

1. A preoperative risk score based on early recurrence for estimating outcomes after resection of hepatocellular carcinoma in the non-cirrhotic liver

Una puntuación de riesgo preoperatorio basada en la recurrencia temprana para estimar los resultados después de la resección del carcinoma hepatocelular en el hígado no cirrótico

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LINK: <https://pubmed.ncbi.nlm.nih.gov/38431511/>

REVISTA: HPB (Oxford). 2024 Feb 13:S1365-182X(24)00029-7. doi: 10.1016/j.hpb.2024.02.010. Online ahead of print.

ASTRACTO: Background: Liver resection is the mainstay treatment option for patients with hepatocellular carcinoma in the non-cirrhotic liver (NCL-HCC), but almost half of these patients will experience a recurrence within five years of surgery. Therefore, we aimed to develop a rationale-based risk evaluation tool to assist surgeons in recurrence-related treatment planning for NCL-HCC. Methods: We analyzed single-center data from 263 patients who underwent liver resection for NCL-HCC. Using machine learning modeling, we first determined an optimal cut-off point to discriminate early versus late relapses based on time to recurrence. We then constructed a risk score based on preoperative variables to forecast outcomes according to recurrence-free survival. Results: We computed an optimal cut-off point for early recurrence at 12 months post-surgery. We identified macroscopic vascular invasion, multifocal tumor, and spontaneous tumor rupture as predictor variables of outcomes associated with early recurrence and integrated them into a scoring system. We thus stratified, with high concordance, three groups of patients on a graduated scale of recurrence-related survival. Conclusion: We constructed a preoperative risk score to estimate outcomes after liver resection in NCL-HCC patients. Hence, this score makes it possible to rationally stratify patients based on recurrence risk assessment for better treatment planning.

2. Fibrolamellar Carcinoma: A Rare Liver Neoplasm

Carcinoma fibrolamelar: una neoplasia hepática poco común

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REVISTA: Case Reports Cureus. 2024 Apr 25;16(4):e59006. doi: 10.7759/cureus.59006.

ASTRACTO: Fibrolamellar carcinoma is a rare liver tumor, with most cases arising in people younger than 40 years of age. We present a case series of five patients with histological confirmation of fibrolamellar carcinoma who had liver resection as the primary treatment. The median age of diagnosis was 24 years with nonspecific clinical manifestations in otherwise healthy patients. Alpha-fetoprotein levels were widely variable. Patients had classical imaging, macroscopic, and microscopic findings. Most of our patients underwent a hemihepatectomy and 60% recurred after the first year.

3.

1. Association between Helicobacter pylori infection, mismatch repair, HER2 and tumor-infiltrating lymphocytes in gastric cancer

Asociación entre infección por Helicobacter pylori, reparación de desajustes, HER2 y linfocitos infiltrantes de tumores en cáncer gástrico

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LINK: <https://pubmed.ncbi.nlm.nih.gov/38994161/>

REVISTA: World J Gastrointest Oncol. 2024 Jun 15;16(6):2487-2503. doi: 10.4251/wjgo.v16.i6.2487.

