



**PERÚ**

**Sector  
Salud**

Instituto Nacional de  
Enfermedades Neoplásicas



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

## **LISTADO DE PUBLICACIONES DE ARTÍCULOS PUBLICADOS EN REVISTAS INDEXADAS DURANTE EL II SEMESTRE DEL 2020**

### **ABDOMEN**

*HFR/shat*  
*Cc/archivo*

➤ **Watch and wait for rectal cancer: assessing the cost effectiveness in Latin America**

**INVESTIGADORES:** Jorge Luna-Abanto

**REVISTA:** Rev Gastroenterol Peru Apr-Jun 2020;40(2):204-205.

**ABSTRACTO:** Growing evidence favors the nonoperative management of locally advanced rectal cancer, also known as “watch and wait” (W&W), after chemoradiotherapy in patients with a clinical complete response. This emerging strategy’s main goal is to improve the quality of life without compromising cure rates. Close surveillance protocols, including both: imaging studies and colonoscopy, are required for the early detection of possible regrowth and systemic recurrence. However, these follow-up protocols are heterogeneous, some authors include the physical examination, serial carcinoembryonic antigen levels (CEA) measurements and endoscopy in three-month intervals during the first two years and in six-month intervals from the third to fifth year of follow-up.

➤ **Detection of *Helicobacter pylori* in gastric cancer tissue through histopathology, immunohistochemistry and real-time reverse transcription-PCR**

**INVESTIGADORES:** Carlos A Castaneda, Miluska Castillo, Joselyn Sanchez, Sandro Casavilca, Juvenal Sanchez, Luis A Bernabe, Nancy Suarez, Ivan Chavez, Eloy Ruiz, Katherine Tello, Maria R Villa, Rocio Zevallos, Paola Montenegro, Emmanuel Dias-Neto, Maria Landa-Baella, Luis Taxa.

**REVISTA:** Future Microbiol 2020 Aug;15:1131-1137. doi: 10.2217/fmb-2019-0280.

**ABSTRACTO:** Aim: *Helicobacter pylori* is usually detected based on hematoxylin-eosin (H-E) features, but, immunohistochemistry (IHC) and real-time PCR (RT-PCR) are more precise in chronic-gastritis. We evaluated the relevance of these tests in Peruvian gastric cancer samples. Materials & methods: We performed and evaluated H-E, IHC staining and RT-PCR in 288 gastric tumors. Slides were independently evaluated by three pathologists. Results: *H. pylori* was detected in 167/287 through H-E, 140/288 through IHC and 175/288 through RT-PCR, and positive-status were associated ( $p < 0.001$ ). *H. pylori* detection by H-E had a good concordance with IHC (kappa index = 0.632) but poor with RT-PCR (kappa index = 0.317). Higher median gene-copies were found in high *H. pylori* density through H-E or IHC ( $p < 0.001$ ). Conclusion: H-E evaluation is accurate in gastric cancer, and IHC and RT-PCR can complement its results.

➤ **Closure of colonic deep mural injury and perforation with endoclips**

**INVESTIGADORES:** Harold Benites, Fernando Palacios, Luis Marín, Paulo Bardalez, Jorge Vásquez, Edgar Alva, Lesly Calixto, Jéssica Alférez, Milagros Dávalos.

**REVISTA:** Rev Esp Enferm Dig 2020 Sep 21;112. doi: 10.17235/reed.2020.6880/2020. Online ahead of print.

**ABSTRACTO:** Introduction: colorectal perforations are one of the most feared complications after performing an endoscopic resection. The use of endoclips is considered for the management of these complications. Objectives: to evaluate the efficacy and safety of the use of endoclips in the management of perforations and deep mural injuries that occur after an endoscopic colorectal resection. Methods: a prospective cohort of consecutively

“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

included patients was used with a diagnosis of perforation or deep mural injury after an endoscopic colorectal resection treated with endoclips in our institution. The rates of perforation and deep mural injury were obtained. The factors associated with an unfavorable evolution after the placement of the endoclips were analyzed. Results: after 342 endoscopic mucosal resections (EMR) and 42 endoscopic submucosal dissections (ESD), there were 25 cases with perforation or deep mural injury. The deep mural injury rate was 3.22 % and 7.14 % in the case of EMR and ESD, respectively. The perforation rate was 1.46 % and 14.29 % in the case of EMR and ESD, respectively. Successful closure with endoclips was achieved in 24 cases (96 %). Only one patient presented an unfavorable evolution (10 %) after successful closure. The factors associated with an unfavorable evolution were the presence of diffuse peritoneal symptoms and a perforation size greater than or equal to 10 mm. Conclusion: endoscopic closure with endoclips is effective to avoid surgery in cases of deep mural injury or perforation after an endoscopic resection.

➤ **Characteristics and Surgical Outcomes in Very Elderly Patients ( $\geq 75$  years) with Renal Cell Carcinoma: Data from the Latin American Renal Cancer Group**

**INVESTIGADORES:** Adrián M Garza-Gangemi, Ricardo A Castillejos-Molina, Guillermo Gueglio, Ignacio P Tobia Gonzalez, Alberto M Jurado, Luis Meza-Montoya, Carlos H Scorticati, Walter Henriques-da-Costa, Juan Yandian, Luis Ubillos, Sidney Glina, Marcos Tobias-Machado, Oscar Rodríguez-Faba, Carlos Ameri, Alejandro Nolzco, Pablo Martinez, Gustavo Franco-Carvalho, Ruben G Bengio, Leandro Cristian Arribillaga, Raúl Langenhin, Diego Muguruza, José G Campos-Salcedo, Edgar I Bravo-Castro, Pablo A Mingote, Nicolás Ginestar, Ana M Autran-Gomez, Raúl Langenhin, Roberto Puente, Ricardo Decia, Gustavo Cardoso-Guimarães, Raúl Langenhin, Joan Palou-Redorta, Diego Abreu-Clavijo, Stenio de-Cassio-Zequi, Francisco T Rodriguez-Covarrubias, Latin American Renal Cancer Group (LARCg).

**REVISTA:** Rev Invest Clin 2020 May 7;72(5). doi: 10.24875/RIC.20000018. Online ahead of print.

**ABSTRACTO:** Background: The incidence of renal cell carcinoma (RCC) is increasing globally due to an aging population and widespread use of imaging studies. Objective: The aim of this study was to describe the characteristics and perioperative outcomes of RCC surgery in very elderly patients (VEP),  $\geq 75$  years of age. Methods: This is a retrospective comparative study of 3656 patients who underwent the treatment for RCC from 1990 to 2015 in 28 centers from eight Latin American countries. We compared baseline characteristics as well as clinical and perioperative outcomes according to age groups (less than 75 vs.  $\geq 75$  years). Surgical complications were classified with the Clavien-Dindo score. We performed logistic regression analysis to identify factors associated with perioperative complications. Results: There were 410 VEP patients (11.2%). On bivariate analysis, VEP had a lower body mass index ( $p$  less than 0.01) and higher ASA score ( $ASA > 2$  in 26.3% vs. 12.4%,  $p < 0.01$ ). There was no difference in performance status and clinical stage between the study groups. There were no differences in surgical margins, estimated blood loss (EBL), complication, and mortality rates (1.3% vs. 0.4%,  $p = 0.17$ ). On multivariate regression analysis, age  $\geq 75$  years (odds ratio [OR] 2.33,  $p$  less than 0.01),  $EBL \geq 500$  cc (OR 3.34,  $p$  less than 0.01), and  $> pT2$  stage (OR 1.63,  $p = 0.04$ ) were independently associated with perioperative complications.

“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”

“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

Conclusions: Surgical resection of RCC was safe and successful in VEP. Age  $\geq 75$  years was independently associated with 30-day perioperative complications. However, the vast majority were low-grade complications. Age alone should not guide decision-making in these patients, and treatment must be tailored according to performance status and severity of comorbidities.

➤ **TransAnal Total Mesorectal Excision (TaTME) in Peru: Case series**

**INVESTIGADORES:** Andrés Guevara Jabiles, Francisco Berrospi Espinoza, Iván Klever Chávez Passiuri, Eduardo Payet Meza, Carlos Emilio Luque-Vásquez, Eloy Ruiz Figueroa.

