1. **First workshop on cervix cancer surgery in Latin America: a hands-on experience from Lima, Perú**
   Primer taller sobre cirugía de cáncer de cuello uterino en América Latina: una experiencia práctica desde Lima, Perú

   INVESTIGADORES: Joan Flaubert Perez Villena, Marco Sánchez Salcedo, Absalon Montoya Guivin, Vladimir Villoslada Terrones, Aldo Lopez Blanco
   LINK: https://pubmed.ncbi.nlm.nih.gov/38594191/
   REVISTA: Int J Gynecol Cancer. 2024 Apr 9:ijgc-2024-005483. doi: 10.1136/ijgc-2024-005483. Online ahead of print.

2. **Latin American Consensus on the Treatment of Head and Neck Cancer**
   Consenso Latinoamericano sobre el Tratamiento del Cáncer de Cabeza y CuellO

   INVESTIGADORES: Leandro Luongo Matos, Luiz Paulo Kowalski, Aline Lauda Freitas Chaves, Thiago Bueno de Oliveira, Gustavo Nader Marta, Maria Paula Curado, Gilberto de Castro Junior, Terence P Farias, Gustavo Sarria Bardales, Mario Avila Cabrera, Renato de Castro Capuzzo, Genival Barbosa de Carvalho, Claudio Roberto Cernea, Rogério Aparecido Dedivitis, Fernando Luiz Dias, Andrés Munyo Estefan, Agustin Horacio Falco, Gustavo Alberto Ferraris, Alejandro Gonzalez-Motta, Andre Guimarães Gouveia, Alexandre Arthur Jacinto, Marco Aurelio Vamondes Kulcsar, Ana Kober Leite, Renan Bezerra Lira, Milena Perez Mak, Pedro De Marchi, Evandro Sobroza de Mello, Fátima Cristina Mendes de Matos, Pablo H Montero, Eduardo Dias de Moraes, Fabio Ynoe de Moraes, Diego Chaves Rezende Morais, Fernando Miguel Poenitz, Adela Poitevin, Hernán Ortiz Riveros, Álvaro Sanabria, Miguel Ticona-Castro, José Guilherme Vartanian, Gustavo Viani, Eugenio F Vines, William Nassib William Junior, David Conway, Shama Virani, Paul Brennan; HEADSpAcE Consortium.
   LINK: https://pubmed.ncbi.nlm.nih.gov/38603656/
   REVISTA: Review JCO Glob Oncol. 2024 Apr:10:e2300343. doi: 10.1200/GO.23.00343.
   ASTRACTO: Head and neck squamous cell carcinoma (HNSCC) is well known as a serious health problem worldwide, especially in low-income countries or those with limited resources, such as most countries in Latin America. International guidelines cannot always be applied to a population from a large region with specific conditions. This study established a Latin American guideline for care of patients with head and neck cancer and presented evidence of HNSCC management considering availability and oncologic benefit. A panel composed of 41 head and neck cancer experts systematically worked according to a modified Delphi process on (1) document compilation of evidence-based answers to different questions contextualized by resource availability and oncologic benefit regarding Latin America (region of limited resources and/or without access to all necessary health care system infrastructure), (2) revision of the answers and the classification of levels of evidence and degrees of recommendations of all recommendations, (3) validation of the consensus through two rounds of online surveys, and (4) manuscript composition. The consensus consists of 12 sections: Head and neck cancer staging, Histopathologic evaluation of head and neck cancer, Head and neck surgery-oral cavity, Clinical oncology-oral cavity, Head and neck surgery-oropharynx, Clinical oncology-oropharynx, Head and neck surgery-larynx, Head and neck surgery-larynx/hypopharynx, Clinical oncology-larynx/hypopharynx, Clinical oncology-recurrent and metastatic head and neck cancer, Head and neck surgery-reconstruction and

rehabilitation, and Radiation therapy. The present consensus established 48 recommendations on HNSCC patient care considering the availability of resources and focusing on oncologic benefit. These recommendations could also be used to formulate strategies in other regions like Latin America countries.

