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DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES
" AÑO DEL FORTALECIMIENTO DE LA SOBERANÍA NACIONAL "

ABDOMEN

➤ **Immunotherapy in microsatellite instability metastatic colorectal cancer: Current status and future perspectives**

INVESTIGADORES: Rodrigo Motta, Santiago Cabezas-Camarero, Cesar Torres-Mattos, Alejandro Riquelme, Ana Calle, Alejandro Figueroa, Miguel J Sotelo.

REVISTA: J Clin Transl Res 2021 Aug 4;7(4):511-522. eCollection 2021 Aug 26.

ABSTRACTO: Background: Colorectal cancer (CRC) is one of the most frequent and deadly malignancies worldwide. This specific pathology is composed of various molecular entities, with distinct immunological phenotypes. In addition to KRAS, NRAS, and BRAF mutation status, other druggable alterations such as those in HER2, MET, NTRK, ALK, and ROS1 have been identified in recent years offering new therapeutic options for some patients with CRC. Aim: This review will focus on the molecular biology, immunological fingerprints, and current clinical evidence for the use of immunotherapy in patients with CRC. Relevance for patients: High microsatellite instability (MSI-H) and mutations in mismatch repair genes constitute a new molecular entity within CRC, which is characterized by a high mutational and neoantigen burden, frequent immune cell infiltration, and where immune checkpoint inhibitors have shown high response and survival rates compared to microsatellite stable (MSS) tumors. Indeed, the approval of pembrolizumab in MSI-H tumors was the first agnostic FDA approval in solid tumors. While monotherapy with anti-programmed cell death protein-1 agents achieves objective response rates (ORR) of around 30% and 1-year overall survival (OS) rates of 76%, anti-PD1, and anti-CTLA4 combinations achieve a 55% ORR and a 1-year OS rate of 85%. Several ongoing trials are evaluating the use of different immunotherapy combinations, both in the advanced and early settings and in MSI-h and MSS CRCs.

➤ **Mucinous cystic neoplasm of the liver: a case report and review of the literature**

INVESTIGADORES: Mercedes Bravo-Taxa, Luis Aguilar-Villena, Eloy Ruiz-Figueroa, Luis Taxa-Rojas.

REVISTA: Review Rev Gastroenterol Peru Apr-Jun 2021;41(2):112-116.

ABSTRACTO: Mucinous cystic neoplasm (MCN) of the liver is an unusual cyst-forming epithelial neoplasm, typically showing no communication with the bile ducts. This neoplasm represents less than 5% of all cystic lesions of the liver and there are only 250 cases in the world literature. We present the case of a 23-year-old female with a 13.5 x 10.2 cm lesion, hypodense, lobulated, with multiple septa up to 2.5 mm thick and small cystic images inside, which produces intrahepatic bile duct and common bile duct dilatation. The pathological study concluded that the tumor corresponded to a mucinous cystic neoplasm of the liver.



➤ **Gastric myeloid sarcoma: A case report**

INVESTIGADORES: Patricia Rioja, Jackeline Macetas, Jorge Luna-Abanto, Indira Tirado-Hurtado, Daniel J Enriquez.

REVISTA: Case Reports World J Clin Oncol 2021 Oct 24;12(10):960-965. doi: 10.5306/wjco.v12.i10.960.

ABSTRACTO: Background: Myeloid sarcoma (MS) is a rare hematologic malignancy defined as an extramedullary tumor of immature granulocytic cells. It can occur as primary or de novo and be associated with myelodysplasia or myeloproliferative neoplasms. The most frequent locations are the skin, lymph nodes and bones. The case of a patient with a diagnosis of primary granulocytic de novo gastric MS is reported. Case summary: A 19-year-old female patient with MS, whose abdominal computed tomography showed a bulky tumor of 16.5 cm in the gastric chamber with infiltration in the retroperitoneal, pancreatic and bile duct region; the histological study showed gastric mucosa diffusely infiltrated by mononucleated cells and the immunohistochemistry expressed myeloperoxidase. After receiving induction chemotherapy based on the 3 + 7 regimen (daunorubicin/cytarabine), the patient developed severe hematological toxicity and neutropenic typhlitis which required a prolonged medical treatment. She presented a rapid disease progression. Although she received supportive treatment, the patient died. Conclusion: Gastric primary de novo MS is a rare and aggressive course neoplasm, fostering knowledge is very important to decide its management and to promote more approaches focused on understanding this pathology and its particularities in our population.

➤ **Monosegment associating liver partition and portal vein ligation for staged hepatectomy: Preserving segment 1 as the only liver remnant after hepatocellular carcinoma recurrence**

INVESTIGADORES: Eloy Ruiz, Ramiro Fernandez-Placencia, Jorge Bustamante, Jose Medina-Cana, Elmer Loja, Francisco Berrospi.

REVISTA: Case Reports Ann Hepatobiliary Pancreat Surg 2021 Nov 30;25(4):562-565.

ABSTRACTO: Since the inception of the associating liver partition and portal vein ligation for staged hepatectomy (ALPPS) procedure, many centres have used this technique for patients who would otherwise be considered unresectable due to insufficient future liver remnant. In this report, we presented the case of a paediatric patient with recurrent hepatocellular carcinoma who underwent monosegment ALPPS (M-ALPPS) hepatectomy preserving segment 1 as the sole liver remnant using indocyanine green (ICG) as a fluorescence guide.

➤ **Personalizing first-line treatment in advanced colorectal cancer: Present status and future perspectives**

INVESTIGADORES: Rodrigo Motta, Santiago Cabezas-Camarero, Cesar Torres-Mattos, Alejandro Riquelme, Ana Calle, Paola Montenegro, Miguel J Sotelo.

REVISTA: Review J Clin Transl Res 2021 Nov 29;7(6):771-785. eCollection 2021 Dec 28.

ABSTRACTO: Background: Colorectal cancer is one of the most frequent neoplasms worldwide, and the majority of patients are diagnosed in advanced stages. Metastatic colorectal cancer (mCRC) harbors several mutations with



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different prognostic and predictive values; KRAS, NRAS, and BRAF mutations are the best known. Indeed, RAS and BRAF molecular status are associated with a different response to monoclonal antibodies (Anti-epidermal growth factor receptor and anti-vascular endothelial growth factor receptor agents), which are usually added to chemotherapy in first-line, and thus allow to select the optimal therapy for patients with mCRC. Furthermore, sidedness is an important predictive and prognostic factor in mCRC, which is explained by the different molecular profile of left and right-sided tumors. Recently, microsatellite instability-high has emerged as a predictive factor of response and survival from immune checkpoint inhibitors in mCRC. Finally, several other alterations have been described in lower frequencies, such as human epidermal growth factor receptor-2 overexpression/amplification, PIK3CA pathway alterations, phosphatase and tension homolog loss, and hepatocyte growth factor/mesenchymal-epithelial transition factor pathway dysregulation, with several targeted therapies already demonstrating activity or being tested in currently ongoing clinical trials. Aim: To review the importance of studying the predictive and prognostic roles of the molecular profile of mCRC, the changes occurred in recent years and how they would potentially change in the near future, to guide physicians in treatment decisions. Relevance for patients: Today, several different therapeutic options can be offered to patients in the first-line setting of mCRC. Therapies at present approved or under investigation in clinical trials will be thoroughly reviewed, with special emphasis on the molecular rationale behind them. Understanding the molecular status, resistance mechanisms and potential new druggable targets may allow physicians to choose the best therapeutic option in the first-line mCRC.