Capitanio U; Montorsi F

INSTITUCIÓN / INSTITUTION: - San Raffaele Scientific Institute, Urological research Institute, Department of Urology.

RESUMEN / SUMMARY: - Abstract Objectives: The aim of the study was to systematically review the effects of the adrenoceptor A1D antagonist naftopidil in the management of lower urinary tract symptoms (LUTS). Methods: A structured and comprehensive MEDLINE search was conducted for original articles, reviews, and meta-analyses assessing the clinical pharmacology as well as the safety of naftopidil in the treatment of LUTS secondary to BPH. English-language publications dating from 1950 to 2013 were considered. Results: In the considered timeframe, 14 Randomized Clinical Trials (RCT) were reported. Overall, the outcome measures assessed in the various reports included in the present review were changes from baseline in: International Prostate Symptom Score (IPSS), quality of life (QoL) score, maximum urinary flow rate (Qmax), residual volume (PVR), and adverse effects. Although additional well-designed, worldwide, placebo-controlled and randomized studies are necessary to confirm the long-term outcomes of naftopidil pharmacotherapy, current data suggest that naftopidil administration in BPH patients provides comparable improvements in total IPSS, QoL, and urinary symptoms from baseline relative to 0.2 mg/d tamsulosin and 8 mg/d silodosin. However, improvements in Qmax are generally less with naftopidil as compared to tamsulosin. Reported adverse effects related to naftopidil administration are negligible and usually mild. Conclusion: It remains unknown whether the data reported on naftopidil in the Japanese population are applicable in symptomatic BPH patients from western countries given that: 1) No English-language clinical trials have compared naftopidil to placebo in western countries 2) All clinical trials available were carried out in Japan 3) In the comparative studies with tamsulosin, the dose of this drug was lower than the recommended dose in western countries 4) No data from long-term clinical trials evaluating drug safety beyond 18 weeks.

[22]

TÍTULO / TITLE: - EAU Guidelines on Prostate Cancer. Part 1: Screening, Diagnosis, and Local Treatment with Curative Intent-Update 2013.

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

REVISTA / JOURNAL: - Eur Urol. 2014 Jan;65(1):124-37. doi: 10.1016/j.eururo.2013.09.046. Epub 2013 Oct 6.

●● Enlace al texto completo (gratis o de pago) [1016/j.eururo.2013.09.046](#)

AUTORES / AUTHORS: - Heidenreich A; Bastian PJ; Bellmunt J; Bolla M; Joniau S; van der Kwast T; Mason M; Matveev V; Wiegel T; Zattoni F; Mottet N

INSTITUCIÓN / INSTITUTION: - Department of Urology, RWTH University Aachen, Aachen, Germany. Electronic address: aheidenreich@ukaachen.de.

RESUMEN / SUMMARY: - CONTEXT: The most recent summary of the European Association of Urology (EAU) guidelines on prostate cancer (PCa) was published in 2011. OBJECTIVE: To present a summary of the 2013 version of the EAU guidelines on screening, diagnosis, and local treatment with curative intent of clinically organ-confined PCa. EVIDENCE ACQUISITION: A literature review of the new data emerging from 2011 to 2013 has been performed by the EAU PCa guideline group. The guidelines have been updated, and levels of evidence and grades of recommendation have been added to the text based on a systematic review of the literature, which included a search of online databases and bibliographic reviews. EVIDENCE SYNTHESIS: A full version of the guidelines is available at the EAU office or online (www.uroweb.org). Current evidence is insufficient to warrant widespread population-based screening by prostate-specific antigen (PSA) for PCa. Systematic prostate biopsies under ultrasound guidance and local anesthesia are the preferred diagnostic method. Active surveillance represents a viable option in men with low-risk PCa and a long life expectancy. A biopsy progression indicates the need for active intervention, whereas the role of PSA doubling time is controversial. In men with locally advanced PCa for whom local therapy is not mandatory, watchful waiting (WW) is a treatment alternative to androgen-deprivation therapy (ADT), with equivalent oncologic efficacy. Active treatment is recommended mostly for patients with localized disease and a long life expectancy, with radical prostatectomy (RP) shown to be superior to WW in prospective randomized trials. Nerve-sparing RP is the approach of choice in organ-confined disease, while neoadjuvant ADT provides no improvement in outcome variables. Radiation therapy should be performed with ≥ 74 Gy in low-risk PCa and 78Gy in intermediate- or high-risk PCa. For locally advanced disease, adjuvant ADT for 3 yr results in superior rates for disease-specific and overall survival and is the treatment of choice. Follow-up after local therapy is largely based on PSA and a disease-specific history, with imaging indicated only when symptoms occur. CONCLUSIONS: Knowledge in the field of PCa is rapidly changing. These EAU guidelines on PCa summarize the most recent findings and put them into clinical practice. PATIENT SUMMARY: A summary is presented of the 2013 EAU guidelines on screening, diagnosis, and local treatment with curative intent of clinically organ-confined prostate cancer (PCa). Screening continues to be done on an individual basis, in consultation with a physician. Diagnosis is by prostate biopsy. Active surveillance is an option in low-risk PCa and watchful waiting is an alternative to androgen-deprivation therapy in locally advanced PCa not requiring immediate local treatment. Radical prostatectomy is the only surgical option. Radiation therapy can be external or delivered by way of prostate implants. Treatment follow-up is based on the PSA level.

[23]

TÍTULO / TITLE: - Factors that predict the development of bone metastases due to prostate cancer: Recommendations for follow-up and therapeutic options.

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

REVISTA / JOURNAL: - Actas Urol Esp. 2013 Oct 21. pii: S0210-4806(13)00328-8. doi: 10.1016/j.acuro.2013.09.002.

- Enlace al texto completo (gratis o de pago) 1016/j.acuro.2013.09.002

AUTORES / AUTHORS: - Rodriguez-Antolin A; Gomez-Veiga F; Alvarez-Osorio JK; Carballido-Rodriguez J; Palou-Redorta J; Solsona-Narbon E; Sanchez-Sanchez E; Unda M

INSTITUCIÓN / INSTITUTION: - Departamento de Urología, Hospital Universitario 12 de Octubre, Madrid, España. Electronic address: arantolin@yahoo.es.

RESUMEN / SUMMARY: - CONTEXT: Prostate cancer is a public health problem in España and in the Western world. Bone involvement, associated to significant morbidity, is practically constant in the advanced stages of the disease. This work aims to review the prognostic factors used in the usual clinical practice that predict the development of bone metastases and to analyze the follow-up and treatment option in these patient profiles. ACQUIRING OF EVIDENCE: We performed a review of the literature on the useful factors in the context of therapy with intention to cure. We included the classical clinical values in the diagnosis (PSA, clinical stage, Gleason score on the biopsy) pathological factors (pT stage, margins, bladder invasion, tumor volume, lymph node involvement) and PSA kinetics in their different contexts and the histological and molecular parameters. SYNTHESIS OF EVIDENCE: The tumor differentiation <<Gleason>> score and PSA are the most important predictive factors in the prediction of bone metastases in patients with intention to cure. Kinetic factors such as PSA doubling time (TDPSA)<8 months or PSA>10ng/ml in the case of castration-resistant prostate cancer (CPRC), are predictive factors for the development of metastasis. Zoledronic acid and denosumab have demonstrated their effectiveness for the treatment of bone disease in randomized studies. CONCLUSIONS: There are predictive factors within the usual clinical practice that make it possible to recognize the <<patient at risk>> to develop bone metastatic disease. The currently available treatments, zoledronic acid or denosumab, can help us in the management of the patient at risk of developing metastasis or metastatic patient, increasing the quality of life and decreasing skeletal events.

[24]

TÍTULO / TITLE: - Prevalence of osteoporosis in prostate cancer survivors: a meta-analysis.

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

REVISTA / JOURNAL: - Endocrine. 2013 Oct 31.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s12020-013-0083-z](#)

AUTORES / AUTHORS: - Lassemillante AC; Doi SA; Hooper JD; Prins JB; Wright OR

INSTITUCIÓN / INSTITUTION: - Centre for Dietetics Research (C-DIET-R), School of Human Movement Studies, The University of Queensland, St Lucia, QLD, 4072, Australia, a.lassemillante@uq.edu.au.

RESUMEN / SUMMARY: - Androgen deprivation therapy (ADT), which is used in the treatment of prostate cancer (PCa), is associated with increased morbidity. Severe bone loss is a major consequence of androgen ablation and with an increasing number of patients undergoing this treatment, the incidence of osteoporosis and fractures can be expected to increase with a significant impact on healthcare. To evaluate the prevalence of osteoporosis, we conducted a review of the literature on bone health in men with PCa undergoing ADT. A meta-analysis was conducted using the quality effects model, and sources of heterogeneity were further explored by consideration of discordant effect sizes of included studies in the meta-analysis and examining reasons

thereof. Our analyses indicate that the prevalence of osteoporosis varies between 9 and 53 % with this variation partially explained by treatment duration, disease stage, ethnicity and site of osteoporosis measurement. While it is well known that a rapid decline in bone health amongst men with PCa on ADT occurs, this meta-analysis documents the high prevalence of osteoporosis in this population and reinforces the need of preventative approaches as part of usual care of PCa patients.

[25]

TÍTULO / TITLE: - The Role of Multiparametric Magnetic Resonance Imaging in Focal Therapy for Prostate Cancer: A Delphi Consensus Project.

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

REVISTA / JOURNAL: - BJU Int. 2013 Nov 1. doi: 10.1111/bju.12548.

●● [Enlace al texto completo \(gratis o de pago\) 1111/bju.12548](#)

AUTORES / AUTHORS: - Muller B; van den Bos W; Brausi M; Cornud F; Gontero P; Kirkham A; Pinto P; Polascik TJ; Rastinehad AR; de Reijke T; de la Rosette J; Ukimura O; Villers A; Walz J; Wijkstra H; Marberger M

INSTITUCIÓN / INSTITUTION: - Department of Urology, AMC University Hospital, Amsterdam, the Netherlands.

RESUMEN / SUMMARY: - BACKGROUND: Multiparametric Magnetic Resonance Imaging (mpMRI) of the prostate may have a role in detection of clinically significant prostate cancer in patients prior to, during and in the follow-up of focal therapy for prostate cancer. The lack of standardization and variations in technique and interpretation of images have contributed to debates about its reported performance characteristics. OBJECTIVE: To define the role of mpMRI for treatment planning - guidance and follow-up in focal therapy for prostate cancer based on a multidisciplinary Delphi consensus project. DESIGN SETTING AND PARTICIPANTS: An online consensus process based on a questionnaire was circulated according to the Delphi method. A face-to-face consensus meeting followed three rounds of questions that were sent to a 48 participant expert panel consisting of urologists, radiologists and engineers. Discussion points were identified by literature research and were sent to the panel by an online questionnaire in 3 rounds. Participants were presented with the results of the previous rounds. Conclusions formulated from the results of the questionnaire were discussed in the final face-to-face meeting. RESULTS: Consensus was reached in 41% of all key items. Patients selected for focal therapy should have biopsy proven PCa. Biopsies are ideally performed after mpMRI of the prostate. Standardization of imaging protocols is essential and mpMRIs have to be read by an experienced radiologist. In the follow-up after focal therapy, mpMRI should be performed after 6 months, followed by a yearly mpMRI. mpMRI findings should be confirmed by targeted biopsies before re-treatment. No consensus was reached about the question if mpMRI can replace transperineal template saturation biopsies for the exclusion of significant lesions outside the target lesion. CONCLUSIONS: Consensus was reached on a number of areas related to the conduct and interpretation and reporting of mpMRI for use in treatment planning, treatment guidance and follow-up of focal therapy for prostate cancer. Future studies, comparing mpMRI to transperineal saturation mapping biopsies, will confirm the important role of mpMRI in a variety of purposes in focal therapy for prostate cancer.

[26]

TÍTULO / TITLE: - Association of XRCC1 Arg399Gln polymorphism with bladder cancer susceptibility: A meta-analysis.

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

REVISTA / JOURNAL: - Gene. 2014 Jan 15;534(1):17-23. doi: 10.1016/j.gene.2013.10.038. Epub 2013 Oct 29.

●● Enlace al texto completo (gratis o de pago) [1016/j.gene.2013.10.038](#)

AUTORES / AUTHORS: - Yang D; Liu C; Shi J; Wang N; Du X; Yin Q; Wang Y

INSTITUCIÓN / INSTITUTION: - Department of Urology, the First People's Hospital of Yueyang, PR China. Electronic address: dengfengyang83@163.com.

RESUMEN / SUMMARY: - Genetic variations in DNA repair genes are thought to modify DNA repair capacity and may be related to cancer susceptibility. However, epidemiological study results have been inconsistent. In this meta-analysis, we assessed 24 case-control studies of association between the X-ray repair cross complementing group 1 (XRCC1) Arg399Gln polymorphism and bladder cancer susceptibility in the general population and in Asian and non-Asian subgroups. A moderately significant association with bladder cancer risk was found for AG vs GG (OR=1.110, 95% CI=1.018-1.210). No significant associations with bladder cancer risk were found for AA vs GG (OR=0.942, 95% CI=0.823-1.077), the dominant model AA/AG vs GG (OR=1.075, 95% CI=0.990-1.167) and the recessive model AA vs AG/GG (OR=0.890, 95% CI=0.788-1.005). In subgroup analysis, a moderately significant association was also found for AG vs GG (OR=1.091, 95% CI=1.008-1.180) in non-Asian subgroup. The analysis suggests that the XRCC1 Arg399Gln polymorphism might be a moderate risk factor for bladder cancer, especially in non-Asian population.

[27]

TÍTULO / TITLE: - Prostate cancer: diffusion-weighted imaging versus dynamic-contrast enhanced imaging for tumor localization-a meta-analysis.

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

REVISTA / JOURNAL: - J Comput Assist Tomogr. 2013 Nov-Dec;37(6):980-8. doi: 10.1097/RCT.0b013e3182a3f9c7.

●● Enlace al texto completo (gratis o de pago) [1097/RCT.0b013e3182a3f9c7](#)

AUTORES / AUTHORS: - Haghghi M; Shah S; Taneja SS; Rosenkrantz AB

INSTITUCIÓN / INSTITUTION: - From the *Department of Radiology, NYU Langone Medical Center, New York; daggerUniversity of Medicine and Dentistry of New Jersey, Newark; and double daggerDivision of Urologic Oncology, Department of Urology, NYU Langone Medical Center, New York, NY.

RESUMEN / SUMMARY: - PURPOSE: The purpose of this study was to compare the diagnostic performance of diffusion-weighted imaging (DWI) and dynamic contrast-enhanced (DCE) imaging for prostate cancer (PCa) detection by performing a meta-analysis of studies evaluating these techniques within the same patient cohort. METHODS: Evidence-based online databases were searched for studies reporting the performance of DWI and DCE in PCa detection in the same patient cohorts using histopathology as reference standard and providing sufficient data to construct 2 x 2 contingency tables. Pooled estimates of diagnostic performance were computed

across included studies. RESULTS: Of 80 initial studies identified, 5 studies (total of 265 patients and 1730 prostatic regions) met criteria for inclusion in the meta-analysis. Pooled sensitivity was 58.4% (95% confidence interval [CI], 53.5%-63.1%) for DWI and 55.3% (95% CI, 50.4%-60.1%) for DCE. Pooled specificity was 89.0% (95% CI, 87.2%-90.7%) for DWI and 87.9% (95% CI, 86.0%-89.6%) for DCE. At summary receiver-operating-characteristic analysis, area-under-the-curve was 0.810 (0.059) for DWI and 0.786 (0.079) for DCE. Heterogeneity across studies was high for sensitivity and specificity [inconsistency index (I), >90%], although heterogeneity of specificity was substantially improved after excluding an outlier study in terms of diagnostic threshold (I = 0.0%-68.8%). Relative performance of DWI and DCE remained similar after this exclusion CONCLUSIONS: There was a paucity of studies comparing DWI and DCE in the same patient cohorts, and heterogeneity among these studies was substantial. Nevertheless, performance of DWI and DCE was similar across identified studies, with both techniques showing substantially better specificity than sensitivity. Larger studies with uniform methodology are warranted to further understand relative merits of the 2 techniques.

[28]

TÍTULO / TITLE: - MR imaging of urinary bladder cancer for T-staging: A review and a pictorial essay of diffusion-weighted imaging.

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

REVISTA / JOURNAL: - J Magn Reson Imaging. 2013 Nov 21. doi: 10.1002/jmri.24227.

●● Enlace al texto completo (gratis o de pago) [1002/jmri.24227](#)

AUTORES / AUTHORS: - Takeuchi M; Sasaki S; Naiki T; Kawai N; Kohri K; Hara M; Shibamoto Y

INSTITUCIÓN / INSTITUTION: - Nagoya City University, Graduate School of Medical Sciences and Medical school, Department of Radiology, Mizuho-ku, Nagoya, Japan.