3. **Apoptosis Pathway-Associated Proteins Are Frequently Expressed in Melanoma: A Study of 32 Cases With Focus on Acral Lentiginous Melanoma**
   Las proteínas asociadas a la vía de la apoptosis se expresan con frecuencia en el melanoma: un estudio de 32 casos centrado en el melanoma lentiginoso acral

   INVESTIGADORES: Debora A Ledesma, Mario L Marques-Piubelli, Elsa Li-Ning-Tapia, Courtney Hudgens, Jun Gu, Rossana Lazcano, Sandro Casavilca-Zambrano, Miluska Castillo, Michael A Davies, Wen-Jen Hwu, Phyu P Aung, Alessio Giubellino, Jonathan L Curry, Carlos Torres-Cabala.
   LINK: https://pubmed.ncbi.nlm.nih.gov/38718197/
   REVISTA: Am J Dermatopathol. 2024 May 7. doi: 10.1097/DAD.0000000000002635. Online ahead of print.
   ASTRACTO: Acral lentiginous melanoma (ALM) is an aggressive type of cutaneous melanoma (CM) that arises on palms, soles, and nail units. ALM is rare in White population, but it is relatively more frequent in dark-skinned populations. There is an unmet need to develop new personalized and more effective treatments strategies for ALM. Increased expression of antiapoptotic proteins (ie, BCL2, MCL1) has been shown to contribute to tumorigenesis and therapeutic resistance in multiple tumor types and has been observed in a subset of ALM and mucosal melanoma cell lines in vivo and in vitro. However, little is known about their expression and clinical significance in patients with ALM. Thus, we assessed protein expression of BCL2, MCL1, BIM, and BRAF V600E by immunohistochemistry in 32 melanoma samples from White and Hispanic populations, including ALM and non-ALM (NALM). BCL2, MCL1, and BIM were expressed in both ALM and NALM tumors, and no significant differences in expression of any of these proteins were detected between the groups, in our relatively small cohort. There were no significant associations between protein expression and BRAF V600E status, overall survival, or ethnicity. In summary, ALM and NALM demonstrate frequent expressions of apoptosis-related proteins BCL2, MCL1, and BIM. Our findings suggest that patients with melanoma, including ALM, may be potential candidates for apoptosis-directed therapies.

4. **Unveiling Melanoma: A Deep Dive into Disparities at a Latin-American Cancer Institute**
   Revelando el melanoma: una inmersión profunda en las disparidades en un Instituto Latinoamericano del Cáncer

   INVESTIGADORES: Gonzalo Ziegler-Rodriguez, Gabriel De La Cruz-Ku, Luis Piedra-Delgado, Jorge Torres-Maldonado, Jorge Dunstan, Jose Manuel Cotrina-Concha, Jose Antonio Galarreta-Zegarra, Gabriela Calderon-Valencia, Sheila Vilchez-Santillan, Miguel Pinillos-Portella, Mecker G Möller.
   LINK: https://pubmed.ncbi.nlm.nih.gov/38888862/
   REVISTA: Ann Surg Oncol. 2024 Jun 18. doi: 10.1245/s10434-024-15573-6. Online ahead of print.

ASTRACTO: Introduction: The worldwide incidence of melanoma has increased in the last 40 years. Our aim was to describe the clinic-pathological characteristics and outcomes of three cohorts of patients diagnosed with melanoma in a Latin-American cancer institute during the last 20 years. Methods: We evaluated three retrospective patient cohorts diagnosed with melanoma at Instituto Nacional de Enfermedades Neoplasicas (INEN), a public hospital in Lima, Peru, for the years 2005-2006, 2010-2011, and 2017-2018. Survival rate differences were assessed using the Log-rank test. Results: Overall, 584 patients were included (only trunk and extremities); 51% were male, the mean age was 61 (3-97) years, and 48% of patients resided in rural areas. The mean time to diagnosis was 22.6 months, and the mean Breslow thickness was 7.4 mm (T4). Lower extremity was the most common location (72%). A majority of the patients (55%) had metastases at the time of presentation, with 36% in stage III and 19% in stage IV. Cohorts were distributed as 2005-2006 (n = 171), 2010-2011 (n = 223), and 2017-2018 (n = 190). No immunotherapy was used. Cohort C exhibited the most significant increase in stage IV diagnoses (12.3%, 15.7%, 28.4%, respectively; $p < 0.01$). The median overall survival rates at the three-year follow-up demonstrated a decline over the years for stages II (97%, 98%, 57%, respectively; $p < 0.05$) and III (66%, 77%, 37%; $p < 0.01$). Conclusions: There has been a worsening in the incidence of late-stage metastatic melanoma in Peru throughout the years, coupled with a significant decline in overall survival rates. This is underscored by the fact that half of the population lives in regions devoid of oncological access.