ABSTRACTO: Background: The influence of Helicobacter-pylori (H. pylori) infection and the characteristics of gastric cancer (GC) on tumor-infiltrating lymphocyte (TIL) levels has not been extensively studied. Analysis of infiltrating-immune-cell subtypes as well as survival is necessary to obtain comprehensive information. Aim: To determine the rates of deficient mismatch-repair (dMMR), HER2-status and H. pylori infection and their association with TIL levels in GC. Methods: Samples from 503 resected GC tumors were included and TIL levels were evaluated following the international-TILs-working-group recommendations with assessment of the intratumoral (IT), stromal (ST) and invasive-border (IB) compartments. The density of CD3, CD8 and CD163 immune cells, and dMMR and HER2-status were determined by immunohistochemistry (IHC). H. pylori infection was evaluated by routine histology and quantitative PCR (qPCR) in a subset of samples. Results: dMMR was found in 34.4%, HER2+ in 5% and H. pylori-positive in 55.7% of samples. High IT-TIL was associated with grade-3 (P = 0.038), while ST-TIL with grade-1 (P < 0.001), intestinal-histology (P < 0.001) and no-recurrence (P = 0.003). dMMR was associated with high TIL levels in the ST (P = 0.019) and IB (P = 0.01) compartments, and ST-CD3 (P = 0.049) and ST-CD8 (P = 0.05) densities. HER2- was associated with high IT-CD8 (P = 0.009). H. pylori-negative was associated with high IT-TIL levels (P = 0.009) when assessed by routine-histology, and with high TIL levels in the 3 compartments (P = 0.002-0.047) and CD8 density in the IT and ST compartments (P = 0.001) when assessed by qPCR. A longer overall survival was associated with low IT-CD163 (P = 0.003) and CD8/CD3 (P = 0.001 in IT and P = 0.002 in ST) and high IT-CD3 (P = 0.021), ST-CD3 (P = 0.003) and CD3/CD163 (P = 0.002). Conclusion: TIL levels were related to dMMR and H. pylori-negativity. Low CD8/CD3 and high CD163/CD3 were associated with lower recurrence and longer survival.

2. Efficacy of routine second-look endoscopy after endoscopic hemostasis in patients with acute peptic ulcer bleeding: systematic review and meta-analysis

Eficacia de la endoscopia de revisión de rutina después de la hemostasia endoscópica en pacientes con hemorragia aguda por úlcera péptica: revisión sistemática y metanálisis

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LINK: <https://pubmed.ncbi.nlm.nih.gov/39019804/>

REVISTA: Meta-Analysis Rev Gastroenterol Peru. 2024 Apr-Jun;44(2):117-124.

ABSTRACTO: Objective: To evaluate the efficacy of scheduled second-look endoscopy in patients with acute peptic ulcer bleeding (PUB). Materials and methods: We systematically search in four databases for randomized controlled trials (RCTs) that evaluated the usefulness of scheduled second-look endoscopy vs. single endoscopy in patients with PUB. Our primary outcome was rebleeding. Secondary outcomes were surgery, mortality, and the number of units of blood transfused (NUBT). All meta-analyses were performed using a random-effects model. Pooled risk ratio (RR) and mean difference (MD), with their 95% confidence intervals (CIs) were calculated for categorical and continuous outcomes, respectively. The risk of bias was assessed using the Cochrane RoB 2.0 tool, and the quality of evidence (QoE) was rated with the GRADE approach. Results: Eight full-text RCTs and two RCT abstracts were included (n=1513). We did not find differences in rebleeding (RR, 0.78; 95% CI, 0.53-1.14, moderate QoE), surgery (RR, 0.58; 95% CI, 0.29-1.15, moderate QoE), mortality (RR, 0.89; 95% CI, 0.46-1.71, moderate QoE) or NUBT (MD, -0.01 units; 95% CI, -0.3 to 0.28, low QoE) between second-look and single endoscopy. Sensitivity analyses had similar results to the main analyses. Conclusions: Routine second-look endoscopy was not more efficacious than single endoscopy in patients with PUB.

3. Hemoperitoneum secondary to a malignant tumor of the sheath of the peripheral nerve in the liver

Hemoperitoneo secundario a tumor maligno de la vaina del nervio periférico en el hígado

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LINK: <https://pubmed.ncbi.nlm.nih.gov/39019807/>

REVISTA: Case Reports Rev Gastroenterol Peru. 2024 Apr-Jun;44(2):140-144.