RESUMEN / SUMMARY: - Treatment decisions for bladder cancer patients are mainly based on the depth of bladder wall invasion by the tumor. In this article, we review the conventional MRI and exhibit a recently emerged diffusion-weighted imaging (DWI) of urinary bladder cancer for T-staging. We discuss limitations of conventional MRI, scanning protocols of DWI, normal pelvic findings on DWI, determination of T-stage using DWI, and pitfalls of DWI. DWI provides high contrast between bladder cancer and background tissue because the cancer shows markedly high SI. DWI has high sensitivity for detecting the stalk seen in stage Ta or T1. An inflammatory change or fibrosis surrounding the tumor mimics the invasion of bladder cancer on T2-weighted imaging or enhanced MRI and could lead to over-staging, but DWI could differentiate them clearly because these benign changes do not show high SI on DWI. DWI is also useful for detecting ureteral, urethral, and prostatic extension by means of the urethra. DWI provides more accurate information on the extent of bladder cancer and contributes to determination of the treatment strategy. J. Magn. Reson. Imaging 2013. © 2013 Wiley Periodicals, Inc.

[29]

TÍTULO / TITLE: - Discrepancies between guidelines and clinical practice regarding prostate-specific antigen testing.

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

REVISTA / JOURNAL: - Fam Pract. 2013 Dec;30(6):648-54. doi: 10.1093/fampra/cmt045. Epub 2013 Oct 9.

●● Enlace al texto completo (gratis o de pago) [1093/fampra/cmt045](#)

AUTORES / AUTHORS: - Hamoen EH; Reukers DF; Numans ME; Barentsz JO; Witjes JA; Rovers MM

INSTITUCIÓN / INSTITUTION: - Department of Urology.

RESUMEN / SUMMARY: - BACKGROUND: Most guidelines recommend a judicious use of prostate-specific antigen (PSA) testing, whereas in daily practice, an increase of the incidence of PSA testing has been shown. Accurate up-to-date PSA test incidence rates are, however, lacking. OBJECTIVE: To investigate the PSA test incidence rates in general practices over the past 10 years and to study which factors are associated with more frequent test use. METHODS: We performed a retrospective cohort study using the routine health care database of the Julius General Practitioners Network from 2002 to 2011, of which data were available from more than 65 000 male patients. We calculated the annual incidence of PSA testing rates per 1000 person-years. Co-morbidities were analysed by means of International Classification of Primary Care codes. Relative risks (RRs) of having a PSA test were estimated as the ratio of observed rates of co-morbidities in men who underwent the test compared with a control group, and 95% confidence intervals (CI) were calculated. RESULTS: From 2002 to 2011, the overall incidence rate of PSA testing in men ≥ 45 years increased almost 4-fold, from 15.5 to 54.3 per 1000 person-years. As from 2005, the incidence rates appear to increase more than those before 2005. Men with cardiovascular diseases, joint disorders, psychiatric diseases, respiratory diseases, overweight and diabetes mellitus were predisposed to undergo a PSA test, but men with urinary problems had the highest relative risk (RR 1.77, 95% CI 1.72-1.82). CONCLUSIONS: From 2002 to 2011, PSA incidence testing rates increased, particularly in men with urinary symptoms and cardiovascular disease, despite several international guidelines that suggest a judicious use of PSA tests.

[30]

TÍTULO / TITLE: - Guidelines for perioperative care after radical cystectomy for bladder cancer: Enhanced Recovery After Surgery (ERAS®) society recommendations.

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

REVISTA / JOURNAL: - Clin Nutr. 2013 Dec;32(6):879-87. doi: 10.1016/j.clnu.2013.09.014. Epub 2013 Oct 17.

●● Enlace al texto completo (gratis o de pago) [1016/j.clnu.2013.09.014](#)

AUTORES / AUTHORS: - Cerantola Y; Valerio M; Persson B; Jichlinski P; Ljungqvist O; Hubner M; Kassouf W; Muller S; Baldini G; Carli F; Naesheimh T; Ytrebo L; Revhaug A; Lassen K; Knutsen T; Aarseth E; Wiklund P; Patel HR

INSTITUCIÓN / INSTITUTION: - Dept of Urology, University Hospital of Lausanne, Switzerland.

RESUMEN / SUMMARY: - PURPOSE: Enhanced recovery after surgery (ERAS) pathways have significantly reduced complications and length of hospital stay after colorectal procedures. This multimodal concept could probably be partially applied to major urological surgery. OBJECTIVES: The primary objective was to systematically assess the evidence of ERAS single items and protocols applied to cystectomy

patients. The secondary objective was to address a grade of recommendation to each item, based on the evidence and, if lacking, on consensus opinion from our ERAS Society working group. EVIDENCE ACQUISITION: A systematic literature review was performed on ERAS for cystectomy by searching EMBASE and Medline. Relevant articles were selected and quality-assessed by two independent reviewers using the GRADE approach. If no study specific to cystectomy was available for any of the 22 given items, the authors evaluated whether colorectal guidelines could be extrapolated. EVIDENCE SYNTHESIS: Overall, 804 articles were retrieved from electronic databases. Fifteen articles were included in the present systematic review and 7 of 22 ERAS items were studied. Bowel preparation did not improve outcomes. Early nasogastric tube removal reduced morbidity, bowel recovery time and length of hospital stay. Doppler-guided fluid administration allowed for reduced morbidity. A quicker bowel recovery was observed with a multimodal prevention of ileus, including gum chewing, prevention of PONV and minimally invasive surgery. CONCLUSIONS: ERAS has not yet been widely implemented in urology and evidence for individual interventions is limited or unavailable. The experience in other surgical disciplines encourages the development of an ERAS protocol for cystectomy.

[31]

TÍTULO / TITLE: - Lack of association of microvessel density with prognosis of renal cell carcinoma: evidence from meta-analysis.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Nov 23.

- [Enlace al texto completo \(gratis o de pago\) 1007/s13277-013-1367-x](#)

AUTORES / AUTHORS: - Zhang B; Ji H; Yan D; Liu S; Shi B

INSTITUCIÓN / INSTITUTION: - Department of Urology, Qilu Hospital, Shandong University, Wenhua Xi Road 107, 250012, Jinan, China.

RESUMEN / SUMMARY: - To investigate microvessel density (MVD) and its association with prognosis of renal cell carcinoma (RCC) by means of a meta-analysis. We obtained published studies and extracted appropriate data, then did a meta-analysis to estimate the predictive role of MVD by combining estimated effect-size from individual studies. Analyses for overall survival (OS) and cancer-specific survival (CSS) were performed, separately. Subgroup analysis stratified by biomarkers were also performed for studies using CD34, factor VIII-related antigen (F VIII) and others, respectively. A total of 20 studies were included for meta-analyses including nine (four for F VIII, three for CD34, and two for others) for OS and 11 (two for F VIII, seven for CD34 and two for others) for CSS. There was no significance of MVD predicting OS or CSS of RCC. The pooled HR for OS was 0.910 (95 % CI 0.824-1.006; P = 0.065) and CSS was 0.977 (95 % CI: 0.915-1.043; P = 0.487). We failed to observe significant association between MVD and prognosis of RCC. Additional studies are needed to provide more precise evidences to support our results.

[32]

TÍTULO / TITLE: - Clinical use of novel urine and blood based prostate cancer biomarkers: A review.

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

REVISTA / JOURNAL: - Clin Biochem. 2013 Oct 29. pii: S0009-9120(13)00497-9. doi: 10.1016/j.clinbiochem.2013.10.023.

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

1016/j.clinbiochem.2013.10.023

AUTORES / AUTHORS: - Dijkstra S; Mulders PF; Schalken JA

INSTITUCIÓN / INSTITUTION: - Radboud University Medical Center, Department of Urology, P.O. Box 9101, Geert-Grooteplein Zuid 10, 6500 HB Nijmegen, The Netherlands.

RESUMEN / SUMMARY: - In the era of upcoming techniques for molecular profiling, breakthroughs led to new discoveries in the field of prostate cancer (PCa) biomarkers. Since the early 1990s a tremendous increase in PCa incidence is seen, dedicated to the introduction of prostate specific antigen (PSA) testing. However, due to its lack of specificity many men undergo unnecessary biopsies, resulting in a rising incidence of clinically insignificant PCa. To overcome this drawback, cancer specific biomarkers are needed to identify patients who are at high risk of harbouring PCa and to distinguish patients with aggressive disease from patients with insignificant cancer. The most non-invasive, easy to obtain substrate for biomarker measurement is urine. The most promising markers to date are PCA3 and TMPRSS2-ERG. Both markers demonstrate to have a higher specificity and diagnostic accuracy for PCa outcome compared to serum PSA. This might better predict the presence of PCa and therefore reduce the number of unnecessary biopsies. Combining both markers in a panel might result in an even higher diagnostic accuracy, given the heterogeneity of the disease. In PCa management, circulating tumour cells (CTCs) detected in the blood seem a promising tool to predict treatment response and survival benefit. Although results appear to be encouraging, the biggest challenge about new markers in PCa is to validate them in large clinical trials and subsequently implement these markers into clinical practice. In this review we discuss the clinical usefulness of novel, non-invasive tests in PCa management.

[33]

TÍTULO / TITLE: - Early changes in scores of chronic damage on transplant kidney protocol biopsies reflect donor characteristics, but not future graft function.

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

REVISTA / JOURNAL: - Clin Transplant. 2013 Oct 9. doi: 10.1111/ctr.12251.

●● Enlace al texto completo (gratis o de pago) 1111/ctr.12251

AUTORES / AUTHORS: - Caplin B; Veighey K; Mahenderan A; Manook M; Henry J; Nitsch D; Harber M; Dupont P; Wheeler DC; Jones G; Fernando B; Howie AJ; Veitch P

INSTITUCIÓN / INSTITUTION: - Centre for Nephrology, UCL Medical School, London, UK.

RESUMEN / SUMMARY: - The amount of irreversible injury on renal allograft biopsy predicts function, but little is known about the early evolution of this damage. In a single-center cohort, we examined the relationship between donor-, recipient-, and transplantation-associated factors and change in a morphometric index of chronic damage (ICD) between protocol biopsies performed at implantation and at 2-3 months. We then investigated whether early delta ICD predicted subsequent biochemical outcomes. We found little evidence to support differences between the study group, who had undergone serial biopsies, and a contemporaneous control group, who had

not. In allografts with serial biopsies (n = 162), there was an increase in ICD between implantation (median: 2%, IQR:0-8) and 2-3 months post-transplant (median 8% IQR:4-15; p < 0.0001). Donation from younger or live donors was independently associated with smaller early post-transplant increases in ICD. There was no evidence for a difference in delta ICD between donation after cardiac death vs. donation after brain death, nor association with length of cold ischemia. After adjustment for GFR at the time of the second biopsy, delta ICD after three months did not predict allograft function at one yr. These findings suggest that graft damage develops shortly after transplantation and reflects donor factors, but does not predict future biochemical outcomes.

[34]

TÍTULO / TITLE: - A hybrid fuzzy-ontology based intelligent system to determine level of severity and treatment recommendation for Benign Prostatic Hyperplasia.

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

REVISTA / JOURNAL: - Comput Methods Programs Biomed. 2014 Jan;113(1):301-13. doi: 10.1016/j.cmpb.2013.09.021. Epub 2013 Oct 10.

●● Enlace al texto completo (gratis o de pago) [1016/j.cmpb.2013.09.021](#)

AUTORES / AUTHORS: - Torshizi AD; Zarandi MH; Torshizi GD; Eghbali K

INSTITUCIÓN / INSTITUTION: - Department of Industrial Engineering, Amirkabir University of Technology (Tehran Polytechnic), 15875-4413 Tehran, Iran.

RESUMEN / SUMMARY: - This paper deals with application of fuzzy intelligent systems in diagnosing severity level and recommending appropriate therapies for patients having Benign Prostatic Hyperplasia. Such an intelligent system can have remarkable impacts on correct diagnosis of the disease and reducing risk of mortality. This system captures various factors from the patients using two modules. The first module determines severity level of the Benign Prostatic Hyperplasia and the second module, which is a decision making unit, obtains output of the first module accompanied by some external knowledge and makes an appropriate treatment decision based on its ontology model and a fuzzy type-1 system. In order to validate efficiency and accuracy of the developed system, a case study is conducted by 44 participants. Then the results are compared with the recommendations of a panel of experts on the experimental data. Then precision and accuracy of the results were investigated based on a statistical analysis.

[35]

TÍTULO / TITLE: - Allografting donor kidneys after resection of a small renal cancer or contralateral healthy kidneys from cadaveric donors with unilateral renal cancer: a systematic review.

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

REVISTA / JOURNAL: - Clin Transplant. 2013 Oct 11. doi: 10.1111/ctr.12262.

●● Enlace al texto completo (gratis o de pago) [1111/ctr.12262](#)

AUTORES / AUTHORS: - Yu N; Fu S; Fu Z; Meng J; Xu Z; Wang B; Zhang A

INSTITUCIÓN / INSTITUTION: - Urology Department, General Hospital of Jinan Military Command, Jinan, China.

RESUMEN / SUMMARY: - This systematic review summarizes evidence on allotransplantation of donor kidneys after resection of a small renal cancer or contralateral healthy kidneys from cadaveric donors with unilateral renal cancer. Eligible studies were identified by screening four bibliographic databases, contacting key authors, and analyzing the bibliographies of included studies. Two reviewers independently assessed the reports for inclusion and extracted data, which were summarized as a narrative review. In the 20 case report or case series studies included in the analysis, there were 97 documented cases of donor kidney transplantation after resection of small renal cancer without pathologically confirmed recurrence, whereas 22 cases used contralateral healthy kidneys from cadaveric donors with unilateral renal cancer with one case of cancer recurrence. These results suggest that the use of donor kidneys after resection of small renal cancer is associated with a relatively low cancer recurrence rate.

[36]

TÍTULO / TITLE: - High dose rate brachytherapy boost for prostate cancer: A systematic review.

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

REVISTA / JOURNAL: - Cancer Treat Rev. 2013 Oct 26. pii: S0305-7372(13)00225-9. doi: 10.1016/j.ctrv.2013.10.006.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.ctrv.2013.10.006](#)

AUTORES / AUTHORS: - Zaorsky NG; Doyle LA; Yamoah K; Andrel JA; Trabulsi EJ; Hurwitz MD; Dicker AP; Den RB

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Jefferson Medical College & Kimmel Cancer Center, Thomas Jefferson University, Bodine Center for Cancer Treatment, 111 S. 11th Street, Philadelphia, PA 19107, USA. Electronic address: nicholaszaorsky@gmail.com.

RESUMEN / SUMMARY: - Studies of dose-escalated external beam radiation therapy (EBRT) and low dose rate brachytherapy (LDR-BT) have shown excellent rates of tumor control and cancer specific survival. Moreover, LDR-BT combined with EBRT (i.e. "LDR-BT boost") is hypothesized to improve local control. While phase II trials with LDR-BT boost have produced mature data of outcomes and toxicities, high dose rate (HDR)-BT has been growing in popularity as an alternative boost therapy. Boost from HDR-BT has theoretical advantages over LDR-BT, including improved cancer cell death and better dose distribution from customization of catheter dwell times, locations, and inverse dose optimization. Freedom from biochemical failure rates at five years for low-, intermediate-, high-risk, and locally advanced patients have generally been 85-100%, 80-98%, 59-96%, and 34-85%, respectively. Late Radiation Therapy Oncology Group grade 3-4 toxicities have also been encouraging with <6% of patients experiencing any toxicity. Limitations of current HDR-BT boost studies include reports of only single-institution experiences, and unrefined reports of toxicity or patient quality of life. Comparative effectiveness research will help guide clinicians in selecting the most appropriate treatment option for individual patients based on risk-stratification, expected outcomes, toxicities, quality of life, and cost.

[37]

TÍTULO / TITLE: - Systematic review: anal and rectal changes after radiotherapy for prostate cancer.

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

REVISTA / JOURNAL: - Int J Colorectal Dis. 2013 Oct 23.

●● Enlace al texto completo (gratis o de pago) [1007/s00384-013-1784-8](#)

AUTORES / AUTHORS: - Krol R; Smeenk RJ; van Lin EN; Yeoh EE; Hopman WP

INSTITUCIÓN / INSTITUTION: - 455 Department of Gastroenterology and Hepatology, Radboud University Medical Centre, PO Box 9101, 6500 HB, Nijmegen, The Netherlands.