1. **ASO Author Reflections: Distilling Wisdom From Two Decades of Cutaneous Malignant Melanoma at a Peruvian Cancer Institute: A Stirring Call for Action**
   Reflexiones del autor de la ASO: Destilando la sabiduría de dos décadas de melanoma maligno cutáneo en un Instituto Peruano del Cáncer: un conmovedor llamado a la acción

   INVESTIGADORES: Gonzalo Ziegler-Rodriguez, Otto Ziegler-Rodriguez, Gabriel De La Cruz-Ku, Jose Manuel Cotrina-Concha, Jorge Dunstan, Miguel Pinillos-Portella, Sheila Vilchez-Santillan, Mecker G Möller.
   LINK: https://pubmed.ncbi.nlm.nih.gov/38955994/
   REVISTA: Ann Surg Oncol. 2024 Jul 2. doi: 10.1245/s10434-024-15672-4. Online ahead of print.

2. **ASO Visual Abstract: Unveiling Melanoma-A Deep Dive Into Disparities at a Latin-American Cancer Institute**
   Resumen visual de ASO: Revelando el melanoma: una inmersión profunda en las disparidades en un Instituto Latinoamericano del Cáncer

   INVESTIGADORES: Gonzalo Ziegler-Rodriguez, Gabriel De La Cruz Ku, Luis Piedra-Delgado, Jorge Torres-Maldonado, Jorge Dunstan, Jose Manuel Cotrina-Concha, Jose Antonio Galarreta-Zegarra, Gabriela Calderon-Valencia, Sheila Vilchez-Santillan, Miguel Pinillos-Portella, Mecker G Möller.
   LINK: https://pubmed.ncbi.nlm.nih.gov/38987367/
   REVISTA: Ann Surg Oncol. 2024 Jul 10. doi: 10.1245/s10434-024-15755-2. Online ahead of print.

3. **Correction: Unveiling Melanoma: A Deep Dive into Disparities at a Latin-American Cancer Institute**
   Corrección: El melanoma al descubierto: una mirada profunda a las disparidades en un instituto de cáncer de América Latina

   INVESTIGADORES: Gonzalo Ziegler-Rodriguez, Gabriel De La Cruz-Ku, Luis Piedra-Delgado, Jorge Torres-Maldonado, Jorge Dunstan, Jose Manuel Cotrina-Concha, Jose Antonio Galarreta-Zegarra, Gabriela Calderon-Valencia, Sheila Vilchez-Santillan, Miguel Pinillos-Portella, Mecker G Möller.
   LINK: https://pubmed.ncbi.nlm.nih.gov/39141146/
   REVISTA: Published Erratum Ann Surg Oncol. 2024 Aug 14. doi: 10.1245/s10434-024-16062-6. Online ahead of print.

4. **Comment On: Rethinking Oncologic Facial Nerve Reconstruction in the Acute Phase through Classification of the Level of Injury**
   Comentario sobre: Replanteamiento de la reconstrucción oncológica del nervio facial en la fase aguda a través de la clasificación del nivel de lesión

   INVESTIGADORES: Abraham Zavala, Lucio Santos.
   LINK: https://pubmed.ncbi.nlm.nih.gov/39265639/
   REVISTA: Facial Plast Surg. 2024 Sep 12. doi: 10.1055/s-0044-1790605. Online ahead of print.

