

**1. Intestinal obstruction due to small intestinal metastasis from primary Merkel cell carcinoma of the gluteal región**

Obstrucción intestinal por metástasis en intestino delgado por carcinoma primario de células de Merkel en región glútea

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**REVISTA:** Case Reports Ecanermedicalscience. 2022 Dec 19;16:1493. doi: 10.3332/ecancer.2022.1493. eCollection 2022.

**TIPO DE CÁNCER:** Abdomen

**ABSTRACTO:** Merkel cell carcinoma (MCC) is a rare neoplasm of unknown multifactorial origin first described in 1972. It occurs most often in older Caucasian males and is typically associated with sun- exposed areas of skin. However, cases have also been reported in other areas, such as the trunk and the gluteal region. Metastatic disease will occur in up to one-third of cases at onset or during the course of the disease, including metastases to the abdominal organs. We present the case of a 53- year-old male with a history of primary MCC of the right buttock and local resection surgery. Eighteen months later, he presented with a small bowel obstruction and had an emergency segmental bowel

**2. Targeting BRAF V600E in metastatic colorectal cancer: where are we today?**

Apuntando a BRAF V600E en el cáncer colorrectal metastásico: ¿dónde estamos hoy?

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**REVISTA:** Review Ecanermedicalscience. 2022 Dec 15;16:1489. doi: 10.3332/ecancer.2022.1489. eCollection 2022.

**TIPO DE CÁNCER:** Abdomen

**ABSTRACTO:** Colorectal cancer (CRC) is the second most frequent cause of direct cancer death worldwide. The study of the molecular state of oncogenes has predictive and prognostic value in metastatic CRC (mCRC). The B-raf proto-oncogene (BRAF) gene mutation represents the 8%-12% of all mutations in mCRC. The BRAF V600E mutation, considered the most common alteration of BRAF, corresponds to a constitutive kinase with a high activating capacity of the RAS/RAF/MEK/ERK pathway after a cascade of successive phosphorylations in the transcription of genes. BRAF V600E mutation is more prevalent in women, elderly, right-sided colon cancer and Caucasian population. Unfortunately, it is considered a poor predictive and prognosis biomarker. Patients with mCRC BRAF V600E mutated (BRAFM) are generally associated with poor response to chemotherapy and short progression-free survival and overall survival. Recently, randomised clinical trials have studied the combination of different chemotherapy regimens with angiogenic inhibitors in mCRC BRAFM. In addition, new anti- BRAF and immunotherapy agents have also been studied in this population, with positive results. The objective of this review is to acknowledge the biology and molecular pathway of BRAF, critically analyse the clinical trials and the therapy options published until today and evaluate the options of treatment according to the patient's clinical presentation.

**3. Endoscopic differential diagnosis of three common anorectal neoplastic lesions**

Diagnóstico diferencial endoscópico de tres lesiones neoplásicas anorrectales frecuentes

**INVESTIGADORES:** F Palacios-Salas, L Marín-Calderón, P Bardalez-Cruz, H Benites-Goñi. **REVISTA:** TechColoproctol. 2023 Feb 16. doi: 10.1007/s10151-023-02771-9.

**TIPO DE CÁNCER:** Abdomen

4. **Corrigendum to "SELNET clinical practice guidelines for soft tissue sarcoma and GIST" [Cancer Treat. Rev. 102 (2021) 102312]**

Corrección de "Guías de práctica clínica SELNET para sarcoma de tejido blando y GIST" [Cancer Treat. Rev. 102 (2021) 102312]

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**REVISTA:** Published Erratum Cancer Treat Rev. 2023 Feb 14;115:102523. doi: 10.1016/j.ctrv.2023.102523.

**TIPO DE CÁNCER:** Abdomen

5. **Clinicopathologic Classification of Renal Cell Carcinoma in Patients  $\leq$ 40 Years Old From Peru**

Clasificación clinicopatológica del carcinoma de células renales en pacientes  $\leq$  40 años del Perú

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**REVISTA:** Int J Surg Pathol. 2023 Apr 16;10668969231167539. doi:10.1177/10668969231167539. Online ahead of print.

**LINK:** <https://pubmed.ncbi.nlm.nih.gov/37062985/> **TIPO DE CÁNCER:** Abdomen

**ABSTRACTO:** Introduction: There are scant data on renal cell carcinoma (RCC) from relatively younger patients in South America using contemporary classification. Methods: Fifty-nine consecutively treated patients with RCC ( $\leq$ 40 years old) were assessed from the National Institute of Neoplastic Diseases in Peru from 2008 to 2020 (34 males; 25 females), age range of 13 to 40 years. Results: Most common presenting symptoms were flank pain (n = 40), hematuria (n = 19), and weight loss (n = 12). Associated conditions included 4 patients with proven or presumed tuberous sclerosis and 1 patient with von Hippel Lindau syndrome, all with clear cell RCC. Tumor histopathology was clear cell RCC in 32 of 59 (54%), chromophobe RCC in 6 of 59 (10%), and 5 of 59 (8%) each of papillary RCC and MiT family translocation-associated RCC. Four of 59 (7%) were FH-deficient RCC and 2 of 59 (3%) remained unclassified. The remaining tumors were isolated examples of clear cell papillary renal cell tumor, eosinophilic solid and cystic RCC (ESC RCC), RCC with fibromyxomatous stroma, sarcomatoid RCC, and sarcomatoid clear cell RCC. Of the 4 FH-deficient RCCs, none had the classic morphology. The 5 MiT family translocation RCCs had variable morphology. There were 41 tumors without recurrence or metastases, 3 tumors with local recurrence only, 8 tumors with metastases only, and 7 tumors with both local recurrence and metastases. Conclusions: The current study demonstrates the importance of special studies in accurately classifying RCC in younger individuals. The distribution of RCC subtypes in younger individuals is similar between 2 representative large institutions of the United States and Peru.