RESUMEN / SUMMARY: - PURPOSE: Pelvic radiotherapy may lead to changes of anorectal function resulting in incontinence-related complaints. The aim of this study was to systematically review objective findings of late anorectal physiology and mucosal appearance after irradiation for prostate cancer. METHODS: MEDLINE, EMBASE, and the Cochrane library were searched. Original articles in which anal function, rectal function, or rectal mucosa were examined ≥ 3 months after EBRT for prostate cancer were included. RESULTS: Twenty-one studies were included with low to moderate quality. Anal resting pressures significantly decreased in 6 of the 9 studies including 277 patients. Changes of squeeze pressure and rectoanal inhibitory reflex were less uniform. Rectal distensibility was significantly impaired after EBRT in 7 of 9 studies (277 patients). In 4 of 9 studies on anal and in 5 of 9 on rectal function, disturbances were associated with urgency, frequent bowel movements or fecal incontinence. Mucosal changes as assessed by the Vienna Rectoscopy Score revealed telangiectasias in 73 %, congestion in 33 %, and ulceration in 4 % of patients in 8 studies including 346 patients, but no strictures or necrosis. Three studies reported mucosal improvement during follow-up. Telangiectasias, particularly multiple, were associated with rectal bleeding. Not all bowel complaints (30 %) were related to radiotherapy. CONCLUSIONS: Low to moderate quality evidence indicates that EBRT reduces anal resting pressure, decreases rectal distensibility, and frequently induces telangiectasias of rectal mucosa. Objective changes may be associated with fecal incontinence, urgency, frequent bowel movements, and rectal bleeding, but these symptoms are not always related to radiation damage.

[38]

TÍTULO / TITLE: - Thermal Versus Impedance-Based Ablation of Renal Cell Carcinoma: A Meta-analysis.

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

REVISTA / JOURNAL: - Cardiovasc Intervent Radiol. 2013 Oct 4.

●● Enlace al texto completo (gratis o de pago) [1007/s00270-013-0743-7](#)

AUTORES / AUTHORS: - Modabber M; Martin J; Athreya S

INSTITUCIÓN / INSTITUTION: - DeGroot School of Medicine, McMaster University, Hamilton, ON, Canada, mmodabber@gmail.com.

RESUMEN / SUMMARY: - BACKGROUND: Percutaneous radiofrequency ablation (RFA) of renal carcinoma has become an established treatment modality. However, thermal (TB) versus impedance-based (IB)-RF generators have not been previously compared. METHODS: A literature search on the application of RFA for renal masses using TB or IB-RF generators was performed. The safety, efficacy, and long-term outcomes of TB versus IB-based RFA were assessed using the outcome measures of

technical success, local recurrence rate, complications, and preservation of renal function. RESULTS: Across the 27 included studies, pooled results suggested comparable results for technical success (TB-RFA 98.53 % vs. IB-RFA 98.78 %, P = 0.9813). Clinical efficacy results were also similar across both generators (91.0 % TB-RFA vs. 91.5 % IB-RFA; P = 0.73). At follow-up, no differences in renal function (relative risk [RR] 0.5, 95 % confidence interval [CI] 0.45-5.48), and local recurrence (RR 0.717, 95 % CI 0.49-1.50) were observed. The pooled proportion of overall complication rates was 13.1 % for TB-RFA and 11.5 % for IB-RFA. CONCLUSION: No differences in the observed parameters were found either during surgery or at follow-up.

[39]

TÍTULO / TITLE: - Off-clamp Versus Complete Hilar Control Partial Nephrectomy for Renal Cell Carcinoma: a Systematic Review and Meta-analysis.

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

REVISTA / JOURNAL: - J Endourol. 2013 Nov 14.

- [Enlace al texto completo \(gratis o de pago\) 1089/end.2013.0562](#)

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

INSTITUCIÓN / INSTITUTION: - Xiangya Hospital of Central South University, Changsha, Hunan, China, Department of Urology, Changsha, China ; 184451320@qq.com.

RESUMEN / SUMMARY: - Objective: To evaluate the safety, efficacy, and potential advantages of off-clamp partial nephrectomy (OFF-PN) compared with on-clamp partial nephrectomy (ON-PN). Methods: Relevant studies comparing the safety and efficacy of OFF-PN to ON-PN were identified through a literature search using MEDLINE, EMBASE, and the Cochrane Library. The outcome measures included baseline characteristics, primary outcomes, and secondary outcomes. Results: Ten retrospective studies (728 cases and 1267 controls) were included. No significant differences between the two groups were detected for any of the baseline variables (age: p = 0.19; sex: p = 0.49; BMI: p = 0.29; tumour size: p = 0.44, pre-eGFR: p = 0.78) except for tumour location (p < 0.001). The OFF-PN group had a higher blood transfusion rate (odds ratio [OR] 1.54, 95% confidence interval [CI] 10.7-2.21, p = 0.02), a lower postoperative complication rate (OR 0.61, 95% CI 0.44-0.83, p = 0.002), and a lower positive margin rate (OR 0.49, 95% CI 0.26-0.90, p = 0.02) than ON-PN. OFF-PN offered a better preservation of renal function than ON-PN (p = 0.005). No significant differences were detected between the two groups in other outcomes of interest. In sensitivity analysis, there was no change in the significance of any of the outcomes except for postoperative complication rate (OR 0.91, 95% CI 0.53-1.5, p = 0.73) and positive margin rate (OR 0.55, 95% CI 0.25-1.23, p = 0.15). Conclusions: This meta-analysis suggests that with appropriate patient selection, OFF-PN offer comparable perioperative safety, equivalent oncologic outcomes, and superior long-term renal function preservation when compared to ON-PN for renal cell carcinoma. Given the inherent limitations of the included studies, future well-designed randomized controlled trials (RCT) are required to confirm our findings.

[40]

TÍTULO / TITLE: - Association of Alpha-Blockers and 5-Alpha Reductase Inhibitors in Benign Prostatic Hyperplasia With Fractures: A Meta-analysis and Systematic Review of the Literature.

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

REVISTA / JOURNAL: - Am J Med Sci. 2013 Nov 21.

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

[1097/MAJ.0b013e3182a2169c](#)

AUTORES / AUTHORS: - Lim SY; Laengvejkal P; Panikkath R; Nugent K

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, Texas Tech University Health Sciences Center, Lubbock, Texas.

RESUMEN / SUMMARY: - **BACKGROUND:** Alpha-blockers and 5-alpha reductase inhibitors are common drugs used to treat benign prostatic hyperplasia (BPH), a prevalent problem in older men associated with significant morbidity and cost. Data regarding how these medications affect skeletal health and fracture risk remain scarce. **METHODS:** Studies were identified by searching PubMed, EMBASE, the Cochrane library and Thomson Reuters Web of Knowledge. Studies involving BPH patients that reported odds ratio (OR) estimates with 95% confidence intervals (CIs) for the association between fractures and exposure to 5-alpha reductase inhibitors or alpha-blockers were included. Pooled ORs were calculated using the random-effects model. **RESULTS:** Three studies addressed fracture risk in patients exposed to 5-alpha reductase inhibitors (21,366 fracture cases). Four studies addressed fracture risk in patients exposed to alpha-blockers (22,051 fracture cases). The pooled OR for fractures with 5-alpha reductase inhibitor use was 0.9 (95% CI = 0.7-1.1). For hip/femur fractures with 5-alpha reductase inhibitor use, the pooled OR was 0.8 (95% CI = 0.7-1.0). The pooled OR for fractures with alpha-blockers was 1.1 (95% CI = 0.9-1.3). There was significant statistical heterogeneity among studies for alpha-blockers. **CONCLUSIONS:** In patients with BPH, exposure to 5-alpha reductase inhibitors was not associated with change in fracture risk. The 5-alpha reductase inhibitors may have a small protective effect against hip/femur fractures although this was not statistically significant. Although alpha-blockers were not associated with change in fracture risk, caution is required when interpreting the results as significant heterogeneity was present.

[41]

TÍTULO / TITLE: - Metastasis of gastric carcinoma simulating a urothelial tumor. Case report and review of the literature.

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

REVISTA / JOURNAL: - Arch Esp Urol. 2013 Nov;66(9):885-889.

AUTORES / AUTHORS: - Vilaseca Cabo A; Musquera Felip M; Ribal Caparros MJ; Alcaraz Asensio A

INSTITUCIÓN / INSTITUTION: - Servicio Urología.Hospital Clinic.Barcelona.Spain.

RESUMEN / SUMMARY: - **OBJECTIVE:** To review two cases with the diagnostic suspicion of urinary tract tumor by clinical picture and imaging tests in which pathology of the surgical specimen revealed metastasis of gastric adenocarcinoma. **METHODS:** 82 and 68 year-old patients with past history of gastric adenocarcinoma that had undergone surgical treatment 6 months and 6 years before urology consultation, respectively. They were diagnosed upper urinary tract tumors by CT scan.

RESULTS: Definitive pathologic diagnosis of urinary tract metastasis of gastric adenocarcinoma was obtained after radical surgery in both cases. CONCLUSIONS: Clinical and radiologic presentation of urothelial metastases of gastric adenocarcinoma may simulate de novo urothelial tumors. Evolution in these patients is usually bad although we currently don't have enough information to issue a therapeutic guide to follow.

[42]

TÍTULO / TITLE: - Penile cancer and phallus preservation strategies: a review of current literature.

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

REVISTA / JOURNAL: - BJU Int. 2013 Nov;112 Suppl 2:21-6. doi: 10.1111/bju.12205.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12205](#)

AUTORES / AUTHORS: - Zukiwskyj M; Daly P; Chung E

INSTITUCIÓN / INSTITUTION: - Department of Urology, Princess Alexandra Hospital, Brisbane, QLD, Australia.

RESUMEN / SUMMARY: - Penile cancer is a rare malignancy in most developed nations but its management can have significant anatomical, functional and psychological effects in patients. Whilst total penectomy used to be widely practiced, it is associated with significant psychological consequences pertaining to body image and masculinity, with loss of sexual function and the ability to void upright. Recent advances in surgical techniques and technologies has allowed for many organ-sparing techniques with acceptable psychosexual and oncological outcomes. Factors to be considered in phallus preservation treatment include: local invasion, tumour stage and the ability to achieve complete oncological control. Topical chemotherapeutic agents, laser ablation, radiotherapy, Mohs micrographic surgery, glanslectomy and partial penectomy have been frequently used to interfere as little as possible with functional anatomy without compromising local cancer control. The difficulty with these phallus-preserving techniques is the potential risk of disease recurrence both locally and distally. Providing that patients are suitable for penile-sparing therapy, have been informed adequately on risk of tumour recurrence and are willing to commit to rigorous close surveillance, good functional outcome as well as oncological control can be achieved.

[43]

TÍTULO / TITLE: - Meta-analysis of Transperitoneal Versus Extraperitoneal Robot-Assisted Radical Prostatectomy for Prostate Cancer.

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

REVISTA / JOURNAL: - J Laparoendosc Adv Surg Tech A. 2013 Nov;23(11):919-25. doi: 10.1089/lap.2013.0265. Epub 2013 Oct 1.

●● Enlace al texto completo (gratis o de pago) [1089/lap.2013.0265](#)

AUTORES / AUTHORS: - Lee JY; Diaz RR; Cho KS; Choi YD

INSTITUCIÓN / INSTITUTION: - 1 Department of Urology, Severance Hospital, Urological Science Institute, Yonsei University College of Medicine, Seoul, Korea.

RESUMEN / SUMMARY: - Abstract Objective: To conduct a meta-analysis of studies that compared transperitoneal (TP) and extraperitoneal (EP) robot-assisted radical prostatectomy (RARP). Materials and Methods: PubMed, the Cochrane Library, and

EMBASE online databases were searched for studies released prior to June 2012. References were manually reviewed, and two researchers independently extracted the data. To assess the quality of the studies, the Scottish Intercollegiate Guidelines Network Methodology Checklist for case-control and cohort studies was applied. Results: One randomized controlled trial and five case-control studies were identified that met the inclusion criteria. Within these studies, 530 patients underwent EP-RARP, and 312 patients underwent TP-RARP. Operating room (OR) time for EP was shorter than for TP (mean difference, -25.551; 95% confidence interval [CI] -41.668 to -9.434; P=.002). For estimated blood loss, there was no significant difference between EP and TP (mean difference, -12.111; 95% CI -44.087 to 19.865; P=.458). There was a statistical difference in length of stay (LOS) between EP and TP patients (mean difference, -0.488; 95% CI -0.964 to -0.012; P=.044). There was no significant difference in margin positivity between EP and TP (odds ratio=1.023; 95% CI 0.656-1.573; P=.918). In complications including grade 2 or more than 2, there was also no difference between EP and TP (odds ratio=0.610; 95% CI 0.341-1.089; P=.094). Conclusions: This meta-analysis suggests that perioperative parameters, including OR time and LOS, may be more favorable for EP-RARP than for TP-RARP. However, the oncologic outcome of margin positivity did not demonstrate a significant difference between the EP and TP approaches.

[44]

TÍTULO / TITLE: - Words of wisdom. Re: Early detection of prostate cancer: AUA guideline.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Nov;64(5):857-8. doi: 10.1016/j.eururo.2013.08.041.

●● Enlace al texto completo (gratis o de pago) [1016/j.eururo.2013.08.041](#)

AUTORES / AUTHORS: - Linares Espinos E; Stephenson A

INSTITUCIÓN / INSTITUTION: - Department of Urology, Hospital Universitario Puerta de Hierro-Majadahonda, Madrid, España.

[45]

TÍTULO / TITLE: - Role of neck dissection for metastatic nonseminomatous testicular carcinoma: case report and literature review.

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

REVISTA / JOURNAL: - J Laryngol Otol. 2013 Oct;127(10):1038-9. doi: 10.1017/S0022215113002090. Epub 2013 Oct 14.

●● Enlace al texto completo (gratis o de pago) [1017/S0022215113002090](#)

AUTORES / AUTHORS: - O'Connor A; Dias A; Timon C

INSTITUCIÓN / INSTITUTION: - Department of Otolaryngology, St James's Hospital, Dublin.

RESUMEN / SUMMARY: - Objectives: To review the incidence, treatment and prognosis of testicular carcinoma metastatic to the neck, and to propose a selective neck dissection be performed for residual disease post-chemotherapy. Case report: A 17-year-old young man with metastatic testicular carcinoma presented with a left neck mass. A palpable neck mass is the initial sign in approximately 5 per cent of cases of

metastatic testicular teratoma. Approximately 30 per cent of patients with advanced-stage testicular cancer have extra-retroperitoneal disease post-chemotherapy, which requires resection. The presented patient underwent a left selective neck dissection, thymectomy, median sternotomy, left thoracotomy and mediastinal lymph node dissection. Eighteen months later, a computed tomography scan of the thorax showed no evidence of disease recurrence in the neck or mediastinum. Conclusion: While surgical management of testicular cancer retroperitoneal metastases is well described, there is limited literature on the management of cervical lymph node metastases. In the presented case of metastatic testicular carcinoma with cervical lymph node metastases, a selective neck dissection was successfully performed for a post-chemotherapy mass.

[46]

TÍTULO / TITLE: - Anaplastic sarcoma of the kidney: case report and literature review.

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

REVISTA / JOURNAL: - *Pediatr Int.* 2013 Oct;55(5):e129-32. doi: 10.1111/ped.12167.

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

AUTORES / AUTHORS: - Watanabe N; Omagari D; Yamada T; Nemoto N; Furuya T; Sugito K; Koshinaga T; Yagasaki H; Sugitani M

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Nihon University School of Medicine, Tokyo, Japan.

RESUMEN / SUMMARY: - Anaplastic sarcoma of the kidney (ASK) is a relatively newly recognized pediatric renal tumor. The present patient, a 13-year-old boy with a large renal mass, underwent surgery. Pathological findings showed proliferation of short spindle-shaped cells with anaplastic features including multiple foci in hyaline cartilage. Complex chromosomal abnormalities were detected in the tumor cells. Postoperative chemotherapy with the regimen for Ewing's sarcoma achieved complete remission but the tumor recurred and the patient died during re-induction chemotherapy. Autopsy indicated the cause of death as duodenal hemorrhage. Because there were no viable tumor cells, the recurrent tumor was considered to have been completely cured by chemotherapy. ASK is a very rare tumor, of unknown pathogenesis, and no standard treatment has yet been established, but the tumor cells may be responsive to chemotherapy. Further study is needed to establish the optimal treatment strategy.

[47]

TÍTULO / TITLE: - Enzalutamide: a review of its use in metastatic, castration-resistant prostate cancer.

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

REVISTA / JOURNAL: - *Drugs.* 2013 Oct;73(15):1723-32. doi: 10.1007/s40265-013-0129-9.

●● [Enlace al texto completo \(gratis o de pago\)](#) [1007/s40265-013-0129-9](#)

AUTORES / AUTHORS: - Sanford M

INSTITUCIÓN / INSTITUTION: - Adis, 41 Centorian Drive, Private Bag 65901, Mairangi Bay, North Shore, 0754, Auckland, New Zealand, demail@springer.com.