**REVISTA:** Int J Surg Case Rep 2020 Oct 7;76:425-430. doi: 10.1016/j.ijscr.2020.09.204. Online ahead of print.

**ABSTRACTO:** Introduction: Describe and demonstrate the feasibility and safety of TaTME in short term outcomes in the Instituto Nacional de Enfermedades Neoplásicas (INEN) in Peru. Materials and methods: Case series with retrospective and prospective data collection of patients with middle and inferior rectal cancer who underwent TaTME between January 2015 and March 2020. Patients and tumor characteristics, operative details, postoperative complications and pathological results were analyzed. Results: Nineteen patients were included. The median age was 56 years old (range 40-69). Ten were female. The median distance from the anal verge was 4 cm (range 3-6) and 17 cases were located in the inferior rectum. Eleven patients with clinical stage III. Thirteen (68.4%) patients received neoadjuvant treatment. There was no conversion to open surgery reported. Ten (52.6%) cases had intersphincteric resection and 18 (94.7%) had primary coloanal anastomosis, 13 (72.2%) of them with hand-sewn. All patients had a diversion with ileostomy. The median operative time was 330 min (range 270-480). Median postoperative hospital stay of 5 days (range 3-18). The overall rate of postoperative complication was 21.1%, two cases (10.5%) had anastomotic leakage and mortality was present in one (5.3%) patient. 94.5% had an optimal TME specimen, only one case (5.3%) had positive circumferential resection margin and positive distal margin. The median tumor size in the specimen was 4 cm (range 2-11) and nine (47.4%) patients had ypT3 on pathology. Conclusion: TaTME is a safe and feasible technique with good pathological results.

➤ **Deivy Cruzado-Sanchez, Luis A Saavedra-Mejia, Walter A Tellez, Grissnery Maquera-Torres, Solon Serpa-Frias.**

**INVESTIGADORES:** Deivy Cruzado-Sanchez, Luis A Saavedra-Mejia, Walter A Tellez, Grissnery Maquera-Torres, Solon Serpa-Frias.

**REVISTA:** J Ophthalmic Vis Res 2020 Oct 25;15(4):565-570. doi: 10.18502/jovr.v15i4.7794. eCollection Oct-Dec 2020.

**ABSTRACTO:** Purpose: To describe the clinical and histopathological findings of a case of intraocular metastasis due to colorectal adenocarcinoma and to carry out a literature review. Case report: A 64-year-old man with a history of tumor resection due to infiltrating colorectal adenocarcinoma three years previously sought ophthalmological care because of severe ocular pain without response to medical treatment and progressive vision loss in the

“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

left eye. On ultrasonographic examination, there was a heterogeneous intraocular choroidal tumor, which occupied approximately 40% of the vitreous cavity, as well as peritumoral serous retinal detachment. The patient underwent left eyeball enucleation. The histopathological diagnosis was metastatic tubular adenocarcinoma involving the retina and choroid that partially infiltrated the sclera and the proximal optic nerve. Conclusion: The present case highlights a rare pathological entity associated with variable therapeutic schemes and survival times and poor prognosis in patients with metastatic intraocular tumors due to colorectal adenocarcinoma.

➤ **Systemic Analysis and Review of Nivolumab-ipilimumab Combination as a Rescue Strategy for Renal Cell Carcinoma After Treatment With Anti-PD-1/PD-L1 Therapy**

**INVESTIGADORES:** Lucia Carril-Ajuria, David Lora, Alberto Carretero-González, Maricruz Martín-Soberón, Patricia Rioja-Viera, Daniel Castellano, Guillermo de Velasco.

**REVISTA:** Clin Genitourin Cancer 2020 Oct 15;S1558-7673(20)30232-9.

**ABSTRACTO:** Nivolumab-ipilimumab has become the standard of care in the frontline setting for intermediate-/poor-risk metastatic renal cell carcinoma (mRCC). This regimen is associated with survival improvement but significant toxicity. Anti-programmed cell death protein 1(PD-1)/programmed death-ligand 1(PD-L1) monotherapy may provide response and offers a better safety profile. In this context, nivolumab-ipilimumab has been postulated as a rescue treatment after anti-PD-1/PD-L1 therapy. Recent retrospective data has shown positive results, and several nonrandomized clinical trials (NRCTs) have evaluated this strategy. Therefore, we performed a meta-analysis of available NRCTs to clarify the efficacy and safety of salvage nivolumab-ipilimumab in mRCC after prior anti-PD-1/PD-L1 monotherapy. We searched PubMed, Medline, Embase, and the Cochrane Central Register of Controlled Trials to identify clinical trials investigating the efficacy and safety of salvage nivolumab-ipilimumab after prior anti-PD-1/PD-L1 in patients with mRCC. Only phase II NRCTs were available for the analysis. The pooled effect of single proportions with a 95% confidence interval (CI) was used as the measure of effect (overall response rate [ORR] and incidence of grade  $\geq 3$  adverse events). Four studies accounting for 237 patients were included. All patients received prior anti-PD-1/PD-L1 monotherapy. The pooled ORR of salvage nivolumab-ipilimumab after prior anti-PD-1/PD-L1 failure was 10.0% (95% CI, 6%-14%; I<sup>2</sup> = 41%; P = .17). The incidence of grade  $\geq 3$  irAEs was 27.0% (95% CI, 20%-35%; I<sup>2</sup> = 0%; P = .56). The results of this analysis suggest that the use of salvage nivolumab-ipilimumab in mRCC after prior anti-PD-1/PD-L1 has limited activity with a 10% ORR, and a non-negligible toxicity with 1 of 4 patients developing grade  $\geq 3$  immune-related adverse events.

➤ **Gastrointestinal stromal tumour of the rectum and intestinal obstruction: case report**

**INVESTIGADORES:** Ana Karla Uribe Rivera, Andrés Guevara Jabiles, Ivan Chavez Passiuri, Elica Garcia Leon, Melvy Guerrero Quiroga, Renier Cruz Baca, Jossue Espinoza Figueroa, Nelson Purizaca Rosillo, Eduardo Payet Meza.

**REVISTA:** Ecancermedicalsecience 2020 Nov 10;14:1139. doi: 10.3332/ecancer.2020.1139. eCollection 2020.



PERÚ

Sector  
Salud

Instituto Nacional de  
Enfermedades Neoplásicas



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”

“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

**ABSTRACTO:** We report the case of a 75-year-old female patient with a big tumour in the lower rectum with intestinal obstruction and lower gastrointestinal bleeding history who underwent a tumour biopsy under laparotomy and end colostomy at another hospital in Peru. She came to our institution for clinical evaluation with a pathology result of a rectal gastrointestinal stromal tumour. An extra elevator abdominoperineal resection was performed with tumour-free margins. The histology confirmed a high-grade (G2) rectal gastrointestinal stromal tumour with a mitotic index of 27/50. DOC-1 (+) and CD117 (+) in immunohistochemistry. Genomic DNA was extracted from the paraffin-fixed tumour sample, and c.1504\_1509dupGCCTAT (p.Ala502\_Tyr503dup) mutation was detected in exon 9 of the KIT gene. Imatinib 400 mg per day for 3 years was indicated as adjuvant treatment. Currently, she has a disease-free survival of 12 months

*HFR/shat*  
*Cc/archivo*



**PERÚ**

**Sector  
Salud**

Instituto Nacional de  
Enfermedades Neoplásicas



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

## **CABEZA Y CUELLO**

*HFR/shat  
Cc/archivo*



PERÚ

Sector  
Salud

Instituto Nacional de  
Enfermedades Neoplásicas



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

- Intrathyroidal thymic carcinoma misdiagnosed as a medullary thyroid carcinoma  
INVESTIGADORES: Erick Gonzales-Laguado, Henry Guerra-Miller, Luis García-Ruiz, Jorge Luna-Abanto.

**REVISTA:** Cir Cir 2020;88(Suppl 1):35-38. doi: 10.24875/CIRU.20001336.

**ABSTRACTO:** The intrathyroidal thymic carcinoma is a rare neoplasm. The probable origin of this neoplasm is the presence of ectopic thymic tissue or remnants of the third and fourth branchial arch. The case of a 49-year-old female with an initial diagnosis of medullary thyroid cancer is presented. When she was operated for regional recurrence, 16 years later, the pathology report demonstrates the presence of a intrathyroidal thymic carcinoma. Intrathyroidal thymic carcinoma is considered an independent type of thyroid carcinoma because this entity has specific clinical-pathological characteristics similar to thymic carcinomas and different prognosis than known thyroid carcinomas. We present the case of a patient initially treated as having a medullary thyroid carcinoma who, upon presenting recurrence, the presence of intrathyroidal thymic carcinoma was demonstrated.





