

### 1. Lung Cancer in the Young

(Cáncer de pulmón en los jóvenes)

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**REVISTA:** Lung. 2020 Feb;198(1):195-200. doi: 10.1007/s00408-019-00294-5. Epub 2019 Nov 26.

**ABSTRACTO:** Median age at diagnosis of lung cancer is 70 years. Its presentation in patients 40 or younger is uncommon and it has been proposed that maybe it is a different disease due to its clinical characteristics and genetic makeup. There are a limited number of studies in this population and they report different clinic-pathological characteristics in comparison with older patients.

### 2. Immunotherapy at Any Line of Treatment Improves Survival in Patients With Advanced Metastatic Non-Small Cell Lung Cancer (NSCLC) Compared With Chemotherapy (Quijote-CLICaP)

(La inmunoterapia en cualquier línea de tratamiento mejora la supervivencia en pacientes con cáncer de pulmón de células no pequeñas metastásico avanzado (CPCNP) en comparación con la quimioterapia (Quijote-CLICaP))

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**REVISTA:** Thorac Cancer. 2020 Feb;11(2):353-361. doi: 10.1111/1759-7714.13272. Epub 2019 Dec 12.

**ABSTRACTO:** Prepectoral implant-based breast reconstruction has gained popularity because of advantages over the subpectoral technique. Acellular dermal matrix use with implant-based breast reconstruction has become common because of its perceived superior aesthetic outcome. Matrices are expensive, however, and recent evidence has pointed to several potential complications. This article reports a series of prepectoral implant-based breast reconstructions with and without acellular dermal matrix and compared their outcomes.

### 3. Reply to: Lung Cancer in Young Patients: The Importance of Assessing Driver Mutations and Treatment Strategies.

(Respuesta a: Cáncer de pulmón en pacientes jóvenes: la importancia de evaluar las mutaciones del conductor y las estrategias de tratamiento)

**INVESTIGADORES:** Galvez-Nino M.

**REVISTA:** Lung. 2020 Mar 2. doi: 10.1007/s00408-020-00338-1. [Epub ahead of print]

**ABSTRACTO:** Dear Editor, We appreciate the letter of Adachi et al. in reference to our manuscript and we are pleased to respond to concerns raised regarding our data. We are aware of the importance of molecular assessment in NSCLC patients, especially in the younger population, due to the high incidence of target mutations, particularly in our country, as we mentioned in our manuscript. However, access to molecular assessment for detection of EGFR mutations and ALK rearrangements was available only since 2015 at our Institution. In order to enhance the understanding of lung cancer in young patients, the molecular characterization of this cohort is ongoing and will be published within a comparative study with older patients. Regarding the median overall survival (OS) of 8.2 months reported for our patients, it is important to mention that the proportion of advanced disease in our cohort is the highest reported and corresponds to 84.7% in contrast with 21.1–49.2% published by other series [1–5] (Table 1). When comparing OS of

exclusively stage IV patients, our results are similar to what has been published previously. Regarding treatment strategies, the two patients diagnosed in stage I and II received surgical treatment and those with advanced disease received only chemotherapy-based therapy. Based on the evidence presented, we reaffirm that young NSCLC patients with advanced disease at diagnosis have a poor survival. Furthermore, we agree that genetic assessment, appropriate therapy, and early diagnosis in this special group of patients can improve the prognosis.

#### 4. Lung Cancer in Peru

Cáncer de pulmón en el Perú

**INVESTIGADORES:** Rossana Ruiz, Marco Galvez-Nino, Ebert Poquioma, Abel Limache-García, Edgar Amorin, Mivael Olivera, Natalia Valdiviezo, Juan M Trejo, Adela Heredia, Gustavo Sarria, Alfredo Aguilar, Luis Ruez, Silvia P Neciosup, Henry L Gomez, Eduardo Payet, Luis Mas.