RESUMEN / SUMMARY: - Enzalutamide (MDV3100, XTANDI®) is an androgen receptor inhibitor that is indicated for the treatment of metastatic, castration-resistant, prostate cancer (mCRPC) that has progressed despite treatment with docetaxel. This article reviews the pharmacology, efficacy and tolerability of enzalutamide relevant to this indication. In a randomized, double-blind, placebo-controlled, multinational, phase III trial in patients with mCRPC progressing after docetaxel therapy, enzalutamide significantly prolonged overall survival (OS), delayed prostate specific antigen progression and prolonged radiographic progression-free survival and time to the first skeletal event. The median OS was 18.4 months in the enzalutamide group and 13.6 months in the placebo group, which represents a 37 % reduction in the mortality risk in the enzalutamide group. Enzalutamide was also associated with significant benefits in health-related quality of life and in pain palliation. Enzalutamide was generally as well tolerated as placebo during the trial, with most adverse events at a mild or moderate level of severity. Enzalutamide carries a small increased risk of seizures that appears to be dose-dependent. Enzalutamide is an efficacious and well tolerated treatment for this severe, rapidly progressive disease.

[48]

TÍTULO / TITLE: - Small renal mass biopsy - how, what and when: report from an international consensus panel.

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

REVISTA / JOURNAL: - BJU Int. 2013 Oct 14. doi: 10.1111/bju.12470.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12470](#)

AUTORES / AUTHORS: - Tsivian M; Rampersaud EN Jr; Laguna Pes MD; Joniau S; Leveillee RJ; Shingleton WB; Aron M; Kim CY; Demarzo AM; Desai MM; Meler JD; Donovan JF; Klingler HC; Sopko DR; Madden JF; Marberger M; Ferrandino MN; Polascik TJ

INSTITUCIÓN / INSTITUTION: - Division of Urology, Department of Surgery, Duke University Medical Center, Durham NC, USA.

RESUMEN / SUMMARY: - **OBJECTIVE:** The present consensus panel convened to discuss the use of renal mass biopsy (RMB) for small renal masses, formulate technical aspects, outline potential pitfalls and provide recommendations for the practicing clinician. **METHODS:** The meeting was conducted as an informal consensus process and no scoring system was used to measure the levels of agreement on the different topics. A moderated general discussion was used as the basis for consensus and arising issues were resolved at this point. A consensus was established and lack of agreement to topics or specific items was noted at this point. **RESULTS:** Recommended biopsy technique: at least 2 cores, sampling different tumor regions with ultrasonography being the preferred method of image guidance. Pathological interpretation: "non-diagnostic samples" should refer to insufficient material, inconclusive and normal renal parenchyma. For non-diagnostic samples, a repeat biopsy is recommended. Fine needle aspiration may provide additional information but cannot substitute for core biopsy. Indications for RMB: biopsy is recommended in most cases except in patients with imaging or clinical characteristics indicative of pathology (syndromes, imaging characteristics) and cases whereby conservative management is not contemplated. RMB is recommended for active surveillance but not for watchful waiting candidates. **CONCLUSIONS:** We report the results of an international

consensus meeting on the use of renal mass biopsy for small renal masses, defining the technique, pathological interpretation and indications.

[49]

TÍTULO / TITLE: - The Melbourne Consensus Statement on the Early Detection of Prostate Cancer.

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

REVISTA / JOURNAL: - BJU Int. 2013 Nov 8. doi: 10.1111/bju.12556.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12556](#)

AUTORES / AUTHORS: - Murphy DG; Ahlering T; Catalona WJ; Crowe H; Crowe J; Clarke N; Cooperberg M; Gillatt D; Gleave M; Loeb S; Roobol M; Sartor O; Pickles T; Wootten A; Walsh PC; Costello AJ

INSTITUCIÓN / INSTITUTION: - University of Melbourne, Peter MacCallum Cancer Centre, Melbourne, Australia; Epworth Prostate Centre, Epworth Healthcare Richmond, Melbourne, Australia; University of Melbourne, Royal Melbourne Hospital, Melbourne, Australia.

[50]

TÍTULO / TITLE: - Testicular Germ Cell Tumors in Boys <10 Years: Results of the Protocol MAHO 98 in Respect to Surgery and Watch & Wait Strategy.

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

REVISTA / JOURNAL: - Klin Padiatr. 2013 Nov;225(6):296-302. Epub 2013 Oct 24.

●● Enlace al texto completo (gratis o de pago) [1055/s-0033-1355427](#)

AUTORES / AUTHORS: - Gobel U; Haas R; Calaminus G; Botorek P; Schmidt P; Teske C; Schonberger S; Schneider DT; Harms D

INSTITUCIÓN / INSTITUTION: - Heinrich-Heine-Universität Dusseldorf, Germany.

RESUMEN / SUMMARY: - In 1982 the GPOH opened the 1st protocol for germ cell tumors (GCTs) of the testis (MAHO 82). Here the results of the 5th version (MAHO 98) will be offered for boys <10 year of age. In MAHO 98 watch and wait (w&w) strategy after inguinal tumororchietomy was widened from 2 to 10-year-old boys with YST stage IA (group I); other invasive measures were omitted. Thus the prognostic impact of a non-recommended surgery like transscrotal operation +/- conventional biopsy (group II) can be evaluated. Clinical diagnosis and staging by ultrasound and tumor marker. In blurry cases, a frozen section was recommended to confirm the diagnosis by histology intraoperatively. Indications for adjuvant chemotherapy were: YST stage IA without elevated AFP, YST stage>IA and all mixed malignant GCTs. From 1998 till 2005 128 boys <10 years with a testicular GCT were registered. Histology: YST n=76, teratoma n=46, mixed malignant GCT n=6. Tumor stage IA: n=101. All teratoma patients survive event-free. At all, only 19/82 patients with a malignant GCT received chemotherapy including 5 patients with a tumor progress after w&w (2/49 group I and 3/15 group II patients, respectively) and 1 patient (YST IIIA) with relapse after adjuvant chemotherapy. Transscrotal surgery (n=18) or tumorenuclation (n=6) remained without event. Indeed all patients survived. Prognosis of boys <10 year with a testicular GCT is excellent as ~80% will be cured by high inguinal tumororchietomy alone. w&w is feasible and safe even after not recommended surgery if suitable follow-up is assured at least in stage IA cases.

[51]

TÍTULO / TITLE: - Primary renal angiosarcoma: radiologic-pathologic correlation and literature review.

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

REVISTA / JOURNAL: - Tumori. 2013 May-Jun;99(3):111e-6e. doi: 10.1700/1334.14817.

●● Enlace al texto completo (gratis o de pago) [1700/1334.14817](#)

AUTORES / AUTHORS: - Detorakis EE; Chryssou E; Raissaki M; Androulidakis E; Heretis I; Haniotis V; Karantanis A

RESUMEN / SUMMARY: - We present a case of primary renal angiosarcoma. We focus on the characteristic striated pattern of the tumor on T2-w MR sequence as well as on other radiological features and correlate them with the pathologic findings. A review of the imaging characteristics of cases published in the literature was subsequently performed.

[52]

TÍTULO / TITLE: - Management of prostate cancer in Asia: resource-stratified guidelines from the Asian Oncology Summit 2013.

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

REVISTA / JOURNAL: - Lancet Oncol. 2013 Nov;14(12):e524-34. doi: 10.1016/S1470-2045(13)70451-0.

●● Enlace al texto completo (gratis o de pago) [1016/S1470-2045\(13\)70451-0](#)

AUTORES / AUTHORS: - Williams S; Chiong E; Lojanapiwat B; Umbas R; Akaza H

INSTITUCIÓN / INSTITUTION: - Division of Radiation Oncology and Cancer Imaging, Peter MacCallum Cancer Centre, Melbourne, VIC, Australia. Electronic address: scott.williams@petermac.org.

RESUMEN / SUMMARY: - Many local and systemic options for prostate cancer have emerged in recent years, but existing management guidelines do not account for diversity in health resources between different countries. We present recommendations for the management of prostate cancer, stratified according to the extent of resource availability-based on a four-tier system of basic, limited, enhanced, and maximum resources-to enable applicability to Asian countries with differing levels of health-care resources. This statement of recommendations was formulated by a multidisciplinary panel from Asia-Pacific countries, at a consensus session on prostate cancer that was held as part of the 2013 Asian Oncology Summit in Bangkok, Thailand.

[53]

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

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

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

●● Enlace al texto completo (gratis o de pago) [1016/j.urolonc.2013.07.016](#)

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

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

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

[54]

TÍTULO / TITLE: - Diabetes mellitus increases the risk of bladder cancer: an updated meta-analysis of observational studies.

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

REVISTA / JOURNAL: - Diabetes Technol Ther. 2013 Nov;15(11):914-22. doi: 10.1089/dia.2013.0131.

●● Enlace al texto completo (gratis o de pago) [1089/dia.2013.0131](#)

AUTORES / AUTHORS: - Fang H; Yao B; Yan Y; Xu H; Liu Y; Tang H; Zhou J; Cao L; Wang W; Zhang J; Zhao L; Chen X; Zhang F; Zhao Y

INSTITUCIÓN / INSTITUTION: - Shanghai Minhang Center for Disease Control and Prevention, Shanghai, People's Republic of China.

RESUMEN / SUMMARY: - Abstract Background: Increasing evidence suggests that diabetes mellitus (DM) may be associated with an increased risk of bladder cancer. We performed an updated meta-analysis to examine the association between DM and risk of bladder cancer. Materials and Methods: We systematically searched the EMBASE and Medline (PubMed) databases (from inception through February 1, 2013) and reviewed the reference lists of relevant publications to search for additional studies. Summary relative risks (RRs) with 95% confidence intervals (CIs) were calculated with

random-effects models. Results: In total, 10 case-control and 14 cohort studies met the inclusion criteria. Analysis of all studies showed that DM was associated with an increased risk of bladder cancer (RR 1.30, 95% CI 1.18-1.43). There was heterogeneity among studies (Pheterogeneity <0.001, I(2)=81.5%). Cohort studies showed a lower risk (RR 1.23, 95% CI 1.09-1.37) than case-control studies (odds ratio 1.46, 95% CI 1.20-1.78). The positive association was significant only in women (RR 1.23, 95% CI 1.02-1.49), but not in men (RR 1.07, 95% CI 0.97-1.18). The combined RRs remained unchanged before and after the studies on type 1 diabetes were excluded from analysis. The association between DM and bladder cancer risk did not differ significantly by methods of DM ascertainment. The combined RRs were 1.17 (95% CI 1.03-1.34), 1.34 (95% CI 1.19-1.51), and 1.57 (95% CI 0.96-2.55), respectively, when restricting the analysis to the studies accounting for body mass index, cigarette smoking, or glucose-lowering drug use. Conclusions: This meta-analysis indicates a positive association between DM and risk of bladder cancer. Further studies are warranted to determine whether DM prevention and control can reduce risk of bladder cancer.

[55]

TÍTULO / TITLE: - Beyond abiraterone: New hormonal therapies for metastatic castration-resistant prostate cancer.

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

REVISTA / JOURNAL: - Cancer Biol Ther. 2013 Oct 7;15(2).

AUTORES / AUTHORS: - Pinto A

INSTITUCIÓN / INSTITUTION: - Medical Oncology Department; University Hospital La Paz; IdiPAZ; Madrid, España.

RESUMEN / SUMMARY: - Prostate cancer is a heterogeneous disease where the previous concept of “hormone-resistance” has been changed by a new generation of hormonal therapies that have proven efficacy in the castration-resistant setting. The fact is that androgens play a crucial role in the whole clinical course of prostate cancer, even when a patient meets castration-resistance criteria. The development of abiraterone showed how important and clinically meaningful can be to achieve the lowest possible levels of testosterone, and androgen receptor overexpression, mutation or enhanced cross-talk with other pathways, which can also be targeted with new agents tested in the last few years. New androgen biosynthesis inhibitors have been developed, such as orteronel (TAK-700), but also new antiandrogens (enzalutamide, ARN-509, ODM-201) or even agents with a dual mechanism of action (galeterone). In this review the development of new hormonal therapies following the arrival of abiraterone for the treatment of prostate cancer will be summarized.

[56]

TÍTULO / TITLE: - Solitary liver metastasis of chromophobe renal cell carcinoma 17 years after nephrectomy A case report and review of the literature.

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

REVISTA / JOURNAL: - Ann Ital Chir. 2013 Oct 25;84. pii: S2239253X13021816.

AUTORES / AUTHORS: - Talarico F; Capizzi D; Iusco DR

RESUMEN / SUMMARY: - The prognosis for renal metastatic carcinoma is poor: in fact only a small portion of patients have metastases surgically treatable for their number and sizes with often a multiorgan involvement. We present a case in which a solitary liver metastasis was incidentally detected 17 years after nephrectomy for renal clear cell carcinoma. during a staging computed tomography performed for colonic cancer. We discuss the main feature of this rare condition. KEY WORDS: Hepatic resection, Liver metastasis, Renal cell carcinoma.

[57]

TÍTULO / TITLE: - Insulin therapy and risk of prostate cancer: a systematic review and meta-analysis of observational studies.

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

REVISTA / JOURNAL: - PLoS One. 2013 Nov 25;8(11):e81594. doi: 10.1371/journal.pone.0081594.

●● Enlace al texto completo (gratis o de pago) [1371/journal.pone.0081594](#)

AUTORES / AUTHORS: - Chen YB; Chen Q; Wang Z; Zhou J

INSTITUCIÓN / INSTITUTION: - Department of Urology and Andrology, Ninth People's Hospital, School of Medicine, Shanghai Jiaotong University, Shanghai, China.

RESUMEN / SUMMARY: - BACKGROUND: Previous observational studies have shown that insulin therapy may modify the risk of prostate cancer (PCa). However, these studies yielded controversial results. Thus, we performed this meta-analysis to determine whether insulin use was associated with PCa risk in patients with diabetes mellitus (DM). METHOD: A literature search was carried out in PubMed, EMBASE, and Cochrane Library Central database between January 1966 and January 2013. Fixed-effect and random-effect models were used to estimate pooled relative risks (RR) and corresponding 95% confidence intervals (CIs). Subgroup analyses and sensitivity analyses were also performed. RESULT: A total of 11 (10 cohorts, and one case-control) studies published between 2007 and 2013 were included in the meta-analysis, representing data for 205,523 male subjects and 7,053 PCa cases. There were five studies investigating the influence of insulin and other glucose-lowering agents on the risk of PCa, and six studies investigating the influence of glargine and non-glargine insulin. Insulin use was not associated with PCa risk when compared with other glucose-lowering agents (RR=0.89, 95% CI, 0.72-1.09). Use of insulin glargine did not contribute to susceptibility to PCa as compared with use of non-glargine insulin (RR=1.26, 95% CI, 0.86-1.84). Sensitivity analysis confirmed the stability of present results, since no individual study affected the pooled result significantly.

CONCLUSIONS: Our results suggest that, there may be no significant association between insulin use and risk of PCa as compared with other glucose-lowering agents in patients with DM, and there was no substantial evidence for increase risk of PCa among insulin glargine users as compared to non-glargine insulin users. Further studies are warranted to validate these conclusions.

[58]

TÍTULO / TITLE: - Effect of anticoagulants and antiplatelet agents on the efficacy of intravesical BCG treatment of bladder cancer: A systematic review.

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

REVISTA / JOURNAL: - Can Urol Assoc J. 2013 Nov;7(11-12):E740-E749.

- Enlace al texto completo (gratis o de pago) [5489/cuai.1213](#)

AUTORES / AUTHORS: - Fahmy N; Lazo-Langner A; Iansavichene AE; Pautler SE

INSTITUCIÓN / INSTITUTION: - Divisions of Urology & Surgical Oncology, Departments of Surgery & Oncology, Schulich School of Medicine & Dentistry, Western University, London, ON;

RESUMEN / SUMMARY: - We performed a systematic review of publications describing a correlation between oral anticoagulant medications and intravesical BCG outcome. We collected information on the impact of such medications on tumour recurrence and progression and we excluded papers not reporting outcome correlations. Patients were divided into group 1 and 2 based on whether they were taking or not taking any anticoagulant medications. A total of 7 manuscripts published between 1990 and 2009 were included in this study. Data heterogeneity precluded meta-analysis. In studies combining all anticoagulant medications, 3 out of 5 (60%) publications did not identify any difference in outcome, while 2 (40%) documented significantly more recurrences in group 1 patients. In studies performing multivariate analysis and only examining the intake of 1 medication, warfarin alone seemed to be associated with increased risk of bladder tumour recurrences and progression following intravesical BCG treatment, while ASA alone seemed to be associated with more protective effects. There is no strong evidence to support the allegations of a protective role of ASA and a deleterious role for warfarin. Further, well-designed experimental and clinical studies are needed to clarify the mechanism of action of intravesical BCG along with possible drug interactions.

[59]

TÍTULO / TITLE: - Vascular endothelial growth factor gene polymorphisms and renal cell carcinoma: A systematic review and meta-analysis.

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

REVISTA / JOURNAL: - Oncol Lett. 2013 Oct;6(4):1068-1078. Epub 2013 Jul 29.

- Enlace al texto completo (gratis o de pago) [3892/ol.2013.1499](#)

AUTORES / AUTHORS: - Zhang Y; Li S; Xiao HQ; Hu ZX; Xu YC; Huang Q

INSTITUCIÓN / INSTITUTION: - Department of Endocrinology, Zhongnan Hospital, Wuhan University, Wuhan, Hubei 430071, P.R. China ; Department of Nephropathy, Taihe Hospital, Hubei University of Medicine, Shiyan, Hubei 442000, P.R. China.