**PERÚ**

**Sector  
Salud**

Instituto Nacional de  
Enfermedades Neoplásicas



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

## **EPIDEMIOLOGIA**

*HFR/shat  
Cc/archivo*



PERÚ

Sector  
Salud

Instituto Nacional de  
Enfermedades Neoplásicas



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

➤ **Cancer disease progression and death during the COVID-19 pandemic: a multidisciplinary analysis for the Peruvian setting**

**INVESTIGADORES:** Juan Astigueta-Pérez, Milagros Abad-Licham, Carlos Chávez-Chirinos, Luis Beraun-Milla, Alberto Lachos-Dávila, Elizabeth Diaz-Pérez, Karem Portugal-Valdivia, Paul Pilco Castañeda, Isaías Pérez Alférez, Edward Mezones-Holguín.

**REVISTA:** Ecancermedicalsecience 2020 Sep 8;14:1098. doi: 10.3332/ecancer.2020.1098. eCollection 2020.

**ABSTRACTO:** Since the COVID-19 pandemic began in China in late 2019, infection from the SARS-CoV-2 virus has spread virtually worldwide. This infection has adversely affected several countries; governments have outlined a series of political measures aimed to preserve the health and safety of their populations. In Peru, most actions have prioritised COVID-19 attention, with a subsequent gap in the healthcare facilities needed for other diseases. Cancer, one principal cause of death in the country, is usually diagnosed late. Moreover, in the pandemic context, the prevention and control of cancer have been negatively affected. Therefore, we carried out a multidisciplinary analysis using the Ishikawa diagram to identify the probable factors that contribute to cancer progression and deaths in Peru.



**PERÚ**

**Sector  
Salud**

Instituto Nacional de  
Enfermedades Neoplásicas



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

## **GINECOLOGIA**

*HFR/shat  
Cc/archivo*

“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”

“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

➤ **Senescence-Associated Secretory Phenotype Determines Survival and Therapeutic Response in Cervical Cancer**

**INVESTIGADORAS:** Sharad Purohit, Wenbo Zhi, Daron G Ferris, Manual Alvarez, Lynn Kim Hoang Tran, Paul Minh Huy Tran, Boying Dun, Diane Hopkins, Bruno Dos Santos, Sharad Ghamande, Jin-Xiong She.

**REVISTA:** Cancers (Basel) 2020 Oct 9;12(10):2899. doi: 10.3390/cancers12102899.

**ABSTRACTO:** Molecular biomarkers that can predict survival and therapeutic outcome are still lacking for cervical cancer. Here we measured a panel of 19 serum proteins in sera from 565 patients with stage II or III cervical cancer and identified 10 proteins that have an impact on disease specific survival (DSS) (Hazard's ratio; HR = 1.51-2.1). Surprisingly, all ten proteins are implicated in senescence-associated secreted phenotype (SASP), a hallmark of cellular senescence. Machine learning using Ridge regression of these SASP proteins can robustly stratify patients with high SASP, which is associated with poor survival, and patients with low SASP associated with good survival (HR = 3.09-4.52). Furthermore, brachytherapy, an effective therapy for cervical cancer, greatly improves survival in SASP-high patients (HR = 3.3,  $p < 5 \times 10^{-5}$ ) but has little impact on survival of SASP-low patients (HR = 1.5,  $p = 0.31$ ). These results demonstrate that cellular senescence is a major determining factor for survival and therapeutic response in cervical cancer and suggest that senescence reduction therapy may be an efficacious strategy to improve the therapeutic outcome of cervical cancer.

➤ **Oncological and obstetrical outcomes after neo-adjuvant chemotherapy followed by fertility-sparing surgery in patients with cervical cancer  $\geq 2$  cm**

**INVESTIGADORES:** Gabriel J Rendón, Aldo Lopez Blanco, Alejandro Aragona, José Martín Saadi, Julian Di Guilmi, Clemente Arab Eblen, Fernando Heredia Muñoz, Rene Pareja.

**REVISTA:** Int J Gynecol Cancer 2020 Nov 16;ijgc-2020-002076. doi: 10.1136/ijgc-2020-002076.

**ABSTRACTO:** Objective: There is significant debate between up-front radical trachelectomy versus neo-adjuvant chemotherapy before fertility-sparing surgery in patients with tumors  $\geq 2$  cm. The aim of this study was to report on the oncological and obstetrical outcome of neo-adjuvant chemotherapy followed by fertility-sparing surgery, in patients diagnosed with cervical cancer measuring  $\geq 2$  cm to  $\leq 6$  cm, who were scheduled to undergo neo-adjuvant chemotherapy before fertility-sparing surgery, at six institutions from four Latin American countries between February 2009 and February 2019. Data collected included: age, International Federation of Gynecology and Obstetrics (FIGO) 2009 stage, histology, tumor size, pre-treatment imaging work-up, chemotherapy agents and number of cycles, toxicity, clinical and imaging response rate, type of fertility-sparing surgery, pathology results, timing of lymphadenectomy, follow-up time, and obstetrical and oncological outcomes. Results: A total of 25 patients were included, with a median age of 27 years (range 20-37): 17 patients had stage IB1, 7 had stage IB2 cervical cancer, and 1 patient had stage IIA1 (FIGO 2009); 23 patients had squamous cell carcinoma and 2 patients had adenocarcinoma. The median number of chemotherapy cycles was 3 (range 3-6) and no

“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

toxicity grade 3-4 was reported. Lymphadenectomy was performed before chemotherapy in 6 (24%) patients. After neo-adjuvant chemotherapy 20 patients were scheduled for radical trachelectomy (11 abdominal and 9 laparoscopic) and 5 patients for conization. After surgery, no residual disease was found in 11 patients (44%). Fertility was preserved in 23 patients (92%) and 10 patients became pregnant (43.5%). After a median follow-up time of 47 months (13-133), 3 patients had recurrent disease (3/23=13%), 2 were alive without disease, and 1 patient had disease at last contact. Conclusion: Neo-adjuvant chemotherapy followed by fertility-sparing surgery is feasible in well selected patients with cervical tumors  $\geq 2$  cm. Future studies should focus on the timing of lymphadenectomy and type of cervical surgery.

➤ **Completion of radical hysterectomy does not improve survival of patients with cervical cancer and intraoperatively detected lymph node involvement: ABRAX international retrospective cohort study**

**INVESTIGADORES:** D Cibula, L Dostalek, P Hillemanns, G Scambia, J Jarkovsky, J Persson, F Raspagliesi, Z Novak, A Jaeger, M E Capilna, V Weinberger, J Klat, R L Schmidt, A Lopez, G Scibilia, R Pareja, A Kucukmetin, L Kreitner, A El-Balat, G J R Pereira, S Laufhütte, D Isla-Ortiz, T Toptas, B Gil-Ibanez, I Vergote, I Runnenbaum.

**REVISTA:** Eur J Cancer 2020 Dec 5;143:88-100. doi: 10.1016/j.ejca.2020.10.037. Online ahead of print

**ABSTRACTO:** Background: The management of cervical cancer patients with intraoperative detection of lymph node involvement remains controversial. Since all these patients are referred for (chemo)radiation after the surgery, the key decision is whether radical hysterectomy should be completed as originally planned, taking into account an additional morbidity associated with extensive surgical dissection prior to adjuvant treatment. The ABRAX study investigated whether completing a radical uterine procedure is associated with an improved oncological outcome of such patients. Patients and methods: We performed retrospective analyses of 515 cervical cancer patients (51 institutions, 19 countries) who were referred for primary curative surgery between 2005 and 2015 (stage IA-IIIB, common tumour types) in whom lymph node involvement was detected intraoperatively. Patients were stratified according to whether the planned uterine surgery was completed (COMPL group, N = 361) or abandoned (ABAND group, N = 154) to compare progression-free survival. Definitive chemoradiation was given to 92.9% patients in the ABAND group and adjuvant (chemo)radiation or chemotherapy to 91.4% of patients in the COMPL group. Results: The risks of recurrence (hazard ratio [HR] 1.154, 95% confidence intervals [CI] 0.799-1.666, P = 0.45), pelvic recurrence (HR 0.836, 95% CI 0.458-1.523, P = 0.56), or death (HR 1.064, 95% CI 0.690-1.641, P = 0.78) were not significantly different between the two groups. No subgroup showed a survival benefit from completing radical hysterectomy. Disease-free survival reached 74% (381/515), with a median follow-up of 58 months. Prognostic factors were balanced between the two groups. FIGO stage and number of pelvic lymph nodes involved were significant prognostic factors in the whole study cohort. Conclusion: We showed that the completion of radical hysterectomy does not improve survival in patients with intraoperatively detected lymph node involvement, regardless of tumour size or histological type. If lymph node involvement is confirmed



PERÚ

Sector  
Salud

Instituto Nacional de  
Enfermedades Neoplásicas



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”

“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

intraoperatively, abandoning uterine radical procedure should be considered, and the patient should be referred for definitive chemoradiation.