5. **Treatment Outcomes and Definition Inconsistencies in High-Risk Unilateral Retinoblastoma: Outcomes and Definition Variances in High-Risk Rb**
   Resultados del tratamiento y diferencias en la definición en el retinoblastoma unilateral de alto riesgo: variaciones en los resultados y la definición en el retinoblastoma unilateral de alto riesgo

   INVESTIGADORES: Mattan Arazi, Alona Baum, Sandro Casavilca-Zambrano, Sandra Alarcon-Leon, Rosdali Diaz-Coronado, Alia Ahmad, Asma Mushtaq, Mahvish Hussain, Tatiana Ushakova, Serov Yuri, Polyakov Vladimir, Carol L Shields, Ralph C Eagle Jr, Jesse L Berry, Sarah Pike, Brianne Brown, Soma Rani Roy, Fahmida Huque, Ina Fabian, Shahar Frenkel, Maya Eiger-Moscovich, Jacob Pe'er, G Baker Hubbard 3rd, Thomas A Olson, Hans Grossniklaus, M Ashwin Reddy, Mandeep S Sagoo, Sandra E Staffieri, James E Elder, John D McKenzie, Mika Tanabe, Swathi Kaliki, Ido Didi Fabian.
   LINK: https://pubmed.ncbi.nlm.nih.gov/39332513/
   REVISTA: Am J Ophthalmol. 2024 Sep 25:S0002-9394(24)00450-1. doi: 10.1016/j.ajo.2024.09.023. Online ahead of print.
   ABSTRACTO: Purpose: To compare the clinical outcomes of children with unilateral retinoblastoma (Rb) and high-risk histopathology features (HRHF) following upfront enucleation with/without adjuvant chemotherapy, and investigate cases locally considered non-HRHF but converted to a standardized HRHF definition. Design: Retrospective multinational clinical cohort study. Methods: Children with Rb who presented to 21 centers from 12 countries between 2011-2020, and underwent primary enucleation were recruited. Centers retrieved clinical data and were asked to report detailed histopathology findings, as well as indicate cases defined locally as high-risk. For analysis, only unilateral cases with standardized HRHF, defined as retrolaminar optic nerve invasion, massive choroidal invasion, scleral invasion, anterior-segment involvement, and/or combined non-massive choroidal and prelaminar/laminar optic nerve invasion, were included. Main Outcome Measures included orbital tumor recurrence, systemic metastasis, survival and number and outcome of cases converted to standardized HRHF. Results: A total of 600 children presenting to 14 centers in 9 countries were included. Of these, 505 (84.2%) were considered locally as HRHF and received adjuvant chemotherapy. After a median follow-up period of 39.2±1.6 months (range: 0.8-60.0 months), 36 (6.0%) had orbital tumor recurrence, 49 (8.2%) metastasis, and 72 (12.0%) children died. Children not receiving adjuvant chemotherapy were at significantly increased risk of orbital tumor recurrence, metastasis, and death ($p \leq 0.002$). Of the study children, 63/600 (10.5%) were considered locally non-HRHF, but converted to standardized HRHF and included in the analysis. Of these, 6/63 (9.5%) had orbital tumor recurrence, 5/63 (7.9%) metastasis, and 6/63 (9.5%) children died. Isolated minor choroidal invasion with prelaminar/laminar optic nerve invasion was reported in 114 (19.0%) children, but considered locally as HRHF only in 68/114 (59.6%). Of these, 6/114 (5.3%) children developed metastasis and subsequently died, yielding a number needed to treat of 15. Conclusion: Based on this multinational cohort of children with Rb, we recommend the use of adjuvant chemotherapy following upfront enucleation and diagnosis of HRHF. Variation exists worldwide among centers when defining HRHF, resulting in adverse patient outcomes, warranting standardization.

6. **Retinoblastoma Outcomes Based on the 8th Edition American Joint Committee on Cancer Pathological Classification in 1411 Patients**
   Resultados del retinoblastoma según la 8.ª edición de la clasificación patológica del Comité Conjunto Estadounidense sobre Cáncer en 1411 pacientes