RESUMEN / SUMMARY: - Renal cell carcinoma (RCC) accounts for 3% of all cancer-related mortalities in adults. The risk factors for the development of RCC remain under investigation. Vascular endothelial growth factor (VEGF) is a key mediator of angiogenesis and is crucial for the development and metastasis of tumors, including RCC. VEGF gene polymorphisms may alter VEGF protein concentrations, affect the process of angiogenesis and may be involved in inter-individual variation in carcinogenesis. In the present study, a systematic review and meta-analysis were performed based on published case-control studies in order to estimate the association between VEGF gene polymorphisms and the susceptibility to RCC. A total of five studies that involved eight polymorphisms and were published between January 2000 and December 2012 were identified from PubMed. The results of this systematic review and meta-analysis indicate that the VEGF 936C/T, 1612G/A, -1154G/A, -2549I/D, -460T/C and 405G/C gene polymorphisms are not associated with the risk of RCC. There was no polymorphism in 702C/T and RCC and the -2578C/A gene polymorphism may be associated with an increased risk of RCC. However, due to the

limitations of the present study, further high quality case-control studies are warranted to confirm these findings.

[60]

TÍTULO / TITLE: - Prognostic role of survivin in bladder cancer: a systematic review and meta-analysis.

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

REVISTA / JOURNAL: - PLoS One. 2013 Oct 18;8(10):e76719. doi: 10.1371/journal.pone.0076719.

●● Enlace al texto completo (gratis o de pago) [1371/journal.pone.0076719](#)

AUTORES / AUTHORS: - Jeon C; Kim M; Kwak C; Kim HH; Ku JH

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

RESUMEN / SUMMARY: - PURPOSE: The objective of the present study was to conduct a systematic review and meta-analysis of published literature investigating the survivin expression and its effects on bladder cancer prognosis. MATERIALS AND METHODS: We carefully searched online Pubmed, Cochrane Library and SCOPUS database from August 1997 to May 2013. RESULTS: A total of 14 articles met the eligibility criteria for this systematic review. The eligible studies included a total of 2,165 patients with a median number of 155 patients per study (range: 17-726). Of the 14 studies, nine evaluated immunohistochemistry in formalin-fixed paraffin-embedded tissue blocks. In non-muscle invasive bladder tumor, the pooled hazard ratio (HR) was statistically significant for recurrence-free survival (pooled HR, 1.81; 95% confidence interval [CI], 1.30-2.52), progression-free survival (pooled HR, 2.12; 95% CI, 1.60-2.82), cancer-specific survival (pooled HR, 2.01; 95% CI, 1.32-3.06), and overall survival (pooled HR, 1.53; 95% CI, 1.02-2.29). The overall HRs by survivin status were robust across advanced stages. When only adjusted survival data were included, statistically significant differences were identified for all survival subgroup analyses. There was no between-study heterogeneity in the effect of survivin status on the majority of meta-analyses. There was no clear evidence of publication bias in this meta-analysis. CONCLUSIONS: Survivin expression indicates worse prognosis in patients with bladder cancer but the results should be interpreted with caution. It is necessary that better-designed studies with standardized assays need to provide a better conclusion about the relationship between survivin expression and the outcome of patients with bladder cancer.

[61]

TÍTULO / TITLE: - Strategies for imaging androgen receptor signaling pathway in prostate cancer: implications for hormonal manipulation and radiation treatment.

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

REVISTA / JOURNAL: - Biomed Res Int. 2013;2013:460546. doi: 10.1155/2013/460546. Epub 2013 Oct 29.

●● Enlace al texto completo (gratis o de pago) [1155/2013/460546](#)

AUTORES / AUTHORS: - Giovanni Luca G; Festuccia C; Bonfili P; Di Staso M; Franzese P; Ruggieri V; Popov VM; Tombolini V; Masciocchi C; Carosa E; Lenzi A; Jannini EA; Di Cesare E

INSTITUCIÓN / INSTITUTION: - Department of Applied, Clinical and Biotechnological Sciences, Laboratory of Radiobiology and Division of Radiotherapy, University of

L'Aquila, Via Vetoio, Coppito 2, L'Aquila, Italy ; Department of Experimental Medicine, Section of Medical Pathophysiology, Food Science and Endocrinology, Sapienza University of Rome, Italy ; LIPOGEN LLC, Mount Laurel, NJ, USA.

RESUMEN / SUMMARY: - Prostate cancer (Pca) is a heterogeneous disease; its etiology appears to be related to genetic and epigenetic factors. Radiotherapy and hormone manipulation are effective treatments, but many tumors will progress despite these treatments. Molecular imaging provides novel opportunities for image-guided optimization and management of these treatment modalities. Here we reviewed the advances in targeted imaging of key biomarkers of androgen receptor signaling pathways. A computerized search was performed to identify all relevant studies in Medline up to 2013. There are well-known limitations and inaccuracies of current imaging approaches for monitoring biological changes governing tumor progression. The close integration of molecular biology and clinical imaging could ease the development of new molecular imaging agents providing novel tools to monitor a number of biological events that, until a few years ago, were studied by conventional molecular assays. Advances in translational research may represent the next step in improving the oncological outcome of men with Pca who remain at high risk for systemic failure. This aim may be obtained by combining the anatomical properties of conventional imaging modalities with biological information to better predict tumor response to conventional treatments.

[62]

TÍTULO / TITLE: - Multiple myeloma and kidney disease.

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

REVISTA / JOURNAL: - ScientificWorldJournal. 2013 Oct 27;2013:487285. doi: 10.1155/2013/487285.

●● [Enlace al texto completo \(gratis o de pago\) 1155/2013/487285](#)

AUTORES / AUTHORS: - Katagiri D; Noiri E; Hinoshita F

INSTITUCIÓN / INSTITUTION: - Department of Nephrology and Endocrinology, University Hospital, University of Tokyo, 7-3-1 Hongo, Bunkyo, Tokyo 113-8655, Japan.

RESUMEN / SUMMARY: - Multiple myeloma (MM) has a high incidence rate in the elderly. Responsiveness to treatments differs considerably among patients because of high heterogeneity of MM. Chronic kidney disease (CKD) is a common clinical feature in MM patients, and treatment-related mortality and morbidity are higher in MM patients with CKD than in patients with normal renal function. Recent advances in diagnostic tests, chemotherapy agents, and dialysis techniques are providing clinicians with novel approaches for the management of MM patients with CKD. Once reversible factors, such as hypercalcemia, have been corrected, the most common cause of severe acute kidney injury (AKI) in MM patients is tubulointerstitial nephropathy, which results from very high circulating concentrations of monoclonal immunoglobulin free light chains (FLC). In the setting of AKI, an early reduction of serum FLC concentration is related to kidney function recovery. The combination of extended high cutoff hemodialysis and chemotherapy results in sustained reductions in serum FLC concentration in the majority of patients and a high rate of independence from dialysis.

[63]

TÍTULO / TITLE: - Prostate Cancer: Current Treatment and Prevention Strategies.

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

REVISTA / JOURNAL: - Iran Red Crescent Med J. 2013 Apr;15(4):279-284. Epub 2013 Apr 5.

●● Enlace al texto completo (gratis o de pago) [5812/ircmj.6499](#)

AUTORES / AUTHORS: - Chen FZ; Zhao XK

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

RESUMEN / SUMMARY: - ABSTRACT: Prostate cancer is one of the life threatening disorders of male. Although, over the last two decades, a high rate of overdiagnosis, and overtreatment has lowered the incidence rate of prostate cancer, the treatment or prevention strategies are not enough to control the high rate of disease related mortality. Current medical treatment approaches include surgery, radiation therapy, chemotherapy, hormonal therapy, cryosurgery and other methods. These approaches are more or less effective either as monotherapy or in multimodal approach. However, many adverse or side effects exist with these strategies. Researches are ongoing to find out the way or better strategies to eliminate the adverse effects. Dietary modifications may also contribute to decrease prostate cancer risk. Several nutraceuticals against prostate cancer have also been identified. This review article summarizes some of the current treatment, and prevention strategies with the protection of prostate cancer, which may be helpful to control and prevent this highly frequent life threatening disease.

[64]

TÍTULO / TITLE: - Axitinib: A Review of its Safety and Efficacy in the Treatment of Adults with Advanced Renal Cell Carcinoma.

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

REVISTA / JOURNAL: - Clin Med Insights Oncol. 2013 Oct 29;7:269-277.

●● Enlace al texto completo (gratis o de pago) [4137/CMO.S10594](#)

AUTORES / AUTHORS: - Gross-Goupil M; Francois L; Quivy A; Ravaud A

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Hopital Saint-Andre, Bordeaux University Hospital, Bordeaux, France.

RESUMEN / SUMMARY: - Over the last seven years, seven targeted agents have been approved in the treatment of advanced or metastatic renal cell cancer, changing the therapeutic approach and prognosis of the disease dramatically. The latest agent with demonstrated efficacy is axitinib (Inlyta®). This new generation of tyrosine kinase agent differs from previously existing agents by its greater activity potency of inhibition of vascular endothelial growth factor-receptor (VEGFR1-3). This efficacy has been tested in phase II and III clinical trials. Axitinib is the only targeted agent that benefits from recommended titration, with intra-patient dose escalation. The toxicity profile of the drug is tolerable. This paper reviews the mechanism of action of axitinib, its metabolism, and its pharmacokinetic profile. Clinical data of efficacy and safety is also detailed. The agent has been integrated in the international therapeutic guidelines, as a standard in treatment of renal cell cancer patients, previously treated through antiangiogenic therapy.

[65]

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

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

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

●● Enlace al texto completo (gratis o de pago) [1155/2013/519436](#)

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

INSTITUCIÓN / INSTITUTION: - Laboratorio de Glicomica Funcional, IQUIBICEN-CONICET, Departamento de Quimica Biologica, Facultad de Ciencias Exactas y Naturales, Universidad de Buenos Aires, C1428, Buenos Aires, Argentina.

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

[66]

TÍTULO / TITLE: - Diagnosis and treatment of extra-adrenal pheochromocytoma of urinary bladder: case report and literature review.

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

REVISTA / JOURNAL: - Int J Clin Exp Med. 2013 Sep 25;6(9):832-9.

AUTORES / AUTHORS: - Li W; Yang B; Che JP; Yan Y; Liu M; Li QY; Zhang YY; Zheng JH

INSTITUCIÓN / INSTITUTION: - Department of Urology, Shanghai Tenth People's Hospital, Tongji University Shanghai, China ; Wake Forest Institute for Regenerative Medicine, Wake Forest University School of Medicine Winston-Salem, NC, USA.

RESUMEN / SUMMARY: - Pheochromocytoma of the urinary bladder is often misdiagnosed as it is a rare tumor. In this report, we described a case with primary pheochromocytoma of the urinary bladder. We specifically conversed the diagnostic role of X-ray computed tomography and sonography to identify the location of tumor within urinary bladder compared to other malignant or benign tumors in the bladder, and exclude other ectopic pheochromocytoma. Histopathological report from bladder tissue biopsy was confirmative of extra adrenal pheochromocytoma of the urinary bladder finally. Importance in careful management of hypertensive crisis during cystoscopy and partial cystectomy was addressed.

[67]

TÍTULO / TITLE: - Managing cancer-related fatigue in men with prostate cancer: A systematic review of non-pharmacological interventions.

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

REVISTA / JOURNAL: - Int J Nurs Pract. 2013 Nov 15. doi: 10.1111/ijn.12211.

●● Enlace al texto completo (gratis o de pago) [1111/ijn.12211](#)

AUTORES / AUTHORS: - Larkin D; Lopez V; Aromataris E

INSTITUCIÓN / INSTITUTION: - The Joanna Briggs Institute, The University of Adelaide, Adelaide, South , Australia, Australia; Research Centre for Nursing and Midwifery Practice, ACT Health Directorate, Woden, Australian Capital Territory, Australia.

RESUMEN / SUMMARY: - The aim of this systematic review was to synthesize the best available evidence informing the effectiveness of non-pharmacological interventions for managing cancer-related fatigue in men treated for prostate cancer. This review considered experimental studies that included men with prostate cancer (regardless of staging, previous treatment or comorbidities), aged 18 years and over who were undergoing any treatment, or had completed any treatment for prostate cancer within the previous 12 months. Three interventions were identified for the management of cancer-related fatigue in men with prostate cancer. Evidence from five studies including 447 participants demonstrates the effectiveness of physical activity, both aerobic and resistance exercise, and from three studies including 153 participants suggesting the benefits of psychosocial interventions including education and cognitive behavioural therapy. Health professionals require knowledge of a range of effective interventions aimed at reducing cancer-related fatigue in men with prostate cancer and should incorporate those interventions into their patient management. Although physical activity appears to show the greatest benefit, other non-pharmacological interventions such as education and cognitive behavioural therapy have demonstrated benefit and should also be considered as a strategy in treating this debilitating side effect of cancer and its treatment.

[68]

TÍTULO / TITLE: - Role of the Epithelial-Mesenchymal Transition in Bladder Cancer: From Prognosis to Therapeutic Target.

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

REVISTA / JOURNAL: - Korean J Urol. 2013 Oct;54(10):645-650. Epub 2013 Oct 15.

●● Enlace al texto completo (gratis o de pago) [4111/kju.2013.54.10.645](#)

AUTORES / AUTHORS: - Yun SJ; Kim WJ

INSTITUCIÓN / INSTITUTION: - Department of Urology, Chungbuk National University College of Medicine, Cheongju, Korea.

RESUMEN / SUMMARY: - Bladder cancer (BC) is the second most common malignancy of urological organs. However, patients with non-muscle-invasive BC are at high risk of recurrence and progression into muscle-invasive BC, and the prognosis of patients with muscle-invasive BC is limited by the high rate of metastasis. The epithelial-mesenchymal transition (EMT) is characterized by loss of cell-to-cell adhesion and cell polarity and is closely associated with the invasion and metastasis of several cancers. Given the multifocality and high rates of relapse, progression, and metastasis of BC, the EMT is likely to participate in BC as well. Numerous factors associate with the EMT, and the key regulators of the EMT are E-cadherin, N-cadherin, Twist, Snail, Slug, Zeb-1, Zeb-2, vimentin, and microRNAs. This review focuses on the current concepts regarding the EMT in cancer and the evidence for involvement of the EMT in BC. Several potential EMT targets that may be useful in the treatment of BC are also described.

[69]

TÍTULO / TITLE: - UGT2B17 Polymorphism and Risk of Prostate Cancer: A Meta-Analysis.

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

REVISTA / JOURNAL: - ISRN Oncol. 2013 Sep 9;2013:465916.

●● Enlace al texto completo (gratis o de pago) [1155/2013/465916](#)

AUTORES / AUTHORS: - Kpoghomou MA; Soatiana JE; Kalembo FW; Bishwajit G; Sheng W

INSTITUCIÓN / INSTITUTION: - Department of Epidemiology and Biostatistics, School of Public Health, Tong Ji Medical College, 13 Hang Kong Road, Wuhan 430030, China.

RESUMEN / SUMMARY: - Objective. Recent studies on the association between uridine diphosphoglucuronosyltransferases (UGTs) 2B17 polymorphism and risk of prostate cancer (PCa) showed inconclusive results. To clarify this possible association, we conducted a meta-analysis of published studies. Methods. We searched the published literature from PubMed, Embase, Google Scholar, and China National Knowledge Infrastructure (CNKI). According to our inclusion criteria, studies that observed the association between UGT2B17 polymorphism and PCa risk were included. The principal outcome measure was the adjusted odds ratio (OR) with 95% confidence interval (CI) for the risk of PCa associated with UGT2B17 polymorphism. Results. A total of 6 studies with 7,029 subjects (3,839 cases and 3,190 controls) were eligible for inclusion in the meta-analysis. Overall, there was a significant association between UGT2B17 polymorphism and increased risk of prostate cancer (OR = 1.74, 95% CI 1.14-2.64, P < 0.001). Similar results were found in the subgroup analyses by ethnicity and types of controls. Conclusion. This meta-analysis demonstrates that UGT2B17 polymorphism is associated with prostate cancer susceptibility, and it contributes to the increased risk of prostate cancer.

[70]

TÍTULO / TITLE: - Cruciferous vegetables intake is associated with lower risk of renal cell carcinoma: evidence from a meta-analysis of observational studies.

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

REVISTA / JOURNAL: - PLoS One. 2013 Oct 28;8(10):e75732. doi: 10.1371/journal.pone.0075732.

●● Enlace al texto completo (gratis o de pago) [1371/journal.pone.0075732](#)

AUTORES / AUTHORS: - Zhao J; Zhao L

INSTITUCIÓN / INSTITUTION: - Department of Nephrology, Shandong Weifang People's Hospital, Weifang, China.