*HFR/shat*  
*Cc/archivo*



**PERÚ**

**Sector  
Salud**

Instituto Nacional de  
Enfermedades Neoplásicas



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

## **INFECTOLOGIA**

*HFR/shat  
Cc/archivo*

“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”

“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

➤ **Lymphotropic Viruses EBV, KSHV and HTLV in Latin America: Epidemiology and Associated Malignancies. A Literature-Based Study by the RIAL-CYTED**

**INVESTIGADORES:** Paola Chabay, Daniela Lens, Rocio Hassan, Socorro María Rodríguez Pinilla, Fabiola Valvert Gamboa, Iris Rivera, Fuad Huamán Garaicoa, Stella Maris Ranuncolo, Carlos Barrionuevo, Abigail Morales Sánchez, Vanesa Scholl, Elena De Matteo, Ma Victoria Preciado, Ezequiel M Fuentes-Panán.

**REVISTA:** Cancers (Basel) 2020 Aug 4;12(8):E2166. doi: 10.3390/cancers12082166.

**ABSTRACTO:** The Epstein-Barr virus (EBV), Kaposi sarcoma herpesvirus (KSHV) and human T-lymphotropic virus (HTLV-1) are lymphomagenic viruses with region-specific induced morbidity. The RIAL-CYTED aims to increase the knowledge of lymphoma in Latin America (LA), and, as such, we systematically analyzed the literature to better understand our risk for virus-induced lymphoma. We observed that high endemicity regions for certain lymphomas, e.g., Mexico and Peru, have a high incidence of EBV-positive lymphomas of T/NK cell origin. Peru also carries the highest frequency of EBV-positive classical Hodgkin lymphoma (HL) and EBV-positive diffuse large B cell lymphoma, not otherwise specified (NOS), than any other LA country. Adult T cell lymphoma is endemic to the North of Brazil and Chile. While only few cases of KSHV-positive lymphomas were found, in spite of the close correlation of Kaposi sarcoma and the prevalence of pathogenic types of KSHV. Both EBV-associated HL and Burkitt lymphoma mainly affect young children, unlike in developed countries, in which adolescents and young adults are the most affected, correlating with an early EBV seroconversion for LA population despite of lack of infectious mononucleosis symptoms. High endemicity of KSHV and HTLV infection was observed among Amerindian populations, with differences between Amazonian and Andean populations.

➤ **Update on the epidemiology of carbapenemases in Latin America and the Caribbean**

**INVESTIGADORES:** Juan Carlos García-Betancur, Tobias Manuel Appel, German Esparza, Ana C Gales, Gabriel Levy-Hara, Wanda Cornistein, Silvio Vega, Duilio Nuñez, Luis Cuellar, Luis Bavestrello, Paulo F Castañeda-Méndez, Juan M Villalobos-Vindas, María Virginia Villegas.

**REVISTA:** Expert Rev Anti Infect Ther 2020 Aug 19. doi: 10.1080/14787210.2020.1813023. Online ahead of print.

**ABSTRACTO:** Introduction: Carbapenemases are  $\beta$ -lactamases able to hydrolyze a wide range of  $\beta$ -lactam antibiotics, including carbapenems. Carbapenemase production in Enterobacterales, Pseudomonas aeruginosa and Acinetobacter spp., with and without the co-expression of other  $\beta$ -lactamases is a serious public health threat. Carbapenemases belong to three main classes according to the Ambler classification: class A, class B and class D. Areas covered: Carbapenemase-bearing pathogens are endemic in Latin America. In this review we update the status of carbapenemases in Latin America and the Caribbean. Expert opinion: Understanding the current epidemiology of carbapenemases in Latin America and the Caribbean is of critical importance to improve infection control policies limiting the dissemination of multi-drug-resistant pathogens and in implementing appropriate antimicrobial therapy.



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”

“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

➤ **Carbapenemasas clase D en aislamientos clínicos de *Acinetobacter baumannii***

**INVESTIGADORES:** Katherine Yauri-Condor, Milagros Zavaleta Apestegui, Carlos Raúl Sevilla-Andrade, Claudia Villoslado Espinoza, William Vicente Taboada, Edgar Gonzales-Escalante.

**REVISTA:** Rev Peru Med Exp Salud Publica Apr-Jun 2020;37(2):387-388. doi: 10.17843/rpmesp.2020.372.4747. Epub 2020 Aug 28.

**ABSTRACTO:** *Acinetobacter baumannii* es uno de los patógenos oportunistas causantes de infecciones asociadas con la atención en salud (IAAS). Se lo puede encontrar contaminando las unidades de cuidados intensivos (UCI) y causando enfermedades potencialmente mortales como septicemia, meningitis y neumonía. *A. baumannii* multidrogo resistente (MDR) posee gran capacidad para obtener elementos genéticos móviles, que diseminan la resistencia a los antibióticos. Los carbapenémicos son una opción terapéutica frente a las infecciones complicadas por gramnegativos, sin embargo, los reportes de resistencia de *A. baumannii* a los carbapenémicos han ido en aumento. La resistencia de *A. baumannii* spp. a los carbapenémicos se asocia con varios mecanismos:  $\beta$ -lactamasas, disminución de la permeabilidad de la membrana, modificación del sitio blanco y regulación de las bombas de expulsión a múltiples fármacos.

➤ **Characteristics of fungemia in a peruvian referral center: 5-year retrospective analysis**

**INVESTIGADORES:** Freddy Villanueva, Janet Veliz, Karol Canasa, Esther Bellido, Shirley Martell, Sherly Ortega, Ines Cajamarca.

**REVISTA:** Rev Peru Med Exp Salud Publica Apr-Jun 2020;37(2):276-281. doi: 10.17843/rpmesp.2020.372.5026. Epub 2020 Aug 28.

**ABSTRACTO:** Retrospective descriptive study carried out to determine the characteristics of fungemia in 285 cancer patients hospitalized from 2012 to 2016 at the Instituto Nacional de Enfermedades Neoplásicas (INEN). Demographic, clinical and microbiological information was evaluated. Fungemia by *C. albicans* predominated in patients with solid tumors and without neutropenia, while those caused by *C. tropicalis* predominated in patients with hematological neoplasia and neutropenia. *C. tropicalis* was the agent isolated in most cases (47.0%). Fungemia increased over time in patients without neutropenia. Fungemia caused by *C. albicans* increases with age in patients with solid tumors without neutropenia. It is concluded that fungemia are mainly caused by *C. tropicalis* in patients with hematological neoplasia with neutropenia and by *C. albicans* in patients with solid tumors without neutropenia. In addition, fungemia in patients without neutropenia increases over time; and those caused by *C. albicans* increase with age in patients with solid tumors without neutropenia.



**PERÚ**

**Sector  
Salud**

Instituto Nacional de  
Enfermedades Neoplásicas



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

## **MAMAS Y TEJIDOS BLANDOS**

*HFR/shat  
Cc/archivo*

➤ **Triple-negative breast cancer in Peru: 2000 patients and 15 years of experience**

**INVESTIGADORES:** Gabriel De-la-Cruz-Ku, Marianne Luyo, Zaida Morante, Daniel Enriquez, Mecker G Möller, Diego Chambergó-Michilot, Lucero Flores, Renato Luque, Antonella Saavedra, Miguel E Eyzaguirre-Sandoval, María G Luján-Peche, Naysha Noel, Hafid Calderon, Cesar Razuri, Hugo A Fuentes, Jose Manuel Cotrina, Silvia P Neciosup, Jhajaira Araujo, Alexandra Lema, Joseph Pinto, Henry L Gomez, Bryan Valcarcel.

**REVISTA:** PLoS One 2020 Aug 24;15(8):e0237811. doi: 10.1371/journal.pone.0237811. eCollection 2020.

**ABSTRACTO:** Background: Epidemiological studies commonly identify the clinical characteristics and survival outcomes of patients with breast cancer at five years. Our study aims to describe the sociodemographic, clinicopathological characteristics and determine the long-term event-free survival (EFS) and overall survival (OS) of a Peruvian population with triple-negative breast cancer. Methods: We reviewed the medical records of new cases treated at a single institution in the period 2000-2014. The survival analysis included patients with stages I-IV. Survival estimates at 10 years were calculated with the Kaplan-Meier method and compared with the Log-rank test. We further used multivariate Cox regression analysis to calculate prognostic factors of recurrence and mortality. Results: Among the 2007 patients included, the median age at diagnosis was 49 years (19-95 years). Most patients presented histologic grade III (68.7%), tumor stage II (34.2%), and III (51.0%) at diagnosis. Local and distant relapse was present in 31.9 and 51.4% of the patients, respectively. The most frequent sites of metastasis were the lungs (14.5%), followed by bone (9.7%), brain (9.6%), and liver (7.9%). The median follow-up was 153 months. At 3, 5, and 10 years, the EFS of the population was 55%, 49%, and 41%, respectively, while the OS was 64%, 56%, and 47%, respectively. Moreover, an N3 lymph node status was the most important prognostic factor for both disease relapse (HR: 2.54, 95% CI: 2.05-3.15) and mortality (HR: 2.51, 95% CI: 2.01-3.14) at ten years. An older age and higher T staging were associated with a worse OS, while patients who received radiotherapy and adjuvant chemotherapy had better survival rates. Conclusion: The sociodemographic features of Peruvian patients with TNBC are similar to those of other populations. However, our population was diagnosed at more advanced clinical stages, and thus, EFS and OS were lower than international reports while prognostic factors were similar to previous studies.