6. **Hepatocellular carcinoma in Peru: A molecular description of an unconventional clinical presentation**

Carcinoma hepatocelular en Perú: descripción molecular de una presentación clínica no convencional

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**TIPO DE CÁNCER:** Abdómen

**ABSTRACTO:** Introduction and aim: Hepatocellular carcinoma (HCC) is the third most frequent cancer of digestive tract tumors in Peru, with a high mortality rate of 17.7 per 100,000 inhabitants. A significant number of HCC cases in Peru do not follow the classic clinical epidemiology of the disease described in other parts of the world. Those patients present with a distinct transcriptome profile and a singular tumor process, suggesting a particular type of hepatocarcinogenesis in a portion of the Peruvian population. Our aim was to understand the clinical and biologic involvement of the epigenetic profile (methylation) and gene expression (transcriptome) of HCC in Peruvian patients. Methods: HCC and liver transcriptome and DNA methylation profiles were evaluated in 74 Peruvian patients. Results: When grouped by age, there was greater DNA methylation in younger patients with HCC but no differences with respect to the transcriptomic profile. A high prevalence of the hepatitis B virus (HBV) (>90%) was also observed in the younger patients with HCC. Enrichment analyses in both molecular profiles pinpointed PRC2 as an important molecular effector of that liver tumor process in Peruvian patients. Conclusion: HCC in Peruvian patients has a unique molecular profile, associated with the presence of HBV, as well as overall DNA hypermethylation related to undifferentiated liver cells or cellular reprogramming.

#### 7. Predictive factors of lymphatic metastasis and evaluation of the Japanese treatment guidelines for endoscopic resection of early gastric cancer in a high-volume center in Perú

Factores predictivos de metástasis linfáticas y evaluación de las guías japonesas de tratamiento para la resección endoscópica de cáncer gástrico temprano en un centro de alto volumen en Perú

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**ABSTRACTO:** Purpose: This study aimed to identify the predictive factors of lymph node metastasis (LNM) in patients with early gastric cancer (EGC) and to evaluate the applicability of the Japanese treatment guidelines for endoscopic resection in the western population. Methods: Five hundred-one patients with pathological diagnoses of EGC were included. Univariate and multivariate analyses were conducted to identify the predictive factors of LNM. EGC patients were distributed according to the indications for endoscopic resection of the Eastern guidelines. The incidence of LNM was evaluated in each group. Results: From 501 patients with EGC, 96 (19.2%) presented LNM. In 279 patients with tumors with submucosal infiltration (T1b), 83 (30%) patients had LNM. Among 219 patients who presented tumors > 3 cm, 63 (29%) patients had LNM. Thirty-one percent of patients with ulcerated tumors presented LMN (33 out of 105). In 76 patients and 24 patients with lymphovascular and perineural invasion, the percentage of LMN was 84% and 87%, respectively. In the multivariate analysis, a tumor diameter >3 cm, submucosal invasion, lymphovascular, and perineural invasion were independent predictors of LMN in EGC. No patient with differentiated, non-ulcerated mucosal tumors presented LNM regardless of tumor size. Three of 17 patients (18%) with differentiated, ulcerated mucosal tumors and ≤ 3 cm presented LNM. No LNM was evidenced in patients with undifferentiated mucosal tumors and ≤ 2 cm. Conclusions: The presence of LNM in Western EGC patients was independently related to larger tumors (>3 cm), submucosal invasion, lymphovascular and perineural invasion. The Japanese absolute indications for EMR are safe in the Western population. Likewise, Western patients with differentiated, non-ulcerated mucosal tumors, and larger than 2 cm are susceptible to endoscopic resection. Patients with undifferentiated mucosal tumors smaller than 2 cm presented encouraging results and ESD could be recommended only for selected cases.

**8. Gastric cancer in octogenarians. Is a curative surgery viable?**

Cáncer gástrico en octogenarios. ¿Es viable una cirugía curativa?

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**LINK:** <https://pubmed.ncbi.nlm.nih.gov/37226064/>

**TIPO DE CÁNCER:** Abdómen

**ABSTRACTO:** The objective was to evaluate the association between octogenarian age and the rate of postoperative morbidity and mortality and 5-year survival in older adults at the National Institute of Neoplastic Diseases (INEN) during the period 2000-2013. We developed an observational, retrospective, analytical, paired cohort study. It includes patients with gastric adenocarcinoma as diagnosis, treated by R0 D2 gastrectomy at INEN during the period 2000 to 2013. One group included all octogenarian patients who met the inclusion criteria (92) and the other group made up of non-octogenarian patients, aged between 50 to 70 years because it is the age peak for this pathology (276). In a 1:3 ratio, paired according to sex, tumor stage, and type of gastrectomy, which are the main factors that could influence survival in this population. Octogenarians had lower albumin level ( $p < 0.002$ ), lower preoperative hemoglobin ( $p < 0.001$ ) and higher ASA classification ( $p < 0.001$ ). 30 days mortality rate was higher in octogenarians but not statistically significant (4.1% vs 1.4%;  $p = 0.099$ ). The 5-year cumulative survival probability was 56% for octogenarians and 58% for non-octogenarians ( $p = 0.763$ ). Clinical stage  $\geq$  III and postoperative complication grade  $\geq$  3 by Clavien Dindo scale were predictors of survival. In conclusion, octogenarians have a higher rate of postoperative morbidity, mainly for respiratory causes. Postoperative mortality and overall survival rates do not differ between octogenarians and non-octogenarians with stomach cancer treated by R0 D2 gastrectomy.