RESUMEN / SUMMARY: - BACKGROUND: Epidemiologic studies have evaluated the association between cruciferous vegetables(CV) intake and the risk of renal cell carcinoma(RCC); however, the existing results are controversial. The aim of this meta-analysis was to investigate the association between CV intake and RCC risk. METHODS: A literature search was carried out using PUBMED and EMBASE database between January 1966 and March 2013. Fixed-effect and random-effect models were used to estimate summary relative risks (RR) and the corresponding 95% confidence intervals (CIs). Potential sources of heterogeneity were detected by meta-regression. Subgroup analyses, sensitivity analysis and cumulative meta-analysis were also performed. RESULTS: A total of 12 studies (six cohorts, six case-control) contributed to the analysis, involving 1,228,518 participants and 5,773 RCC cases. When all studies were pooled, we observed a significantly inverse association between CV intake and RCC risk (RR = 0.81, 95% CI [0.72, 0.91]). This association was also significant when analyses were restricted to six high-quality studies (RR = 0.89, 95% CI [0.82, 0.98]). In subgroup analyses, CV intake was significantly associated with reduced RCC risk among studies conducted in America (RR = 0.77, 95%CI [0.70,

0.86]); however, CV intake had no significant association with RCC risk among studies conducted in Europe (RR = 0.87, 95%CI [0.71, 1.07]). Furthermore, sensitivity analysis confirmed the stability of results. CONCLUSIONS: The findings of this meta-analysis suggested that high intake of CV was inversely associated with RCC risk among Americans. More studies, especially high quality cohort studies with larger sample size, well controlled confounding factors are warranted to confirm this association.

[71]

TÍTULO / TITLE: - Serum Testosterone Level, Testosterone Replacement Treatment, and Prostate Cancer.

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

REVISTA / JOURNAL: - Adv Urol. 2013;2013:275945. Epub 2013 Sep 18.

●● Enlace al texto completo (gratis o de pago) [1155/2013/275945](#)

AUTORES / AUTHORS: - Atan A; Tuncel A; Yesil S; Balbay D

INSTITUCIÓN / INSTITUTION: - Gazi University School of Medicine, Department of Urology, Besevler, 06125 Ankara, Turkey.

RESUMEN / SUMMARY: - There has been an increase in the number of individuals seeking testosterone (T) replacement treatment (TRT) due to a decrease in their blood T levels. Prostate cancer (PCa) is also an important issue in the same age group. However, we, urologists, are anxious about PCa development after T treatment. This is because it has been assumed that T may cause PCa or exacerbate insidious PCa which is already present. In this paper, recent developments regarding the relationship between serum levels of sex hormone and prostate tissue, the causal relationship between T and development of PCa, the effect of TRT on the group of patients who are at high risk of developing PCa, the suitability of TRT for patients who have already been diagnosed with PCa, and the effect of TRT on serum prostate-specific antigen level are analyzed.

[72]

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.

[73]

TÍTULO / TITLE: - Meta-analysis of cryoablation versus microwave ablation for small renal masses: is there a difference in outcome?

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

REVISTA / JOURNAL: - Diagn Interv Radiol. 2013 Nov-Dec;19(6):501-7. doi: 10.5152/dir.2013.13070.

●● Enlace al texto completo (gratis o de pago) [5152/dir.2013.13070](#)

AUTORES / AUTHORS: - Martin J; Athreya S

INSTITUCIÓN / INSTITUTION: - From the Department of Radiology (J.M.), McMaster University Michael G. Degroote School of Medicine, Hamilton, Ontario, Canada; the Department of Radiology (S.A. e-mail: sathreya@stjoes.ca), St. Joseph's Healthcare Hamilton, McMaster University Faculty of Health Sciences, Hamilton, Ontario, Canada.

RESUMEN / SUMMARY: - PURPOSE: We aimed to compare local and metastatic recurrence of small renal masses primarily treated by cryoablation or microwave ablation. MATERIALS AND METHODS: The MEDLINE, CINAHL, and PUBMED databases were searched to review the treatment of small renal masses with cryoablation or microwave ablation. Fifty-one studies met the inclusion criteria. RESULTS: Fifty-one studies representing 3950 kidney lesions were analyzed. No differences were detected in the mean patient age ($P = 0.150$) or duration of follow-up ($P = 0.070$). The mean tumor size was significantly larger in the microwave ablation group compared with the cryoablation group ($P = 0.030$). There was no difference between microwave ablation and cryoablation groups in terms of primary effectiveness (93.75% vs. 91.27%, respectively; $P = 0.400$), cancer-specific survival (98.27% vs. 96.8%, respectively; $P = 0.470$), local tumor progression (4.07% vs. 2.53%, respectively; $P = 0.460$), or progression to metastatic disease (0.8% vs. 0%, respectively; $P = 0.120$). Patient age was predictive of overall complications in the multivariate analysis ($P = 0.020$). Local tumor progression with cryoablation was predicted by the mean follow-up duration using univariate ($P = 0.009$) and multivariate regression ($P = 0.003$). Clear cell and angiomyolipoma were more frequent in the microwave ablation group ($P < 0.0001$ and $P = 0.03328$, respectively), and papillary, chromophobe, and oncocytoma were more frequent in the cryoablation group ($P < 0.0001$, $P < 0.0001$, and $P = 0.0004$, respectively). Open access was used more often in the microwave ablation group than in the cryoablation group (12.20% vs. 1.04%, respectively; $P < 0.0001$), and percutaneous access was used more frequently in the cryoablation group than in the microwave ablation group (88.64% vs. 37.20%, respectively; $P = 0.0021$). CONCLUSION: There is no difference in local or metastatic recurrence between cryoablation- and microwave ablation-treated small renal masses.

[74]

TÍTULO / TITLE: - Focal salvage therapy for locally recurrent prostate cancer: a review.

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

REVISTA / JOURNAL: - Urologia. 2012 Nov 20;79(4):219-231. doi: 10.5301/RU.2012.9908.

●● Enlace al texto completo (gratis o de pago) [5301/RU.2012.9908](#)

AUTORES / AUTHORS: - Cerruto MA; D'Elia C; Artibani W

INSTITUCIÓN / INSTITUTION: - 1 Urology Clinic, Department of Surgery, University of Verona & AOUI, Verona - Italy.

RESUMEN / SUMMARY: - Objectives: To evaluate the current status of focal therapy as the salvage treatment option for patients with recurrent prostate cancer after established therapy (radiation, surgery) failure for localized tumor. Methods: A MedLine search using specified search terms was done on December 23, 2011. This research rendered 346 papers related to High-Intensity Focused Ultrasound (HIFU), 644 papers related to cryosurgery, 180 related to photodynamic therapy and 3 articles related to radio frequency ablation. Very few of these papers presented original outcome data and are included in the present review. Results: No controlled trial was available for analysis. Conclusions: Salvage HIFU in patients with local recurrence of prostate cancer after radical EBRT indicate is a reasonable treatment option, but better patient selection criteria are needed. It is a promising treatment option for local recurrence after radiation therapy, with morbidity comparable with other forms of salvage treatment. The side effects are not negligible but comparable with other forms of salvage treatment. Photodynamic therapy is a new option that could be suitable for organ-confined PC recurrence after radiotherapy, but the data are very few.

[75]

TÍTULO / TITLE: - Renal cell carcinoma initially presenting as an arteriovenous malformation: a case presentation and a review of the literature.

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

REVISTA / JOURNAL: - Case Rep Urol. 2013;2013:356819. doi: 10.1155/2013/356819. Epub 2013 Oct 23.

●● Enlace al texto completo (gratis o de pago) [1155/2013/356819](#)

AUTORES / AUTHORS: - Volin S; Steinberg P; Mittleider D

INSTITUCIÓN / INSTITUTION: - Department of Medical Education, Tufts University School of Medicine, 145 Harrison Avenue, Boston, MA 02111, USA.

RESUMEN / SUMMARY: - We describe a case of a patient who presented with hematuria and was diagnosed with a renal arteriovenous malformation (AVM). Transcatheter arterial embolization subsequently was performed on this lesion multiple times. Follow-up imaging demonstrated that the AVM was masking an underlying, rapidly growing renal cell carcinoma (RCC). We describe the pathological and radiographic characteristics of AVMs and RCC. We describe the strengths and weaknesses of computed tomography (CT) and magnetic resonance imaging (MRI) to detect and characterize RCC and AVM. We recommend initial and follow-up MR imaging in patients with an AVM to establish a baseline, monitor treatment response, and survey lesions for underlying and obscured malignancy.

[76]

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.

[77]

TÍTULO / TITLE: - Occupational and environmental exposures associated with testicular germ cell tumours: systematic review of prenatal and life-long exposures.

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

REVISTA / JOURNAL: - PLoS One. 2013 Oct 14;8(10):e77130. doi: 10.1371/journal.pone.0077130.

●● [Enlace al texto completo \(gratis o de pago\) 1371/journal.pone.0077130](#)

AUTORES / AUTHORS: - Beranger R; Le Cornet C; Schuz J; Fervers B

INSTITUCIÓN / INSTITUTION: - Unite Cancer et Environnement, Centre Leon Berard, Lyon, France ; Section of Environment and Radiation, International Agency for Research on Cancer, Lyon, France ; Universite Claude, Bernard, Lyon, France.

RESUMEN / SUMMARY: - BACKGROUND: Testicular germ cell tumours (TGCT) are the most common cancers in men aged between 15 and 44 years and the incidence has increased steeply over the past 30 years. The rapid increase in the incidence, the spatial variation and the evolution of incidence in migrants suggest that environmental risk factors play a role in TGCT aetiology. The purpose of our review is to summarise the current state of knowledge on occupational and environmental factors thought to be associated with TGCT. METHODS: A systematic literature search of PubMed. All selected articles were quality appraised by two independent researchers using the 'Newcastle-Ottawa Quality Assessment Scale'. RESULTS: After exclusion of duplicate reports, 72 relevant articles were selected; 65 assessed exposure in adulthood, 7 assessed parental exposures and 2 assessed both. Associations with occupation was reported for agricultural workers, construction workers, firemen, policemen, military personnel, as well as workers in paper, plastic or metal industries. Electromagnetic fields, PCBs and pesticides were also suggested. However, results were inconsistent and studies showing positive associations tended to had lower quality ranking using the assessment scale ($p=0.02$). DISCUSSION: Current evidence does not allow concluding on existence of any clear association between TGCT and adulthood occupational or environmental exposure. The limitations of the studies may partly explain the inconsistencies observed. The lack of association with adulthood exposure is in line with current hypotheses supporting the prenatal origin of TGCT. Future research should focus on prenatal or early life exposure, as well as combined effect of prenatal and later life exposure. National and international collaborative studies should

allow for more adequately powered epidemiological studies. More sophisticated methods for assessing exposure as well as evaluating gene-environment interactions will be necessary to establish clear conclusion.

[78]

TÍTULO / TITLE: - Global incidence and outcome of testicular cancer.

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

REVISTA / JOURNAL: - Clin Epidemiol. 2013 Oct 17;5:417-427.

●● Enlace al texto completo (gratis o de pago) [2147/CLEP.S34430](#)

AUTORES / AUTHORS: - Shanmugalingam T; Soutati A; Chowdhury S; Rudman S; Van Hemelrijck M

INSTITUCIÓN / INSTITUTION: - King's College London, School of Medicine, Division of Cancer Studies, Cancer Epidemiology Group, London, UK.

RESUMEN / SUMMARY: - BACKGROUND: Testicular cancer is a rare tumor type accounting for 1% of malignancies in men. It is, however, the most common cancer in young men in Western populations. The incidence of testicular cancer is increasing globally, although a decline in mortality rates has been reported in Western countries. It is important to identify whether the variations in trends observed between populations are linked to genetic or environmental factors. METHODS: Age-standardized incidence rates and age-standardized mortality rates for testicular cancer were obtained for men of all ages in ten countries from the Americas, Asia, Europe, and Oceania using the Cancer Incidence in Five Continents (CI5plus) and World Health Organization (WHO) mortality databases. The annual percent change was calculated using Joinpoint regression to assess temporal changes between geographical regions. RESULTS: Testicular cancer age-standardized incidence rates are highest in New Zealand (7.8), UK (6.3), Australia (6.1), Sweden (5.6), USA (5.2), Poland (4.9), and España (3.8) per 100,000 men. India, China, and Colombia had the lowest incidence (0.5, 1.3, and 2.2, respectively) per 100,000 men. The annual percent changes for overall testicular cancer incidence significantly increased in the European countries Sweden 2.4%, (2.2; 2.6); UK 2.9%, (2.2; 3.6); and España 5.0%, (1.7; 8.4), Australia 3.0%, (2.2; 3.7), and China 3.5%, (1.9; 5.1). India had the lowest overall testicular cancer incidence -1.7%, (-2.5; -0.8). Annual percent changes for overall testicular cancer mortality rates were decreasing in all study populations, with the greatest decline observed in Sweden - 4.2%, (-4.8; -3.6) and China -4.9%, (-6.5; -3.3). CONCLUSION: Testicular cancer is increasing in incidence in many countries; however, mortality rates remain low and most men are cured. An understanding of the risks and long-term side effects of treatment are important in managing men with this disease.

[79]

TÍTULO / TITLE: - A multiple cavity malignancy involving the renal capsule, pleura and meninges: 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):709-712. Epub 2013 Jul 9.

●● Enlace al texto completo (gratis o de pago) [3892/ol.2013.1451](#)

AUTORES / AUTHORS: - Zhu LJ; Liu BR; Qian XP; Kong WW; Hu WJ; DU J; Zhu HQ

INSTITUCIÓN / INSTITUTION: - The Comprehensive Cancer Center, Drum Tower Hospital, Medical School of Nanjing University, Clinical Cancer Institute of Nanjing University, Nanjing, Jiangsu 210008, P.R. China.

RESUMEN / SUMMARY: - Malignant renal subcapsular effusions commonly arise from primary or metastatic renal neoplasms. The current case report presents a rare case of malignancy with a massive renal subcapsular effusion accompanied by a malignant pleural effusion of an unknown primary site, which underwent progression to carcinomatous meningitis during chemotherapy. The type of adenocarcinoma present was determined by effusion cytology. Intravenous chemotherapy (docetaxel plus oxaliplatin and gemcitabine plus cisplatin) were administered; however, the disease still progressed. Time to progression was 9 months during treatment of gefitinib. Comprehensive therapies, including intracavity chemotherapy, immunotherapy and gefitinib, were shown to be effective and prolonged the patient's survival time.

[80]

TÍTULO / TITLE: - The Case for Hypofractionation of Localized Prostate Cancer.

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

REVISTA / JOURNAL: - Rev Urol. 2013;15(3):113-117.

AUTORES / AUTHORS: - Wong WM; Wallner KE

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of Washington, Seattle, WA.

RESUMEN / SUMMARY: - An optimal treatment regimen for localized prostate cancer (PCa) is yet to be determined. Increasing evidence reveals a lower alpha/beta ratio for PCa with hypofractionated radiation therapy (HFRT) regimens introduced to exploit this change in therapeutic ratio. HFRT also results in shortened overall treatment times of 4 to 5 weeks, thus reducing staffing and machine burden, and, more importantly, patient stress. This review evaluates pretreatment characteristics, outcomes, and toxicity for 15 HFRT studies on localized PCa. HFRT results in comparable or better biochemical relapse-free survival and toxicity and is a viable option for localized PCa.

[81]

TÍTULO / TITLE: - Robotic Partial Nephrectomy for Renal Tumors Larger than 4 cm: A Systematic Review and Meta-analysis.

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

REVISTA / JOURNAL: - PLoS One. 2013 Oct 8;8(10):e75050. doi: 10.1371/journal.pone.0075050.

●● [Enlace al texto completo \(gratis o de pago\) 1371/journal.pone.0075050](#)

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

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

RESUMEN / SUMMARY: - BACKGROUND: With the establishment of minimally invasive surgery in society, the robot has been increasingly widely used in the urologic field, including in partial nephrectomy. This study aimed to comprehensively summarize the currently available evidence on the feasibility and safety of robotic partial nephrectomy for renal tumors of >4 cm. METHOD AND FINDINGS: An electronic database search of PubMed, Scopus, Web of Science, and the Cochrane Library was performed. This systematic review and meta-analysis was based on all relevant studies that assessed robotic partial nephrectomy for renal tumors of >4 cm. Five studies were

included. The meta-analysis involved 3 studies from 11 institutions including 154 patients, while the narrative review involved the remaining 2 studies from 5 institutions including 64 patients. In the meta-analysis, the mean ischemic time, operation time, and console time was 28, 319, and 189 minutes, respectively. The estimated blood loss and length of stay was 317 ml and 3.8 days, respectively. The rates of conversion, positive margins, intraoperative complications, postoperative complications, hilar clamping, and collecting system repair were 7.0%, 3.5%, 7.0%, 9.8%, 93.9%, and 47.5%, respectively. The narrative review showed results similar to those of the meta-analysis. CONCLUSIONS: Robotic partial nephrectomy is feasible and safe for renal tumors of >4 cm with an acceptable warm ischemic time, positive margin rate, conversion rate, complication rate, operation time, estimated blood loss, and length of stay.