➤ **SARCOMA EUROPEAN & LATIN AMERICAN NETWORK (SELNET) RECOMMENDATIONS ON PRIORITIZATION IN SARCOMA CARE DURING COVID-19 PANDEMIC**

**INVESTIGADORES:** Javier Martin-Broto, Nadia Hindi, Samuel Aguiar Jr, Ronald Badilla-González, Victor Castro-Oliden, Matias Chacón, Raquel Correa-Generoso, Enrique de Álava, Davide María Donati, Mikael Eriksson, Martin Falla-Jimenez, Gisela German, Maria Leticia Gobo Silva, Francois Gouin, Alessandro Gronchi, Juan Carlos Haro-Varas, Natalia Jiménez-Brenes, Bernd Kasper, Celso Abdon Lopes de Mello, Robert Maki, Paula Martínez-Delgado, Hector Martínez-Said, Jorge Luis Martínez-Tlahuel, Jose Manuel Morales-Pérez, Francisco Cristobal Muñoz-Casares, Suely A Nakagawa, Eduardo Jose Ortiz-Cruz, Emanuela Palmerini,

“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”

“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

Shreyaskumar Patel, David S Moura, Silvia Stacchiotti, Marie Pierre Sunyach, Claudia M Valverde, Federico Waisberg, Jean-Yves Blay.

**REVISTA:** Oncologist 2020 Sep 5. doi: 10.1634/theoncologist.2020-0516. Online ahead of

**ABSTRACTO:** Background: COVID-19 outbreak has resulted in collision between SARS-CoV-2-infected patients and cancer patients on different fronts. Serious SARS-CoV-2 cases overwhelmed hospital capacity, especially in intensive care units, causing a domino effect, displacing areas from their primary use. Cancer patient has been impacted by deferral, modification or even cessation of therapy. Adaptive measures to minimize hospital exposure, following the precautionary principle have been proposed for cancer care during COVID-19 era. We present here a consensus on prioritizing recommendations across the continuum of sarcoma patient care. Material and methods: A total of 125 recommendations were proposed in soft-tissue, bone and visceral sarcoma care. Recommendations were assigned as higher- or lower-priority if they cannot or can be postponed at least 2-3 months, respectively. The consensus level for each recommendation was classified as "strongly recommended" (SR) if more than 90% of experts agreed, "recommended" (R) if 75-90% of experts agreed and "no consensus" (NC) if fewer than 75% agreed. Sarcoma experts from 11 countries within the SELNET consortium participated, including countries in the Americas and Europe. The ESMO-Magnitude of clinical benefit scale was applied to systemic-treatment recommendations to support prioritization. Results: There were 80 SR, 35 R and 10 NC among the 125 recommendations issued and completed by 31 multidisciplinary sarcoma experts. The consensus was higher among the 75 higher-priority recommendations (85%, 12% and 3% for SR, R and NC, respectively) than in the 50 lower-priority recommendations (32%, 52% and 16% for SR, R and NC, respectively). Conclusion: The consensus on 115 of 125 recommendations indicates a high-level of convergence among experts. The SELNET consensus provides a tool for sarcoma multidisciplinary treatment committees during the COVID-19 outbreak. The details of different recommendations and the distinction between two priority levels enables a practical approach for both Latin-American and other health-care providers, and sarcoma expert centres. Implications for practice: SELNET consensus on sarcoma prioritization care during the COVID-19 era, issued 125 pragmatical recommendations distributed as higher or lower priority, to protect critical decisions on sarcoma care during COVID-19 pandemic. A multidisciplinary team from 11 countries, including countries in the Americas and Europe, reached consensus on 115 recommendations. The consensus was lower among lower-priority recommendations, which shows reticence to postpone actions even in indolent tumors. The ESMO-magnitude of clinical benefit scale was applied as support for prioritizing systemic treatment. Consensus on 115 of 125 recommendations indicates a high-level of convergence among experts. The SELNET consensus provides a practice tool for the guidance in the decisions of sarcoma multidisciplinary treatment committees during the COVID-19 outbreak.

➤ **5th ESO-ESMO international consensus guidelines for advanced breast cancer (ABC 5)**

**INVESTIGADORES:** F Cardoso, S Paluch-Shimon, E Senkus, G Curigliano, M S Aapro, F André, C H Barrios, J Bergh, G S Bhattacharyya, L Biganzoli, F Boyle, M-J Cardoso, L A Carey, J Cortés, N S El Saghir, M Elzayat, A Eniu, L Fallowfield, P A Francis, K Gelmon, J Gligorov, R Haidinger, N Harbeck, X Hu, B Kaufman, R Kaur, B E Kiely, S-B Kim, N U Lin, S A Mertz, S Neciosup, B V

HFR/shat  
Cc/archivo

“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

Offersen, S Ohno, O Pagani, A Prat, F Penault-Llorca, H S Rugo, G W Sledge, C Thomssen, D A Vorobiof, T Wiseman, B Xu, L Norton, A Costa, E P Winer.

**RESVITA:** Ann Oncol 2020 Sep 23;S0923-7534(20)42460-3.

**ABSTRACTO:** For the purpose of ABC guidelines, advanced breast cancer (ABC) comprises both inoperable locally advanced breast cancer (LABC) and metastatic breast cancer (MBC). Advanced/metastatic breast cancer remains a virtually incurable disease, with a median overall survival (OS) of about 3 years and a 5-year survival rate of around 25%, even in countries without major accessibility problems. Survival is strongly related to breast cancer subtype, with the major advances seen in human epidermal growth factor receptor 2 (HER2)- positive ABC. ABC is a treatable disease with several available therapies and many others in development. However, their impact on survival and quality of life (QoL) of ABC patients has been slow and different for de novo versus recurrent ABC, with the latter becoming much harder to treat in recent years. Outcomes are also strongly related to access to the best available care, which includes not only the most efficacious medicines, but also multidisciplinary, specialised care, implementation of guidelines, high quality pathology, imaging and radiotherapy (RT). Lack of any of these crucial pillars of modern oncological care inevitably results in substantially worse outcomes, as exemplified in the New Zealand report “I am still here”. While mortality rates have decreased in the majority of developed countries, most deaths are currently seen in less developed societies, and access issues explain the majority of these inequalities.

➤ **Depression in women with a diagnosis of breast cancer. Prevalence of symptoms of depression in Peruvian women with early breast cancer and related sociodemographic factors**

**INVESTIGADORES:** Sandro Casavilca-Zambrano, Nilton Custodio, Ruddy Liendo-Picoaga, Karina Cancino-Maldonado, Loida Esenarro, Rosa Montesinos, Stéphane Bertani, Laura Fejerman, Maëlénn Guerchet, Tatiana Vidaurre.

**REVISTA:** Semin Oncol 2020 Sep 4;S0093-7754(20)30090-7.

**ABSTRACTO:** We sought to review literature on the prevalence of symptoms of depression in women with a diagnosis of breast cancer (BC) and in the Peruvian population determine the prevalence of symptoms of depression and to describe the association with sociodemographic characteristics. Descriptive cross-sectional analytical study of 254 patients from the National Cancer Institute of Peru (Instituto Nacional de Enfermedades Neoplásicas) with a diagnosis of clinical stage I or II BC. The patients included women aged between 26 and 67 years old. Symptoms of depression were monitored by the Beck Depression Inventory-II. Moreover, clinical features and patient sociodemographic characteristics were analyzed and their association with depression was assessed by logistic regression. The average age of the patients was  $47.8 \pm 9.2$  years; 5.4% of the patients were postmenopausal at the time of the questionnaire. About 55% of women were from Lima, 58.3% had completed secondary education ( $11 \pm 3.2$  years), 45.7% were not working, and 46.5% were single. The prevalence of depression was 25.6% at the time of BC diagnosis. Of those patients with symptoms of depression, 16.9% showed symptoms of mild depression, 6.3% moderate, and 2.4% severe. A multivariable logistic regression model showed that in Peruvian women with a diagnosis of BC being married or employed significantly decreased

“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

the odds of presenting depressive symptoms ( $P = 0.029$  and  $0.017$ , respectively). Our main limitation was the lack of evaluation of depressive symptoms before the diagnosis, during or at the end of treatment. Another limitation was that the Beck Depression Inventory-II test could only identify depressive symptoms, but not depression as a disease. We have reviewed relevant literature on depression in women with a diagnosis of BC. The data presented suggests an association between both employment and marital status with depressive symptoms among Peruvian women with a diagnosis of BC. Pre-emptive support for women at risk could influence resilience and/or motivation for compliance with antineoplastic treatments.