ABSTRACTO: Malignant peripheral nerve sheath tumors are frequently associated with neurofibromatosis type 1. They are usually located in the extremities or in the axial area. Its visceral location is very rare and its hepatic origin is infrequent. They tend to be aggressive with a poor response to chemotherapy and radiotherapy, so surgical management is the best treatment option. We present the case of a young man with neurofibromatosis type 1, who presented with hemoperitoneum as a complication of a malignant tumor of the peripheral nerve sheath located in the liver

4. Targeting HIF-2 α and anemia: A therapeutic breakthrough for clear-cell renal cell carcinoma

Dirigirse al HIF-2 α y la anemia: un avance terapéutico para el carcinoma de células renales de células claras

INVESTIGADORES: Patricia Rioja, M Rey-Cardenas, Guillermo De Velasco.

LINK: <https://pubmed.ncbi.nlm.nih.gov/39032449/>

REVISTA: Review Cancer Treat Rev. 2024 Jul 17:129:102801. doi: 10.1016/j.ctrv.2024.102801. Online ahead of print.

ABSTRACTO: Renal cell carcinoma (RCC) is a heterogenous disease which the incidence is increasing worldwide. The identification and understanding of the role of the Von Hippel Lindau (VHL) in regulating the hypoxia-inducible factor signaling pathway has

revolutionized the treatment of this disease. Belzutifan is an oral hypoxia-inducible factor (HIF)-2 α inhibitor, which has demonstrated efficacy in treating von Hippel-Lindau (VHL) disease and for the treatment of adults with RCC who experienced disease progression after PD-1/PD-L1- and VEGFR-targeted therapies. One of the most common adverse effect of this drug is anemia; however, its treatment is not well known. This review summarizes role of the VHL-HIF pathway in ccRCC aroused the interest of targeting HIF activity, the history of belzutifan development and their relationship to anemia as well as propose a management algorithm.

5. Left gastric vein to adrenal vein anastomosis: intraoperative solution for gastric venous congestion following extended distal pancreatectomy

La anastomosis de la vena gástrica izquierda a la vena adrenal: solución intraoperatoria para la congestión venosa gástrica después de una pancreatectomía distal extendida

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LINK: <https://pubmed.ncbi.nlm.nih.gov/39211380/>

REVISTA: J Surg Case Rep. 2024 Aug 28;2024(8):rjae541. doi: 10.1093/jscr/rjae541. eCollection 2024 Aug.

ABSTRACTO: Extended distal pancreatectomy often requires resection of vascular structures and adjacent organs, potentially leading to gastric venous congestion. This case report describes a 49-year-old female who underwent radical antegrade modular pancreatectomy for pancreatic ductal adenocarcinoma. During the procedure, segmental gastric venous congestion was observed and resolved by anastomosing the left gastric vein to the left adrenal vein. The in-hospital postoperative recovery was initially uneventful; however, the patient was readmitted because of intra-abdominal fluid collection that was managed with antibiotics. Pathological examination confirmed moderately differentiated ductal adenocarcinoma with lymphovascular invasion. The patient received adjuvant mFOLFIRINOX therapy and remains disease-free 12 months after surgery with adequate patency of the anastomosis. This case highlights the importance of recognizing and addressing gastric venous congestion during radical antegrade modular pancreatectomy to prevent complications, such as delayed gastric emptying or gastric necrosis, and proposes left gastric vein to left adrenal vein anastomosis as an effective intraoperative solution.

6. Free Flap Abdominal Wall Reconstruction: A Review

Reconstrucción de la pared abdominal con colgajo libre: una revisión

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LINK: <https://pubmed.ncbi.nlm.nih.gov/39233705/>

REVISTA: Case Reports Eplasty. 2024 Jun 17:24:QA18. eCollection 2024.

7. Effects of High Altitude and Diet on Gastric Disease Severity in Helicobacter pylori Infection in Peru

Efectos de la altitud y la dieta sobre la severidad de la enfermedad gástrica en la infección por Helicobacter pylori en Perú

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LINK: <https://pubmed.ncbi.nlm.nih.gov/39552030/>

REVISTA: Multicenter Study *Helicobacter*. 2024 Nov-Dec;29(6):e13147. doi: 10.1111/hel.13147.