[82]

TÍTULO / TITLE: - Future Prospects in the Diagnosis and Management of Localized Prostate Cancer.

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

REVISTA / JOURNAL: - ScientificWorldJournal. 2013 Sep 14;2013:347263.

●● Enlace al texto completo (gratis o de pago) [1155/2013/347263](#)

AUTORES / AUTHORS: - Tefekli A; Tunc M

INSTITUCIÓN / INSTITUTION: - Department of Urology, Bahcesehir University School of Medicine, 34353 Istanbul, Turkey.

RESUMEN / SUMMARY: - Prostate cancer (PCa) is the commonest visceral cancer in men worldwide. Introduction of serum PSA as a highly specific biomarker for prostatic diseases has led to a dramatic increase in the diagnosis of early stage PCa in last decades. Guidelines underline that benefits as well as risks and squeals of early diagnosis and treatment should be discussed with patients. There are several new biomarkers (Pro-PSA, PCA-3 test, and TMPRSS2-ERG) available on the market but new ones are awaited in order to improve specificity and sensitivity. Investigators have also focused on identifying and isolating the gene, or genes, responsible for PCa. Current definitive treatment options for clinically localized PCa with functional and oncological success rates up to 95% include surgery (radical prostatectomy), external-beam radiation therapy, and interstitial radiation therapy (brachytherapy). Potential complications of overdiagnosis and overtreatment have resulted in arguments about screening and introduced a new management approach called "active surveillance." Improvements in diagnostic techniques, especially multiparametric magnetic resonance imaging, significantly ameliorated the accuracy of tumor localization and local staging. These advances will further support focal therapies as emerging treatment alternatives for localized PCa. As a conclusion, revolutionary changes in the diagnosis and management of PCa are awaited in the near future.

[83]

TÍTULO / TITLE: - Molecular Pathways in Prostate Cancer.

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

REVISTA / JOURNAL: - Nephrourol Mon. 2013 Jul 1;5(3):792-800. Epub 2013 Jun 8.

●● Enlace al texto completo (gratis o de pago) [5812/numonthly.9430](#)

AUTORES / AUTHORS: - Mazaris E; Tsiotras A

INSTITUCIÓN / INSTITUTION: - Urology Department, Lister Hospital, Stevenage, United Kingdom.

RESUMEN / SUMMARY: - **OBJECTIVES:** Prostate cancer is a prevalent disease with a high impact on patients' morbidity and mortality. Despite efforts to profile prostate cancer, the genetic alterations and biological processes that correlate with disease progression remain partially elusive. The purpose of this study is to review the recent evidence relating to the initiation and progression of prostate cancer in relation to the familial correlation of the disease, the genetic aberrations resulting in prostate cancer and the new molecular biology data regarding prostate cancer. **MATERIALS AND METHODS:** A Medline database search identified all the existing publications on the molecular events associated with the pathogenesis and evolution of prostate cancer. Particular emphasis was given on the specific genetic phenomena associated with prostate cancer. **RESULTS:** Like other cancers, prostate cancer is caused by an accumulation of genetic alterations in a cell that drives it to malignant growth. Specific genes and gene alterations have been suggested to play a role in its development and progression. Aneuploidy, loss of heterozygosity, gene mutations, hypermethylation and inactivation of specific tumour suppressor genes such as GSTpi, APC, MDR1, GPX3 and others have been detected in prostate cancers, but generally only at a low or moderate frequency. The androgen receptor (AR) signalling pathway may play a crucial role in the early development of prostate cancer, as well as in the development of androgen-independent disease that fails to respond to hormone deprivation therapies. Other alterations linked to the transition to hormone-independence include amplification of MYC and increased expression of ERBB2 and BCL2. Inflammatory changes may also contribute to the development of prostate cancer. **CONCLUSION:** The identification of specific molecular markers for prostate cancer may lead to its earliest detection and better prediction of its behavior. The better understanding of the molecular events affecting prostate cancer progression may result in the introduction of new drugs to target these events thus providing a potential cure and a tool for prevention of this very common disease.

[84]

TÍTULO / TITLE: - Prostate-Specific Antigen: Any Successor in Sight?

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

REVISTA / JOURNAL: - Rev Urol. 2013;15(3):97-107.

AUTORES / AUTHORS: - Obort AS; Ajadi MB; Akinloye O

RESUMEN / SUMMARY: - Prostate cancer (PCa) is the most frequently diagnosed malignancy and the second leading cause of cancer death in men in the United States and other parts of the world. The lifetime risk of being diagnosed with PCa is approximately 16%. At present, the only widely accepted screening tools for PCa are prostate-specific antigen (PSA) and digital rectal examination. PSA is known to be prostate specific, but not PCa specific, and hence lacks the sensitivity to detect a large number of tumors, especially during the early stages. The PSA level is also known to be affected by many factors, such as medication, inflammation (benign prostatic hyperplasia and prostatitis), and urologic manipulation; hence, the controversy regarding the appropriate level of serum PSA that should trigger a biopsy or have clinical relevance to prostate metastases. Attempts to determine the level of prostate cells in peripheral blood by reverse transcriptase polymerase chain reaction did not significantly improve cancer diagnosis or predict postoperative failure. Therefore, the

search continues for a novel biomarker or a panel of markers as well as other possible interventions to improve the use of PSA. This article reviews several possibilities.

[85]

TÍTULO / TITLE: - Primary desmoplastic small round cell tumor of the testis: 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):565-567. Epub 2013 Jun 25.

●● [Enlace al texto completo \(gratis o de pago\) 3892/ol.2013.1421](#)

AUTORES / AUTHORS: - He L; Wen S; Hu X; Guo C; Yi C

INSTITUCIÓN / INSTITUTION: - Department of Abdominal Cancer, Cancer Center of West China Hospital, West China Medical School, Sichuan University, Chengdu, Sichuan 610041, P.R. China ; Cancer Center, the Second Clinical Medical College of North Sichuan Medical College, Nanchong Central Hospital, Nanchong, Sichuan 637000, P.R. China.

RESUMEN / SUMMARY: - Desmoplastic small round cell tumors (DSRCTs) are extremely rare and mainly affect adolescents and young adults. The tumors are usually involved with the abdominal area and/or the pelvic peritoneum. Only a small number of cases have been reported concerning DSRCTs of the testicular region. The present study reports a case of DSRCT of the testis with radical orchiectomy and systemic chemotherapy, leaving the patient disease-free for 14 months. However, the patient died of multiple metastasis 12 months later. Furthermore there is a review of the English literature to analyze the incidence, site of origin, imaging and pathological characteristics of DSRCT.

[86]

TÍTULO / TITLE: - Hypertension secondary to a periprostatic paraganglioma: case report and review of the literature.

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

REVISTA / JOURNAL: - BMC Endocr Disord. 2013 Nov 25;13(1):55.

●● [Enlace al texto completo \(gratis o de pago\) 1186/1472-6823-13-55](#)

AUTORES / AUTHORS: - Kers J; Choudhry ZA; Roeleveld TA; Houdijk AP

RESUMEN / SUMMARY: - BACKGROUND: Around 10 per cent of catecholamine-secreting tumours can be found outside the adrenal medulla (paraganglioma). We report a case of a functional sporadic paraganglioma that was localized lateral to the prostate without causing lower urinary tract symptoms. CASE PRESENTATION: A 76-year old male with an extensive history of cardiovascular disease suffered from hypertension and an unexplained hypochromic microcytic anaemia for years before the coincidental discovery of a 2.5 x 3.5 cm periprostatic mass upon abdominal contrast-enhanced CT scanning. Transrectal biopsies revealed a paraganglioma. The urinary levels of the catecholamine metabolites were found increased. The paraganglioma showed uptake of iodine-123-metaiodobenzylguanidine by SPECT scanning, indicating a solitary lesion. Successful preperitoneal endoscopic resection of the tumour was performed, which resulted in a decrease in blood pressure and a normalization of the urinary catecholamine metabolites. None of the to date known genetic mutations that have been shown to relate to the existence of paragangliomas were identified in the current case. CONCLUSION: An intra- or periprostatic localization of a paraganglioma is very rare. We reviewed the literature and found 6 other cases. Three of the

described cases presented with lower urinary tract symptoms. In these three patients, the tumour had a size of 4 cm or larger and in 67 per cent of these cases the paragangliomas were situated within the prostate. The periprostatic region might be considered as a possible location for paragangliomas, especially in the presence of lower urinary tract symptoms even though they were absent in the current case.

[87]

TÍTULO / TITLE: - An extragastrointestinal stromal tumor originating from the seminal vesicles: 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):947-949. Epub 2013 Jul 26.

●● Enlace al texto completo (gratis o de pago) [3892/ol.2013.1496](#)

AUTORES / AUTHORS: - Hou Y; Wang Y; Xu R; Li D; Zhao X

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

RESUMEN / SUMMARY: - The present study reports a case of an extragastrointestinal stromal tumor (EGIST) originating from the seminal vesicles. A 74-year-old male patient with a tumor in the seminal vesicles underwent a radical spermatocystectomy due to an increased defecation frequency and a huge mass in the seminal vesicles. Ultrasonography and computed tomography (CT) initially diagnosed the mass as a tumor originating from the prostate. However, the mass was ultimately confirmed as an EGIST from the seminal vesicles following a laparotomy. According to the size, mitotic activity, cellularity, necrotic situation and immunohistochemical data, the tumor belonged to a low-risk group. No recurrence or metastasis has been identified during six years of follow-up observations. To the best of our knowledge, this is the first study to report this particular pathological type of EGIST.

[88]

TÍTULO / TITLE: - Primary monophasic synovial sarcoma of the kidney: a case report and review of literature.

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

REVISTA / JOURNAL: - Clin Med Insights Oncol. 2013 Oct 7;7:257-62. doi: 10.4137/CMO.S12243.

●● Enlace al texto completo (gratis o de pago) [4137/CMO.S12243](#)

AUTORES / AUTHORS: - Lopes H; Pereira CA; Zucca LE; Serrano SV; Silva SR; Camparoto ML; Carcano FM

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Barretos Cancer Hospital, Barretos, SP, Brazil.

RESUMEN / SUMMARY: - Primary synovial sarcoma (SS) of the kidney is a rare neoplasm and its presenting features are similar to other common renal tumors, making early diagnosis difficult. To date, few cases have been reported in the literature. Primary renal SSs can exist in either a monophasic or a biphasic pattern, the former being more common and tending to have a better prognosis than the biphasic variant. Herein we describe a case of primary renal SS that was diagnosed based on histopathology and immunohistochemistry after radical nephrectomy. Fusion gene product analysis was also done by FISH and RT-PCR. Patient follow-up and literature review are presented, focused on systemic therapy. We highlight that these tumors should be correctly diagnosed as clinical results and specific treatment are distinct

from primary epithelial renal cell carcinoma. Adjuvant chemotherapy should be tailored for each patient in the management of disease, although its role still remains unclear.

[89]

TÍTULO / TITLE: - Sclerosing Sertoli cell tumor of the testis: 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):2640-3.

AUTORES / AUTHORS: - Ishida M; Fujiwara R; Tomita K; Yoshida T; Iwai M; Yoshida K; Kagotani A; Kawauchi A; Okabe H

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

[90]

TÍTULO / TITLE: - Concurrent primary carcinoid tumor arising within mature teratoma and clear cell renal cell carcinoma in the horseshoe kidney: report of a rare case and 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):2578-84.

AUTORES / AUTHORS: - Sun K; You Q; Zhao M; Yao H; Xiang H; Wang L

INSTITUCIÓN / INSTITUTION: - Department of Pathology, The First Affiliated Hospital, College of Medicine, Zhejiang University Hangzhou, Zhejiang 310003, China.

RESUMEN / SUMMARY: - Primary carcinoid tumor arising in a mature teratoma of the horseshoe kidney is exceptionally rare and only 4 such cases have been reported in the world literature to date. The simultaneous occurrence of different subtypes of renal cell carcinoma (RCC) or RCC coexistence with non-RCC neoplasms from the same kidney is unusual and infrequently reported. Herein we report a case of primary carcinoid tumor arising within mature teratoma, concurrent with a clear cell RCC in the horseshoe kidney of a 37-year-old man. Histologically, both the carcinoid tumor and clear cell RCC demonstrated the characteristic morphology in their classic forms. In addition to the carcinoid tumor, the mature teratoma consisted of variably sized, large cystic spaces lined by cytologically bland mucinous columnar epithelium, pseudostratified columnar epithelium, ciliated epithelium and mature smooth muscle fibers were also identified within the cystic wall. Furthermore, foci of round, small nodules composed of mature prostatic acinus were noted in the teratoma which was confirmed by exhibiting strong immunoreactivity for prostate specific antigen. The present case serves to expand the histologic component that may be encountered in the mature teratoma of the kidney and further broadens the spectrum of primary tumors occurring in the horseshoe kidney.

[91]

TÍTULO / TITLE: - Cervical lymph node metastasis in chromophobe renal cell carcinoma: a case report and review of the literature.

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

REVISTA / JOURNAL: - Case Rep Otolaryngol. 2013;2013:814175. doi: 10.1155/2013/814175. Epub 2013 Sep 25.

●● [Enlace al texto completo \(gratis o de pago\) 1155/2013/814175](#)

AUTORES / AUTHORS: - Bouadel N; El Ayoubi F; Bennani-Baiti AA; Benbouzid MA; Essakalli L; Kzadri M; El Ayoubi A

INSTITUCIÓN / INSTITUTION: - Department of Otorhinolaryngology, Head and Neck Surgery, Hospital des Specialites, CHU Ibn Sina, Rabat, Morocco.

RESUMEN / SUMMARY: - The metastasis of chromophobe renal cell carcinoma to head and neck region, described herein, has never been reported before to our knowledge. A 56-year-old woman with a history of nephrectomy, that revealed chromophobe renal cell carcinoma six years before, presented left cervical mass. Imaging showed with left cervical lymphadenopathies and thyroid nodule. Surgery with histopathological examination confirmed that it was a left central and lateral jugular lymph node metastasis of chromophobe renal cell carcinoma treated postoperatively by antiangiogenic therapy. The patient was successfully treated by surgery and antiangiogenic drugs with stabilization and no recurrence of the metastatic disease. The case and the literature reported here support that chromophobe renal cell carcinoma can metastasize to the head and neck region and should preferentially be treated with surgery and antiangiogenic therapy because of the associated morbidity and quality-of-life issues.

[92]

TÍTULO / TITLE: - Complete regression of advanced prostate cancer for ten years: 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):590-594. Epub 2013 Jun 6.

•• [Enlace al texto completo \(gratis o de pago\) 3892/ol.2013.1377](#)

AUTORES / AUTHORS: - Yan B; Meng X; Wang X; Wei P; Qin Z

INSTITUCIÓN / INSTITUTION: - Department of Traditional Chinese Medicine, Shanghai Changzheng Hospital, Second Military Medical University, Shanghai 200003, P.R. China.

RESUMEN / SUMMARY: - Long-term complete regression of prostate cancer (PCa) is a rare phenomenon. The current report presents the case of an advanced PCa patient with rare clinical features. Following the generation of a definitive diagnosis, the patient was administered with flutamide treatment (0.25 g flutamide) 3 times a day, for 5 consecutive years, prior to surgical castration. Following surgery, 3.75 mg enantone was injected (i.h.) once per month for 3 months, without suspending the flutamide treatment. In addition, traditional Chinese herbal medicine was administered immediately following surgery. Strontium-89 radiotherapy was performed for multiple bone metastases, and the multiple metastatic lesions (lung and bone) of the individual disappeared in <7 months. The patient has currently survived for >10 years with no development of castration resistance or signs of recurrence. Nadir prostate-specific antigen (PSA) levels had remained at <0.1 ng/ml following the initial treatment, and the erythrocyte sedimentation rate (ESR) value was high and had been observed to fluctuate during the treatment. The present case report considers the role of the androgen-receptor in PCa and indicates that careful interpretation of nadir PSA and ESR levels may aid in the prediction of patient prognosis.

[93]

TÍTULO / TITLE: - Bladder Cancer After Radiotherapy for Prostate Cancer.

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

REVISTA / JOURNAL: - Rev Urol. 2013;15(3):108-112.

AUTORES / AUTHORS: - Suriano F; Altobelli E; Sergi F; Buscarini M

INSTITUCIÓN / INSTITUTION: - Universita Campus Bio-Medico di Roma, Rome, Italy.