➤ **Race, ethnicity and clinical outcomes in hormone receptor-positive, HER2-negative, node-negative breast cancer in the randomized TAILORx trial**

**INVESTIGADORES:** Kathy S Albain, Robert J Gray, Della F Makower, Amir Faghih, Daniel F Hayes, Charles E Geyer, Elizabeth C Dees, Matthew P Goetz, John A Olson, Tracy Lively, Sunil S Badve, Thomas J Saphner, Lynne I Wagner, Timothy J Whelan, Matthew J Ellis, William C Wood, Maccon M Keane, Henry L Gomez, Pavan S Reddy, Timothy F Goggins, Ingrid A Mayer, Adam M Brufsky, Deborah L Toppmeyer, Virginia G Kaklamani, Jeffrey L Berenberg, Jeffrey Abrams, George W Sledge, Joseph A Sparano.

**REVISTA:** J Natl Cancer Inst 2020 Sep 28;djaa148. doi: 10.1093/jnci/djaa148. Online ahead of print.

**ABSTRACTO:** Background: Black race is associated with worse outcomes in early breast cancer. We evaluated clinicopathologic characteristics, the 21-gene Recurrence Score (RS), treatment delivered and clinical outcomes by race and ethnicity among women who participated in TAILORx. Methods: The association between clinical outcomes and race (White, Black, Asian, other/unknown) and ethnicity (Hispanic vs. non-Hispanic) was examined using proportional hazards models. All P values are two-sided. Results: Of 9719 eligible women with hormone-receptor-positive, HER2-negative, node-negative breast cancer, there were 8189 (84.3%) Whites, 693 (7.1%) Blacks, 405 (4.2%) Asians, and 432 (4.4%) with other/unknown race. Regarding ethnicity, 889 (9.1%) were Hispanic. There were no substantial differences in RS or ESR1, PgR, or HER2 RNA expression by race or ethnicity. After adjustment for other covariates, compared with White race, Black race was associated with higher distant recurrence rates (hazard ratio [HR] = 1.60, 95% confidence intervals [CI] = 1.07 to 2.41), and worse overall survival in the RS 11-25 cohort (HR = 1.51, 95% CI = 1.06 to 2.15) and entire population (HR = 1.41, 95% CI = 1.05 to 1.90). Hispanic ethnicity and Asian race were associated with better outcomes. There was no evidence of chemotherapy benefit for any racial or ethnic group in those with a RS of 11-25. Conclusions: Black women had worse clinical outcomes despite similar 21-gene assay RS results and comparable systemic therapy in TAILORx. Similar to Whites, Black women did not benefit from adjuvant chemotherapy if the 21-gene RS was 11-25. Further research is required to elucidate the basis for this racial disparity in prognosis.

➤ **Impact of the Delayed Initiation of Adjuvant Chemotherapy in the Outcome of Triple Negative Breast Cancer**



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”

“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

**INVESTIGADORES:** Zaida Morante, Rossana Ruiz, Jhajaira M Araujo, Joseph A Pinto, Gabriel de la Cruz-Ku, Diego Urrunaga-Pastor, Fernando Namuche, Claudio Flores, Raúl Mantilla, María G Luján, Hugo Fuentes, Luis Schwarz, Alfredo Aguilar, Silvia Neciosup, Henry L Gómez.

**REVISTA:** Clin Breast Cancer 2020 Sep 18;S1526-8209(20)30235-4. doi: 10.1016/j.clbc.2020.09.008. Online ahead of print.

**ABSTRACTO:** Background: Adjuvant chemotherapy decreases the recurrence risk and improves survival rates; however, it is unclear whether a delayed initiation is associated with adverse outcomes, especially in triple negative breast cancer (TNBC). In this study, we evaluated the influence of the time to start adjuvant chemotherapy (TTC) in the outcomes of TNBC. Patients and methods: We retrospectively analyzed 15 years of data from patients with TNBC who received adjuvant chemotherapy at the Instituto Nacional de Enfermedades Neoplásicas (Lima, Peru). TTC was categorized into 4 groups:  $\leq 30$ , 31 to 60, 61 to 90, and  $\geq 91$  days. We evaluated overall survival (OS) and distant recurrence-free survival (DRFS). Cox proportional hazard models were used to identify prognostic factors. Results: In total, 687 patients were included. The mean age at diagnosis was 49.1 years (SD, 11.8 years), and most (62.6%) patients had pathologic stage T2. The median TTC was 48.1 days (SD, 27.4 days); 189 (27.5%) received chemotherapy  $\leq 30$  days; 329 (47.9%), between 31 and 60 days; 115 (16.7%), between 61 and 90 days; and 54 (7.9%) in  $\geq 90$  days. In the multivariate analysis, a TTC between 31 and 60 days (hazard ratio [HR], 1.78; 95% confidence interval [CI], 1.17-2.72), 61 and 90 days (HR, 2.38; 95%CI, 1.43-3.97), and  $\geq 91$  days (HR, 2.45; 95% CI, 1.32-4.55) was associated with an increased mortality in contrast with a TTC  $< 30$  days. Although a TTC between 31 and 60 days, 61 and 90 days, and  $\geq 91$  days was associated with an increased risk of DRFS (HR, 1.86; 95% CI, 1.24-2.79; HR, 2.34, 95% CI, 1.42-3.867; and HR, 3.16; 95% CI, 1.78-5.61, respectively). Conclusion: A delaying in TTC  $\geq 30$  days was associated with poorer outcomes. Our data suggest that several efforts should be conducted to avoid a delayed TTC in patients with TNBC.

➤ **Neutrophil-to-lymphocyte ratio predicts early mortality in females with metastatic triple-negative breast cancer**

**INVESTIGADORES:** Gabriel de la Cruz-Ku, Diego Chambergo-Michilot, J Smith Torres-Roman, Pamela Rebaza, Joseph Pinto, Jhajaira Araujo, Zaida Morante, Daniel Enriquez, Claudio Flores, Renato Luque, Antonella Saavedra, Maria Lujan, Henry Gomez, Bryan Valcarcel

**REVISTA:** PLoS One 2020 Dec 7;15(12):e0243447. doi: 10.1371/journal.pone.0243447. eCollection 2020.

**ABSTRACTO:** Background: The aim of this study was to determine the utility of the neutrophil-to-lymphocyte ratio (NLR) as a biomarker for predicting early-mortality ( $< 2$  years) among females with metastatic triple-negative breast cancer (mTNBC). Methods: We reviewed 118 medical records of females with mTNBC. The cut-off value for the NLR ( $< 2.5$  and  $\geq 2.5$ ) was determined with receiver operating characteristic curves (area under the curve: 0.73; 95% CI: 0.62-0.85). Survival curves were estimated using the Kaplan-Meier method and compared with the Log-rank test. Multivariate Cox regression was used to identify the risk of mortality at two years. Moreover, we performed sensitivity analyses with different cut-off values and a subgroup analysis in females that only received chemotherapy. Results: The median follow-up was 24 months. Females with NLR  $\geq 2.5$  had

“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”

“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

a poor overall survival compared to females with NLR  $<2.5$  (6% vs. 28%,  $p < 0.001$ ) at two years. This outcome remained when we stratified for females that only received chemotherapy (8% vs. 36%,  $p = 0.001$ ). Multivariate analyses identified NLR  $\geq 2.5$  as a poor prognostic risk factor for mortality in the entire population (HR: 2.12, 95% CI: 1.32-3.39) and among females that received chemotherapy (HR: 2.68, 95% CI: 1.46-4.92). Conclusion: The NLR is an accessible and reliable biomarker that predicts early mortality among females with mTNBC. Our results suggest that females with high NLR values have poor prognosis despite receiving standard chemotherapy. Health providers should evaluate the possibility to enroll these patients in novel immunotherapy trials.

