1. **Tumi Flap: A Novel Modification to Frontal Flap for Orbital Exenteration Defects**
   Tumi Flap: una nueva modificación del colgajo frontal para defectos de exenteración orbital

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REVISTA	Case Reports J Craniofac Surg. 2023 May 1;34(3):e281-e283.
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TIPO DE CÁNCER	Cabeza y cuello
ABSTRACTO	Orbital exenteration remains a significant disfigurement in the face. Many reconstructive options were reported for one stage covering the defects. Local flaps are used primarily in elderly patients who are not candidates for microvascular procedures. Local flaps generally close the gap without achieving 3-dimensional adjustment perioperatively. Secondary procedures or shrinking by time are needed for better orbital adaptation. In this case report, we describe a novel frontal flap design influenced by a Tumi knife, an ancient Peruvian trepanation instrument. The design helps us to create a conic shape that can resurface the orbital cavity at the time of the operation.

2. **Reconstruction of cervico-thoracic defect with bipedicled deep inferior epigastric perforator free f lap following resection of a giant recurrent thyroid tumor: a case report and review of literatura**
   Reconstrucción del defecto cervicotorácico con colgajo libre de perforante epigástrico inferior profundo bipediculado después de la resección de un tumor tiroideo gigante recurrente: reporte de un caso y revisión de la literatura

INVESTIGADORES	Abraham Zavala, María I. Vargas, Walter Ayala, Antonio Muñoz, Miguel A. Chávez, Jesús López, Ricardo Delgado.
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TIPO DE CÁNCER	Cabeza y cuello
ABSTRACTO	The bipedicled Deep Inferior Epigastric Perforator (DIEP) f lap, originally described and primarily utilized in autologous breast reconstruction for specific cases, has expanded its applications to encompass diverse anatomical regions in recent years. This report presents the case of a 69-year-old woman with a recurrent giant thyroid tumor who underwent surgical resection, resulting in a large cervico-thoracic defect effectively reconstructed using a bipedicled DIEP f lap. The patient's postoperative recovery was uneventful, and the followup assessments revealed a healthy, well-perfused f lap that provided sufficient coverage to critical structures, adequate restoration of the region contour, and enough volume to offset potential adverse effects of subsequent radiation therapy. In addition, this report incorporates a concise literature review highlighting the expanding indications of the bipedicled DIEP f lap beyond breast reconstruction, showing the

versatility and efficacy of the bipedicled DIEP f lap in addressing complex soft-tissue defects in various anatomical areas.

3. **Retinoblastoma Outcomes in the Americas: a prospective analysis of 491 children with retinoblastoma from 23 American countries**
   Resultados de la retinoblastoma en las Américas: un análisis prospectivo de 491 niños con retinoblastoma de 23 países americanos

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TIPO DE CÁNCER Cabeza y cuello

ABSTRACTO Purpose: Globally, disparities exist in retinoblastoma treatment outcomes between high- and low-income countries, but independent analysis of American countries is lacking. We report outcomes of American retinoblastoma patients and explore factors associated with survival and globe salvage. Design:

Subanalysis of prospective cohort study data. Methods: Multicenter analysis at 57 American treatment centers in 23 countries of varying economic levels (low income=LIC, lower-middle=LMIC, upper-middle=UMIC, high=HIC) of 491 treatment-naïve retinoblastoma patients diagnosed in 2017 and followed through 2020. Survival and globe salvage rates analyzed with Kaplan-Meier analysis and Cox proportional hazard models. Results: Of patients, 8 (1.6%), 58 (11.8%), 235 (47.9%) and 190 (38.7%) were from LIC, LMIC, UMIC and HIC, respectively. Three-year survival rates in LICs were 60.0% (95% CI, 12.6-88.2) compared to 99.2% (94.6-99.9) in HICs. Death was less likely in patients older than four years (vs. four or younger, HR=0.45 [95% CI, 0.27 - 0.78], P=0.048). Patients with more advanced tumors (e.g., cT3 vs. cT1, HR= 4.65 × 109 [95% CI, 1.25 × 109 - 1.72 × 1010], P<0.001) and females (vs. males, HR=1.98 [1.27-3.10], P=0.04) were more likely to die. Three-year globe salvage rates were 13.3% (95% CI, 5.1-25.6) in LMICs and 46.2% (38.8-53.3) in HICs. At three years, 70.1% of cT1 eyes (95% CI, 54.5-81.2) versus 8.9% of cT3 eyes (5.5-13.3) were salvaged. Advanced tumor stage was associated with higher enucleation risk (e.g., cT3 vs. cT1, SHR=4.98 [95% CI, 2.36-10.5), P<0.001). Conclusions: Disparities exist in survival and globe salvage in American countries based on economic level and tumor stage demonstrating a need for childhood cancer programs.