RESUMEN / SUMMARY: - External beam radiotherapy (EBRT) is frequently used in the management of prostate cancer (PCa) as definitive, postoperative, or salvage local treatment. Although EBRT plays a central role in the management of PCa, complications remain a troubling by-product. Several studies have demonstrated an association between radiotherapy and elevated risk of acute and late toxicities. A secondary malignancy induced by initial therapy represents one of the most serious complications related to definitive cancer treatment. The radiation-related secondary primary malignancy risk increases with increasing survival time. Transitional cell carcinoma of the bladder is the most frequent secondary primary malignancy occurring after radiotherapy and is described as more aggressive; it may be diagnosed later because some radiation oncologists believe that the hematuria that occurs after prostate EBRT is normal. Some patients treated for localized PCa will subsequently develop invasive bladder cancer requiring surgical intervention. Patients with PCa treated with EBRT should be monitored closely for the presence of bladder cancer.

[94]

TÍTULO / TITLE: - Disruption of Prostate Epithelial Differentiation Pathways and Prostate Cancer Development.

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

REVISTA / JOURNAL: - Front Oncol. 2013 Oct 31;3:273.

●● Enlace al texto completo (gratis o de pago) [3389/fonc.2013.00273](#)

AUTORES / AUTHORS: - Frank SB; Miranti CK

INSTITUCIÓN / INSTITUTION: - Laboratory of Integrin Signaling and Tumorigenesis, Van Andel Research Institute, Grand Rapids, MI, USA; Genetics Graduate Program, Michigan State University, East Lansing, MI, USA.

RESUMEN / SUMMARY: - One of the foremost problems in the prostate cancer (PCa) field is the inability to distinguish aggressive from indolent disease, which leads to difficult prognoses and thousands of unnecessary surgeries. This limitation stems from the fact that the mechanisms of tumorigenesis in the prostate are poorly understood. Some genetic alterations are commonly reported in prostate tumors, including upregulation of Myc, fusion of Ets genes to androgen-regulated promoters, and loss of Pten. However, the specific roles of these aberrations in tumor initiation and progression are poorly understood. Likewise, the cell of origin for PCa remains controversial and may be linked to the aggressive potential of the tumor. One important clue is that prostate tumors co-express basal and luminal protein markers that are restricted to their distinct cell types in normal tissue. Prostate epithelium contains layer-specific stem cells as well as rare bipotent cells, which can differentiate into basal or luminal cells. We hypothesize that the primary oncogenic cell of origin is a transient-differentiating bipotent cell. Such a cell must maintain tight temporal and spatial control of differentiation pathways, thus increasing its susceptibility for oncogenic disruption. In support of this hypothesis, many of the pathways known to be involved in prostate differentiation can be linked to genes commonly altered in PCa. In this article, we review what is known about important differentiation pathways (Myc, p38MAPK, Notch, PI3K/Pten) in the prostate and how their misregulation could lead to oncogenesis. Better understanding of normal differentiation will offer new insights into tumor initiation

and may help explain the functional significance of common genetic alterations seen in PCa. Additionally, this understanding could lead to new methods for classifying prostate tumors based on their differentiation status and may aid in identifying more aggressive tumors.

[95]

TÍTULO / TITLE: - Epidemiology of prostate cancer in the Asia-Pacific region.

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

REVISTA / JOURNAL: - Prostate Int. 2013;1(2):47-58. Epub 2013 Jun 30.

●● Enlace al texto completo (gratis o de pago) [12954/PI.12014](#)

AUTORES / AUTHORS: - Baade PD; Youlden DR; Cramb SM; Dunn J; Gardiner RA

INSTITUCIÓN / INSTITUTION: - Cancer Council Queensland, Brisbane, Australia ; Griffith Health Institute, Griffith University, Gold Coast, Australia ; School of Public Health, Queensland University of Technology, Brisbane, Australia.

RESUMEN / SUMMARY: - The purpose of this paper was to examine and compare available data on incidence, mortality and survival for countries in the Asia-Pacific region. Incidence data were obtained from GLOBOCAN 2008, other online data sources and individual cancer registries. Country-specific mortality statistics by individual year were sourced from the World Health Organization Statistical Information System Mortality Database. All incidence and mortality rates were directly age-standardised to the Segi World Standard population and joinpoint models were used to assess trends. Data on survival were obtained from country-specific published reports where available. Approximately 14% (122,000) of all prostate cancers diagnosed worldwide in 2008 were within the Asia-Pacific region (10 per 100,000 population), with three out of every four of these prostate cancer cases diagnosed in either Japan (32%), China (28%) or Australia (15%). There were also about 42,000 deaths due to prostate cancer in the Asia-Pacific region (3 per 100,000). For the nine countries with incidence trend data available, eight showed recent significant increases in prostate cancer incidence. In contrast, recent decreases in prostate cancer mortality have been reported for Australia, Japan and New Zealand, but mortality has increased in several other countries. The lack of population-based data across most of the countries in this region limits the ability of researchers to understand and report on the patterns and distribution of this important cancer. Governments and health planners typically require quantitative evidence as a motivation for change. Unless there is a widespread commitment to improve the collection and reporting of data on prostate cancer it is likely that the burden of prostate cancer will continue to increase. Enhancing knowledge transfer between countries where there are differentials in capacity, policy and experience may provide the necessary impetus and opportunity to overcome at least some of the existing barriers.

[96]

TÍTULO / TITLE: - Controversies on individualized prostate cancer care: gaps in current practice.

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

REVISTA / JOURNAL: - Ther Adv Urol. 2013 Oct;5(5):233-44. doi: 10.1177/1756287213490053.

●● Enlace al texto completo (gratis o de pago) [1177_1756287213490053](#) [pii]
●● Enlace al texto completo (gratis o de pago) [1177/1756287213490053](#)

AUTORES / AUTHORS: - Joniau S; Pfister D; de la Taille A; Gaboardi F; Thompson A; Ribal MJ

INSTITUCIÓN / INSTITUTION: - University Hospitals Leuven, Leuven, Belgium.

RESUMEN / SUMMARY: - Prostate cancer (PCa) is a heterogeneous disease with a wide spectrum of aggressiveness. Evidence-based guidelines are invaluable but cannot be expected to be extensive enough to provide detailed guidance on the management of all patients. As such, the use of individualized, risk-adapted approaches to the management of PCa is indispensable. However, wide variation in treatment approaches observed for patients in practice suggests that there is an unmet need to improve the individualized approach towards patient care. A holistic approach that encompasses guidelines and evidence-based medicine could be used to guide individualized care for patients with PCa, from first contact through to final outcomes. As a result of an international expert meeting, this paper proposes this approach and highlights some of the factors that can be considered when aiming to identify patients' profiles; individualize treatment; and improve communication between patients and the healthcare teams.

[97]

TÍTULO / TITLE: - Models of Care and NCCN Guideline Adherence in Very-Low-Risk Prostate Cancer.

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

REVISTA / JOURNAL: - J Natl Compr Canc Netw. 2013 Nov 1;11(11):1364-72.

AUTORES / AUTHORS: - Aizer AA; Paly JJ; Zietman AL; Nguyen PL; Beard CJ; Rao SK; Kaplan ID; Niemierko A; Hirsch MS; Wu CL; Olumi AF; Michaelson MD; D'Amico AV; Efstathiou JA

INSTITUCIÓN / INSTITUTION: - From the aHarvard Radiation Oncology Program, and bDepartment of Radiation Oncology, Massachusetts General Hospital; cDepartment of Radiation Oncology, Brigham and Women's Hospital/Dana-Farber Cancer Institute; dDepartment of Medicine, Division of General Internal Medicine, Massachusetts General Hospital; eDepartment of Radiation Oncology, Beth Israel Deaconess Medical Center; fDepartment of Radiation Oncology, Division of Biostatistics and Biomathematics, Massachusetts General Hospital; gDepartment of Pathology, Brigham and Women's Hospital; and hDepartment of Pathology, iDepartment of Urology, and jDepartment of Medicine, Division of Hematology/Oncology, Massachusetts General Hospital, Boston, Massachusetts.

RESUMEN / SUMMARY: - NCCN Guidelines recommend active surveillance as the primary management option for patients with very-low-risk prostate cancer and an expected survival of less than 20 years, reflecting the favorable prognosis of these men and the lack of perceived benefit of immediate, definitive treatment. The authors hypothesized that care at a multidisciplinary clinic, where multiple physicians have an opportunity to simultaneously review and discuss each case, is associated with increased rates of active surveillance in men with very-low-risk prostate cancer, including those with limited life expectancy. Of 630 patients with low-risk prostate cancer managed at 1 of 3 tertiary care centers in Boston, Massachusetts in 2009, 274 (43.5%) had very-low-risk classification. Patients were either seen by 1 or more individual practitioners in sequential settings or at a multidisciplinary clinic, in which concurrent consultation with 2 or more of the following specialties was obtained: urology, radiation oncology, and medical oncology. Patients seen at a multidisciplinary

prostate cancer clinic were more likely to select active surveillance than those seen by individual practitioners (64% vs 30%; $P < .001$), an association that remained significant on multivariable logistic regression (odds ratio [OR], 4.16; $P < .001$). When the analysis was limited to patients with an expected survival of less than 20 years, this association remained highly significant (72% vs 34%, $P < .001$; OR, 5.19; $P < .001$, respectively). Multidisciplinary care is strongly associated with selection of active surveillance, adherence to NCCN Guidelines and minimization of overtreatment in patients with very-low-risk prostate cancer.

[98]

TÍTULO / TITLE: - Advances in Localized Prostate Cancer: Highlights From the 2012 Friends of Israel Urological Symposium, July 3-5, 2012, Tel Aviv, Israel.

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

REVISTA / JOURNAL: - Rev Urol. 2013;15(2):82-83.

AUTORES / AUTHORS: - Loeb S; Borin JF

INSTITUCIÓN / INSTITUTION: - Department of Urology, NYU Langone Medical Center, and Veterans Affairs New York Harbor Healthcare System, New York, NY.

[99]

TÍTULO / TITLE: - The role of radical prostatectomy in high-risk prostate cancer.

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

REVISTA / JOURNAL: - Prostate Int. 2013;1(3):95-101. Epub 2013 Sep 27.

- Enlace al texto completo (gratis o de pago) [12954/PI.13018](#)

AUTORES / AUTHORS: - Chung BH

INSTITUCIÓN / INSTITUTION: - Department of Urology, Urological Science Institute, Yonsei University College of Medicine, Seoul, Korea.

RESUMEN / SUMMARY: - Because of the increase in prostate cancer patients, urologists can detect more clinically localized prostate cancer in patients before the disease has progressed to advanced stages. Nevertheless, some patients are still diagnosed with high-risk prostate cancer. Even though several treatment options are available for high-risk prostate cancer patients, including radical prostatectomy, radiotherapy, and hormone therapy, used alone or in combination, the recurrence rate is high regardless of the type of treatment. Nevertheless, in the experience of many urologists, a substantial proportion of high-risk prostate cancer patients are cured by local definite therapy or multimodality treatment. Thus, several treatment combinations have been attempted as treatments in these patients. Among them, radical prostatectomy is regarded as the first step in high-risk prostate cancer patients, on a selective basis. In some high-risk prostate cancer patients, surgery is a one-step modality in treatment and has an excellent oncological prognosis. However, because of the lack of evidence and well-controlled comparative prospective studies, the best course of treatment can be unclear, and oncological outcomes often appear heterogeneous. We therefore review the current literature on clinical outcomes in high-risk prostate cancer.

[100]

TÍTULO / TITLE: - MicroRNAs in prostate cancer.

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

REVISTA / JOURNAL: - Prostate Int. 2013;1(1):3-9. Epub 2012 Dec 13.

- Enlace al texto completo (gratis o de pago) [12954/PI.12011](#)

AUTORES / AUTHORS: - Kim WT; Kim WJ

INSTITUCIÓN / INSTITUTION: - Department of Urology, Chungbuk National University College of Medicine, Cheongju, Korea.

RESUMEN / SUMMARY: - MicroRNAs (miRNAs) are made up of ~22 endogenous nucleotides and are small, noncoding RNAs that are important regulators of gene expression at the posttranscriptional level by degrading or repressing target miRNAs. miRNA expression profiles can be used for the detection of diagnostic and prognostic markers for various cancers. Also, alterations of miRNAs in cancer tissues have been associated with clinicopathological parameters. Along with circulating miRNAs, tissue miRNAs have shown promise as markers that can predict cancer recurrence and/or the potential for survival of cancer patients. Additionally, some miRNAs have therapeutic potential. In this review, we discuss and assess the usefulness of tissue-derived and circulating miRNAs for the diagnosis and prognosis of prostate cancer.

[101]

TÍTULO / TITLE: - Metastatic Castration-Resistant Prostate Cancer: Critical Review of Enzalutamide.

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

REVISTA / JOURNAL: - Clin Med Insights Oncol. 2013 Aug 21;7:235-245.

- Enlace al texto completo (gratis o de pago) [4137/CMO.S11670](#)

AUTORES / AUTHORS: - El-Amm J; Patel N; Freeman A; Aragon-Ching JB

INSTITUCIÓN / INSTITUTION: - Department of Medicine, Division of Hematology/Oncology, George Washington University Medical Center, Washington, DC, USA.

RESUMEN / SUMMARY: - Enzalutamide, previously known as MDV300, is an oral, second-generation androgen receptor (AR) signaling inhibitor or antagonist that was approved by the Food and Drug Administration in 2012 for the treatment of metastatic castrate-resistant prostate cancer (mCRPC) postdocetaxel. Preclinical studies have demonstrated impressive affinity to the AR compared to the first-generation AR inhibitors. The landmark Phase III AFFIRM trial demonstrated improved overall survival benefit compared to placebo in addition to improvement in all tested parameters. Enzalutamide is currently being studied in several trials prechemotherapy and in earlier settings of prostate cancer. This review will discuss the mechanism of action of enzalutamide, its pharmacokinetics, the preclinical and clinical trials that led to its approval, the ongoing clinical trials, its safety and efficacy, as well as patterns of resistance, and discusses its place in therapy within the context of several recently approved agents for mCRPC.

[102]

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.

[103]

TÍTULO / TITLE: - Cabazitaxel: A novel taxane for metastatic castration-resistant prostate cancer-current implications and future prospects.

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

REVISTA / JOURNAL: - J Pharmacol Pharmacother. 2013 Oct;4(4):230-237.

●● Enlace al texto completo (gratis o de pago) [4103/0976-500X.119704](#)

AUTORES / AUTHORS: - Abidi A

INSTITUCIÓN / INSTITUTION: - Department of Pharmacology, Subharti Medical College, Subhartipuram, Meerut Bypass, Meerut, Uttar Pradesh, India.

RESUMEN / SUMMARY: - Recent advances in the management of prostate cancer have shown considerable development with time and many novel therapeutic agents have been approved over the past years. For patients with metastatic castration-resistant prostate cancer (mCRPC), initially docetaxel was the standard chemotherapy but once they became refractory to docetaxel, no treatment improved survival. This scenario changed in June 2010 when the US Food and Drug Administration (FDA) approved Cabazitaxel as a new therapeutic option for patients with mCRPC resistant to docetaxel. Cabazitaxel, being a novel tubulin-binding taxane with poor affinity for P-glycoprotein, decreases the chances of resistance. It has shown antitumor activity in preclinical, phase I, II and III clinical studies in docetaxel-resistant tumors. This article summarises the background, pharmacodynamic, kinetics and clinical development of cabazitaxel for the treatment of castration-resistant prostate cancer. Future development and rational use of this drug in other tumors is under therapeutic investigation.

[104]

TÍTULO / TITLE: - The Roles of Fibroblast Growth Factors in the Testicular Development and Tumor.

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

REVISTA / JOURNAL: - J Diabetes Res. 2013;2013:489095. Epub 2013 Sep 18.

●● Enlace al texto completo (gratis o de pago) [1155/2013/489095](#)

AUTORES / AUTHORS: - Jiang X; Skibba M; Zhang C; Tan Y; Xin Y; Qu Y

INSTITUCIÓN / INSTITUTION: - The First Hospital of Jilin University, Changchun 130021, China ; KCHRI at the Department of Pediatrics, The University of Louisville, Louisville 40202, USA.

RESUMEN / SUMMARY: - Fibroblast growth factors (FGFs) are classically known as hormonal factors and recent studies have revealed that FGFs have a key role in regulating growth and development of several reproductive organs, including the testis. The testis is mainly consisted of germ cells, Sertoli cells and Leydig cells to develop and maintain the male phenotype and reproduction. This review summarizes the structure and functions of testis, the roles of FGFs on testicular development and

potential involvement in testicular tumor and its regulatory mechanism. Among 23 members of FGFs, the FGF-1, FGF-2, FGF-4, FGF-8, FGF-9, and FGF-21 were involved and describe in details. Understanding the roles and mechanism of FGFs is the foundation to modeling testicular development and treatments in testicular disease. Therefore, in the last part, the potential therapy with FGFs for the testis of cancer and diabetes was also discussed.

[105]

TÍTULO / TITLE: - Joint Statement by Members of the NCCN Prostate Cancer Guidelines Panel.

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

REVISTA / JOURNAL: - J Natl Compr Canc Netw. 2013 Nov 1;11(11):1310-2.

AUTORES / AUTHORS: - Mohler JL