➤ **Breast cancer associated pathogenic variants among women 61 years and older with triple negative breast cancer**

**INVESTIGADORES:** Yanin Chávarri-Guerra, Catherine A Marcum, Carolyn B Hendricks, Deborah Wilbur, Terrence Cescon, Christopher Hake, Julio Abugattas, Yenni Rodriguez, Cynthia Villarreal-Garza, Kai Yang, Aleck Cervantes, Sharon Sand, Danielle Castillo, Joseph Herzog, Janet Mokhnatkin, Mina S Sedrak, Enrique Soto-Perez-de-Celis, Jeffrey N Weitzel.

**REVISTA:** J Geriatr Oncol 2020 Dec 1;S1879-4068(20)30500-2. doi: 10.1016/j.jgo.2020.11.008. Online ahead of print.

**ABSTRACTO:** Women with triple negative breast cancer (TNBC) have a high prevalence of BRCA1 mutations, and current clinical guidelines recommend genetic testing for patients with TNBC aged  $\leq 60$  years. However, studies supporting this recommendation have included few older women with TNBC. Methods: Genetic testing results from women aged  $>60$  years with TNBC enrolled in the Clinical Cancer Genomics Community Research Network (CCGCRN) registry were included in this analysis. Prevalence of breast cancer-associated pathogenic variants (PVs) was compared across age groups. Results: We identified 151 women with TNBC aged  $>60$  years (median 65 years; SD 5.3). Of these, 130 (86%) underwent genetic testing, and a breast cancer-associated PV was identified in 16 (12.3%; 95% CI 7-19): BRCA1 ( $n = 6$ ), BRCA2 ( $n = 5$ ), PALB2 ( $n = 2$ ), ATM ( $n = 1$ ) and RAD51C ( $n = 2$ ). We found no differences in the proportion of patients with close blood relatives with breast ( $\leq 50$  years) or ovarian cancer (any age) between PV carriers (37.5%) and non-carriers (34.2%) ( $p = 0.79$ ). Among PV's carriers, the proportion of older women with a BRCA1 PV was lower when compared to younger women (37.5% vs 77.2%;  $p < 0.01$ ). Conclusion: Breast cancer-associated PVs were found in an important proportion of women aged  $>60$  years with TNBC undergoing genetic testing, including greater representation of BRCA2. These results suggest that older women with TNBC should be offered genetic testing, and that their exclusion based on chronologic age alone may not be appropriate.





**PERÚ**

**Sector  
Salud**

Instituto Nacional de  
Enfermedades Neoplásicas



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

## **PATOLOGIA**

*HFR/shat  
Cc/archivo*



PERÚ

Sector  
Salud

Instituto Nacional de  
Enfermedades Neoplásicas



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

➤ **Appendicular desmoid tumor: unusual case and review of the literature**

**INVESTIGADORES:** Mercedes Bravo-Taxa, Carlos Luque Vásquez-Vásquez, Aldo López-Blanco, Luis Taxa-Rojas.

**REVISTA:** Rev Gastroenterol Peru Apr-Jun 2020;40(2):193-197.

**ABSTRACTO:** Background: Desmoid type fibromatosis is a benign neoplastic process non-encapsulated locally invasive and aggressive, which arises from a proliferation of bland-looking fibroblasts and myofibroblasts. The most frequent location of fibromatosis is extraabdominal (60%), abdominal wall (25%) and intra-abdominal (8-15%), rarely can originate in the viscera (0.73%), such as the pancreas, gastroesophageal junction, diaphragm and appendix. The annual incidence of desmoid tumor is estimated at 2 to 5 cases per million. In this article, we report a case of unusual presentation, originated in the cecal appendix. Case: A 41-year-old female patient with acute pelvic pain, admitted to surgical ward with a clinical and ultrasound diagnosis of probably ovarian pedicle tumor. An explorative laparotomy revealed a solid mass of 15 cm in diameter arising from the cecal appendix, with the anatomopathological study corresponding to a desmoid tumor of the cecal appendix. Conclusions: The desmoid tumor can arise from several extra and intra-abdominal locations, the latter being the rarest and most aggressive. Accurate preoperative diagnosis is very difficult and almost always patients enter to surgery with suspected diagnosis of intraabdominal tumor of unknown etiology. The risk factors associated to its appearance are not yet characterized. The complete surgical resection of the tumor -with free surgical margins (R0)- is the treatment of choice; however, the risk of recurrence is high even with optimal tumor removal.



**PERÚ**

**Sector  
Salud**

Instituto Nacional de  
Enfermedades Neoplásicas



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

## **PEDIATRIA**

*HFR/shat  
Cc/archivo*

“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

➤ **COVID-19 in pediatric cancer patients in a resource-limited setting: National data from Peru**

**INVESTIGADORES:** Jacqueline Montoya, Cecilia Ugaz, Sandra Alarcon, Essy Maradiegue, Juan García, Rosdali Díaz, Arturo Zapata, Sharon Chávez, Roxana Morales, Katy Ordoñez, Eddy Hernandez, Rómulo Reaño, Cynthia Gutierrez, María Pía Vargas, Katherine Sanchez, Cinthya Valdiviezo, Iván Maza, Ninoska Rojas, Carla Moore, Esmeralda León, Liliana Vásquez.

**REVISTA:** *Pediatr Blood Cancer* 2020 Jul 22;e28610. doi: 10.1002/pbc.28610. Online ahead of print.

**ABSTRACTO:** Peru, an upper-middle income country according to the World Bank, is being severely affected by the COVID-19 pandemic, counting today 285 213 cases and 9677 deaths, and having one of the highest incidence rates of COVID-19 in the world (87.5 per million inhabitants). National lockdown policies, transportation restriction, and economic constrains, along with disrupted health care services, have significantly impacted access for diagnosis and treatment of children with cancer. Although recent papers suggest that the pediatric oncology population may not have higher mortality resulting from SARS-CoV-2 infection in high-income countries (Spain, China, USA, Italy), these patients would be a potential vulnerable group for worse outcomes, especially in low- and middle-income countries (LMIC).

➤ **Clinical characteristics and outcomes of children with WAGR syndrome and Wilms tumor and/or nephroblastomatosis: The 30-year SIOP-RTSG experience**

**INVESTIGADORES:** Janna A Hol, Marjolijn C J Jongmans, Hélène Sudour-Bonnange, Gema L Ramírez-Villar, Tanzina Chowdhury, Catherine Rechnitzer, Niklas Pal, Gudrun Schleiermacher, Axel Karow, Roland P Kuiper, Beatriz de Camargo, Simona Avcin, Danka Redzic, Antonio Wachtel, Heidi Segers, Gordan M Vujanic, Harm van Tinteren, Christophe Bergeron, Kathy Pritchard-Jones, Norbert Graf, Marry M van den Heuvel-Eibrink, International Society of Pediatric Oncology Renal Tumor Study Group (SIOP-RTSG).

**REVISTA:** *Cancer* 2020 Nov 4. doi: 10.1002/cncr.33304. Online ahead of print.

**ABSTRACTO:** Background: WAGR syndrome (Wilms tumor, aniridia, genitourinary anomalies, and range of developmental delays) is a rare contiguous gene deletion syndrome with a 45% to 60% risk of developing Wilms tumor (WT). Currently, surveillance and treatment recommendations are based on limited evidence. Methods: Clinical characteristics, treatments, and outcomes were analyzed for patients with WAGR and WT/nephroblastomatosis who were identified through International Society of Pediatric Oncology Renal Tumor Study Group (SIOP-RTSG) registries and the SIOP-RTSG network (1989-2019). Events were defined as relapse, metachronous tumors, or death. Results: Forty-three patients were identified. The median age at WT/nephroblastomatosis diagnosis was 22 months (range, 6-44 months). The overall stage was available for 40 patients, including 15 (37.5%) with bilateral disease and none with metastatic disease. Histology was available for 42 patients; 6 nephroblastomatosis without further WT and 36 WT, including 19 stromal WT (52.8%), 12 mixed WT (33.3%), 1 regressive WT (2.8%) and 2 other/indeterminable WT (5.6%). Blastemal type WT occurred in 2 patients (5.6%) after prolonged treatment for nephroblastomatosis; anaplasia was not reported. Nephrogenic



PERÚ

Sector  
Salud

Instituto Nacional de  
Enfermedades Neoplásicas



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

rests were present in 78.9%. Among patients with WT, the 5-year event-free survival rate was 84.3% (95% confidence interval, 72.4%-98.1%), and the overall survival rate was 91.2% (95% confidence interval, 82.1%-100%). Events (n = 6) did not include relapse, but contralateral tumor development (n = 3) occurred up to 7 years after the initial diagnosis, and 3 deaths were related to hepatotoxicity (n = 2) and obstructive ileus (n = 1). Conclusions: Patients with WAGR have a high rate of bilateral disease and no metastatic or anaplastic tumors. Although they can be treated according to existing WT protocols, intensive monitoring of toxicity and surveillance of the remaining kidney(s) are advised. Lay summary: WAGR syndrome (Wilms tumor, aniridia, genitourinary anomalies, and range of developmental delays) is a rare genetic condition with an increased risk of developing Wilms tumor. In this study, 43 patients with WAGR and Wilms tumor (or Wilms tumor precursor lesions/nephroblastomatosis) were identified through the international registry of the International Society of Pediatric Oncology Renal Tumor Study Group (SIOP-RTSG) and the SIOP-RTSG network. In many patients (37.5%), both kidneys were affected. Disease spread to other organs (metastases) did not occur. Overall, this study demonstrates that patients with WAGR syndrome and Wilms tumor can be treated according to existing protocols. However, intensive monitoring of treatment complications and surveillance of the remaining kidney(s) are advised.