ABSTRACTO: *Helicobacter pylori* is a bacterium that infects approximately half of the world's population, being more prevalent in low- and middle-income countries. *H. pylori* can cause gastritis, peptic ulcer disease, mucosa-associated lymphoid tissue lymphoma, and gastric cancer, which is among the five most frequent cancers worldwide. Other factors such as a diet low in vegetables and high in processed red meat have been associated with gastric cancer. Here, we studied the effects of high altitude and diet on gastric disease severity in *H. pylori* infection in a multicenter cross-sectional study in Peru (N = 343). We recruited people from villages with distinct eating habits (high meat consumption, mixed, and limited meat consumption diet) in the Andes (Puno), and compared them to people living at sea level with a mixed diet (Lima). *H. pylori* infection prevalence was higher at high altitude than at sea level. High altitude, diet, and age showed a significant correlation with the severity of gastric disease, whereas *H. pylori* infection and sex did not. However, high altitude was not found to be a risk factor for intestinal metaplasia, while diet and age were. At high altitude, a meat-rich diet was associated with a higher incidence of metaplasia compared to a plant-based diet. This study provides a comparison of communities living at high altitude with spontaneously different diets, showing that high processed red meat consumption is a risk factor for gastric disease. Further studies are needed to explain this phenomenon and its impact on the development and progression of gastric pathologies.

8. **Temozolomide and capecitabine regimen as first-line treatment in advanced gastroenteropancreatic neuroendocrine tumors at a Latin American reference center**
Régimen de temozolomida y capecitabina como tratamiento de primera línea en tumores neuroendocrinos gastroenteropancreáticos avanzados en un centro de referencia en América Latina

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LINK: <https://pubmed.ncbi.nlm.nih.gov/39678797/>

REVISTA: *World J Gastrointest Oncol*. 2024 Dec 15;16(12):4675-4684. doi: 10.4251/wjgo.v16.i12.4675.

ABSTRACTO: Background: Numerous studies have indicated that the temozolomide and capecitabine regimen (TEMCAP) exhibits a certain level of efficacy in treating advanced, well-differentiated gastroenteropancreatic neuroendocrine tumors (GEP-NET). However, published data from Peru are limited. We hypothesize that this regimen could be a viable therapeutic option for advanced GEP-NET in the Peruvian population. Aim: To evaluate overall survival (OS) in patients diagnosed with advanced GEP-NET treated with TEMCAP at the Instituto Nacional de Enfermedades Neoplásicas (INEN) in Lima-Perú. Methods: A retrospective review was conducted to identify patients with GEP-NEN treated with the TEMCAP regimen between 2011 and 2021 at the INEN. A total of thirty-eight patients were included in the final analysis: Thirty-five received TEMCAP as a first-line treatment, and three as a second-line treatment. The primary objective was to

evaluate OS. The efficacy and safety of TEMCAP were assessed until the occurrence of unacceptable toxicity or disease progression. Survival outcomes were estimated using the Kaplan-Meier method. Results: The median age of the patients was 52 years (range 24-77 years), and 53.3% were female. The most common symptoms at diagnosis were abdominal pain in 31 patients (81.6%). Primary tumors included 12 in the rectum (31.6%), 11 in the pancreas (28.9%), 3 in the ileum (7.9%), 2 in the mesentery (5.3%), 2 in the small intestine (5.3%), 1 in the appendix (2.6%), 1 in the stomach (2.6%) and 6 cases of liver metastasis of unknown primary (15.8%). Five were neuroendocrine tumors (NET) G1 (13.2%), 33 were NET G2 (86.8%), five had Ki67 < 3% (13.2%), and 33 had Ki67 between 3% and 20% (86.8%). TEMCAP was administered to 35 (92.1%) patients as first-line treatment. OS at 12, 36, and 60 months was estimated in 80%, 66%, and 42%, respectively, with a median OS of 49 months. Conclusion: TEMCAP therapy is a viable first-line option regarding efficacy and tolerability in areas where standard therapy is inaccessible.