**REVISTA:** J Thorac Oncol 2020 Jun;15(6):891-898. doi: 10.1016/j.jtho.2020.01.018.

**ABSTRACTO:** Peru is a South American nation with a growing and aging population of 31 million people with a life expectancy at birth of 76.7 years. The country is divided into 25 regions, 79% of the population is urban, and Lima, the capital, concentrates more than a third of the population. Although Peru is an upper-middle-income country, health expenditure represents only 5.1% of the gross domestic product, which is lower than the average of Latin America and the Caribbean (LATAM) (8.56%). Out-of-pocket health expenditure is 30.9%. Peru has a comprehensive National Cancer Plan and two population-based cancer registries in Lima and Arequipa

#### 5. Recommendations for detection, prioritization, and treatment of thoracic oncology patients during the COVID-19 pandemic: the THOCOoP cooperative group

(Recomendaciones para la detección, priorización y tratamiento de pacientes con oncología torácica durante la pandemia de COVID-19: el grupo cooperativo THOCOoP)

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**REVISTA:** Crit Rev Oncol Hematol 2020 Jun 20;153:103033. doi: 10.1016/j.critrevonc.2020.103033. Online ahead of print.

**ABSTRACTO:** The world currently faces a pandemic due to SARS-CoV-2. Relevant information has emerged regarding the higher risk of poor outcomes in lung cancer patients. As such, lung cancer patients must be prioritized in terms of prevention, detection and treatment. On May 7th, 45 experts in thoracic cancers from 11 different countries were invited to participate. A core panel of experts regarding thoracic oncology care amidst the pandemic gathered virtually, and a total of 60 initial recommendations were drafted based on available evidence, 2 questions were deleted due to conflicting evidence. By May 16th, 44 experts had agreed to participate, and voted on each of the 58 recommendation using a Delphi panel on a live voting event. Consensus was reached regarding the recommendations (>66 % strongly agree/agree) for 56 questions. Strong consensus (>80 % strongly agree/agree) was reached for 44 questions. Patients with lung cancer represent a particularly vulnerable population during this time. Special care must be taken to maintain treatment while avoiding exposure.

**6. Antibiotics impair immune checkpoint inhibitor effectiveness in Hispanic patients with non-small cell lung cancer (AB-CLICaP)**

(Los antibióticos deterioran la efectividad del inhibidor del punto de control inmune en pacientes hispanos con cáncer de pulmón de células no pequeñas (AB-CLICaP))

**INVESTIGADORES:** Alejandro Ruiz-Patiño, Feliciano Barrón, Andrés F Cardona, Luis Corrales, Luis Mas, Claudio Martín, Zyanya L Zatarain-Barrón, Gonzalo Recondo, Luisa Ricaurte, Leonardo Rojas, Pilar Archila, July Rodríguez, Carolina Sotelo, Lucia Viola, Carlos Vargas, Hernán Carranza, Jorge Otero, Luis E Pino, Christian Rolfo, Rafael Rosell, Oscar Arrieta, CLICaP.

**REVISTA:** Thorac Cancer 2020 Jul 24. doi: 10.1111/1759-7714.13573. Online ahead of print.

**ABSTRACTO:** Background: The intestinal microbiota is an important factor in modulating immune-mediated tumor cell destruction. Alterations in the microbiome composition have been linked to reduced efficacy of immune checkpoint inhibitor (ICI) therapies. Therefore, antibiotic treatment (ATB), which modifies the diversity of the gut bacteria populations, could lead to a reduced efficacy of ICI treatments. Methods: This was a retrospective cohort study. Patients with advanced non-small cell lung cancer (NSCLC) treated with anti-programmed cell death ligand-1 (PD-L1) alone, or in combination in three different countries in Latin America were included. After identification, patients were placed into three groups: Non-ATB exposed (no-ATB), exposed within 30 days of the first dose of ICI (pre-ICI ATB) and patients receiving ATB concomitantly with ICI (ICI-ATB). Progression-free survival (PFS), overall survival (OS) and response rates to treatment with ICI were assessed. Results: A total of 140 patients were included, of which 32 patients (23%) received ATB treatment. The most common ATB types were fluoroquinolones and B-lactams. No differences in survival according to antibiotic type were identified. Median OS in patients not exposed to ATB was 40.6 months (95% CI: 32-67.7), compared with 20.3 months (95% CI: 12.1-non-reached [NR]) for patients with pre-ICI ATB treatment and 24.7 months (95% CI: 13-NR) for patients treated with ATB concomitantly with ICI. There were no significant differences in terms of PFS, or response rates across all treatment groups. Conclusions: Antibiotic treatment was associated with reduced OS in Hispanic patients with NSCLC treated with ICIs.