➤ **Inflammatory miofibroblastic tumor of the biliary tract in a pediatric patient**

**INVESTIGADORES:** Sofía Prado-Cucho, Lourdes Huanca-Amesquita.

**REVISTA:** Rev Gastroenterol Peru Jul-Sep 2020;40(3):284-287.

**ABSTRACTO:** The inflammatory myofibroblastic tumor is an infrequent mesenchymal neoplasm, making the clinical as well as the pathological diagnosis by biopsies a challenge. We present a case of a pediatric patient with an inflammatory myofibroblastic tumor located at the level of the bile ducts. We sent the lesion sample for intraoperative analysis through freezing techniques, the microscopic report was also incorrect. However, when the plates were reviewed after the inclusion of the lesion and supplemented by immunohistochemical studies, it was concluded that the lesion corresponded to an inflammatory myofibroblastic tumor.



**PERÚ**

**Sector  
Salud**

Instituto Nacional de  
Enfermedades Neoplásicas



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

## **RADIODIAGNÓSTICO**

*HFR/shat  
Cc/archivo*



➤ **Impact of a SBRT/SRS longitudinal telehealth training pilot course in Latin America**

**INVESTIGADORES:** Benjamin Li, Gustavo R Sarria, Michael Hermansen, Jackie Hao, David Martinez, Bertha Garcia, Jingxia Liu, Megan McLeod, Serguei Castaneda, Oluwadamilola T Oladeru, Becky Lee, Gustavo J Sarria, Hiram Gay, Indrin J Chetty, Dante Roa

**REVISTA:** Crit Rev Oncol Hematol 2020 Aug 7;154:103072. doi: 10.1016/j.critrevonc.2020.103072. Online ahead of print.

**ABSTRACTO:** Purpose: To assess the impact of longitudinal telehealth training in stereotactic body radiation therapy (SBRT) and stereotactic radiosurgery (SRS) for clinicians in Latin America. Materials and methods: Professionals from two Peruvian centers received an initial SBRT/SRS on-site training course and subsequently received follow-up telehealth training (interventional group) or not (negative control arm). Twelve live video conference sessions were scheduled. Surveys pre- and post-curriculum measured participants' confidence in seven practical domains of SBRT/SRS, based on Likert scales of 1-5, and post-curriculum surveys assessed educators' experiences. Results: Sixty-one participants were registered, with an average of 24 attendees per session. Pre- and post- surveys were completed by 22 participants. For interventional and negative-control groups, mean changes in Likert scale were satisfactory for the former and remained unmodified for the latter. Conclusions: Conducting telehealth educational programs via virtual classroom sessions could be a reliable method to augment training for SBRT and SRS.

➤ **COVID's Impact on Radiation Oncology: A Latin American Survey Study**

**INVESTIGADORES:** David Martinez, Gustavo J Sarria, Daniel Wakefield, Claudio Flores, Sameeksha Malhotra, Benjamin Li, Michael Ehmann, David L Schwartz, Gustavo R Sarria.

**REVISTA:** Int J Radiat Oncol Biol Phys 2020 Oct 1;108(2):374-378. doi: 10.1016/j.ijrobp.2020.06.058.

**ABSTRACTO:** Purpose: The impact of the COVID-19 pandemic on Latin American radiation therapy services has not yet been widely assessed. In comparison to centers in Europe or the United States, the scarcity of data on these terms might impair design of adequate measures to ameliorate the pandemic's potential damage. The first survey-based analysis revealing regional information is herein presented. Methods and materials: From May 6 to May 30, 2020, the American Society for Radiation Oncology's COVID-19 Survey was distributed across Latin America with support of the local national radiation therapy societies. Twenty-six items, including facility demographic and financial characteristics, personnel and patient features, current and expected impact of the pandemic, and research perspectives, were included in the questionnaire. Results: Complete responses were obtained from 115 (50%) of 229 practices across 15 countries. Only 2.6% of centers closed during the pandemic. A median of 4 radiation oncologists (1-27) and 9 (1-100) radiation therapists were reported per center. The median number of new patients treated in 2019 was 600 (24-6200). A median 8% (1%-90%) decrease in patient volume was reported, with a median of 53 patients (1-490) remaining under treatment. Estimated revenue reduction was 20% or more in 53% of cases. Shortage of personal protective equipment was reported



PERÚ

Sector  
Salud

Instituto Nacional de  
Enfermedades Neoplásicas



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”

“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

in 51.3% of centers, and 27% reported personnel shortage due to COVID-19. Reported delays in treatment for low-risk entities included early stage breast cancer (42.6%), low-risk status prostate cancer (67%), and nonmalignant conditions (42.6%). Treatment of COVID-19 patients at designated treatment times and differentiated bunkers were reported in 22.6% and 10.4% of centers, respectively. Telehealth initiatives have been started in 64.3% of facilities to date for on-treatment (29.6%) and posttreatment (34.8%) patients. Conclusions: Regional information regarding COVID-19 pandemic in Latin America may help elucidate suitable intervention strategies for personnel and patients. Follow-up surveys will be performed to provide dynamic monitoring the pandemic's impact on radiation therapy services and adoption of ameliorating measures.

*HFR/shat*  
*Cc/archivo*





**PERÚ**

**Sector  
Salud**

Instituto Nacional de  
Enfermedades Neoplásicas



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

## **TÓRAX**

*HFR/shat  
Cc/archivo*



PERÚ

Sector  
Salud

Instituto Nacional de  
Enfermedades Neoplásicas



“DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES”  
“AÑO DE LA LUCHA CONTRA LA CORRUPCIÓN Y LA IMPUNIDAD”

- **Epidemiology of thymic epithelial tumors: 22-years experience from a single-institution**  
**INVESTIGADORES:** Patricia Rioja, Rossana Ruiz, Marco Galvez-Nino, Sophia Lozano, Natalia Valdiviezo, Mivael Olivera, Octavio Cabero, Maria Eugenia Guillen, Alberto De La Guerra, Edgar Amorin, Carlos Barrionuevo, Luis Mas.  
**REVISTA:** Thorac Cancer 2020 Dec 23. doi: 10.1111/1759-7714.13760. Online ahead of print.  
**ABSTRACTO:** Background: To assess the correlation of WHO histological classification and Masaoka-Koga staging system of thymic epithelial tumors (TETs) with prognosis. Methods: We retrospectively analyzed 83 patients with TETs in the Instituto Nacional de Enfermedades Neoplásicas between 1996 to 2018. We analyzed the clinical stages, histological types and treatment modalities and attempted to determine the impact on overall survival. The data was retrieved from clinical files and reviewed by a pathologist who reclassified according to the 2004 WHO classification system. The staging was performed with the Masaoka-Koga staging system. Survival curves were constructed with Kaplan-Meier method. Results: There was a total of 83 patients with a median age of 55 years old included in the study. The histological type corresponded to thymoma (T) in 63.8% (n = 53) and to thymic carcinoma (TC) in 36.1%. T were type A, AB, B1, B2 and B3 in 14.4%, 18%, 12%, 3.6%, 7.4% of cases, respectively. The proportion of advanced disease (Masaoka stage III-IV) was high (65%). With a median follow-up of 88.4 months, median overall survival (OS) was 81.6 months for T and 12.3 months for TC (P = 0.01). Univariate analysis showed that sex, histological type, clinical stage and surgery (P = 0.01) were significant independent prognostic factors. On multivariate analysis, histology type and Masaoka-Koga staging had an effect on survival. Conclusions: The results indicates a clear association between the WHO histological classification and Masaoka-Koga staging system with survival. We found a higher proportion of TETs with advanced disease at diagnosis. Further research are required and collaboration is important to foster knowledge focused on classification and treatment.