   INVESTIGADORES: High-Risk Retinoblastoma Collaborative Study Group: Alia Ahmad, Kavya Madhuri Bejjanki, Rosdali Diaz-Coronado, Maya Eiger-Moscovich, James E Elder, Ido Didi Fabian, Shahar Frenkel, Hans Grossniklaus, G Baker Hubbard 3rd, Swathi Kaliki, Anasua Ganguly Kapoor, Mona Mohammad, John D McKenzie, Jacob Pe'er, Suryasnata Rath, M Ashwin Reddy, Olivia Rolfe, Soma Rani Roy, Mandeep S Sagoo, Carol L Shields, Sandra E Staffieri, Mika Tanabe, Ushakova Tatiana, Devjyoti Tripathy, Vicktoria Vishnevskia-Dai, Vijitha S Vempuluru, Polyakov Vladimir, Yacoub A Yousef.
   LINK: https://pubmed.ncbi.nlm.nih.gov/39245078/
   REVISTA: Ophthalmology. 2024 Sep 7:S0161-6420(24)00538-4. doi: 10.1016/j.ophtha.2024.08.037. Online ahead of print.
   ABSTRACTO: Purpose: To evaluate the outcomes of retinoblastoma (RB) based on the 8th edition of the American Joint Committee on Cancer (AJCC) pathological classification in a global cohort of patients. Design: Retrospective, multicenter, intercontinental, collaborative study. Participants: A total of 1411 patients. Intervention: Primary enucleation with or without adjuvant chemotherapy or radiotherapy. Main outcome measures: Orbital tumor recurrence, tumor-related metastasis, and tumor-related death. Results: According to the 8th edition AJCC pathological classification, 645 eyes (46%) belonged to pathological T (pT)1, 164 (11%) to pT2, 493 (35%) to pT3, and 109 (8%) to pT4 categories. At a mean follow-up of 38 months (median, 35 months; < 1-149 months), orbital tumor recurrence was seen in 8 (1%), 5 (3%), 22 (4%), and 25 (23%) of pT1, pT2, pT3, and pT4 ($P < 0.001$) categories, respectively; tumor-related metastasis was seen in 7 (1%), 5 (3%), 40 (8%), and 46 (43%) of pT1, pT2, pT3, and pT4 ($P < 0.001$) categories, respectively; tumor-related death was seen in 12 (2%), 7 (4%), 64 (13%), and 64 (59%) of pT1, pT2, pT3, and pT4 ($P < 0.001$) categories, respectively. Multivariate Cox proportional hazards analysis of outcomes revealed pT category and adjuvant therapy as independent predictors of outcomes. Categories pT3b ($P = 0.005$), pT3c ($P < 0.001$), pT3d ($P < 0.001$), and pT4 ($P < 0.001$) had a greater hazard for orbital recurrence; categories pT2a ($P = 0.015$), pT3a ($P < 0.001$), pT3b ($P < 0.001$), pT3c ($P < 0.001$), pT3d ($P < 0.001$), and pT4 ($P < 0.001$) had a greater hazard for tumor-related metastasis; and categories pT2a ($P = 0.068$), pT2b ($P = 0.004$), pT3a ($P < 0.001$), pT3b ($P < 0.001$), pT3c ($P < 0.001$), pT3d ($P < 0.001$), and pT4 ($P < 0.001$) had a greater hazard for tumor-related death when compared with the pT1 category. Patients who did not receive adjuvant therapy had greater hazards of orbital tumor recurrence in categories pT3b ($P = 0.005$), pT3c ($P = 0.003$), and pT4 ($P = 0.002$); greater hazards of tumor-related metastasis in categories pT3a ($P = 0.001$), pT3b ($P = 0.01$), pT3c ($P = 0.001$), and pT4 ($P = 0.007$); and tumor-related death in categories pT3a ($P < 0.001$), pT3b ($P = 0.009$), pT3c ($P = 0.018$), and pT4 ($P < 0.001$) when compared with those who received adjuvant therapy. Conclusions: The 8th edition AJCC pathological classification predicts outcomes in patients undergoing primary enucleation for RB, and adjuvant therapy is associated with a lower risk of orbital recurrence, tumor-related metastasis, and tumor-related death in the pT3 and pT4 categories.

7. **Oncologic Considerations for Primary Facial Reanimation Following Parotid Adenoid Cystic Carcinoma Resection**
   Consideraciones oncológicas para la reanimación facial primaria después de la resección del carcinoma adenoide quístico de la parótida

   INVESTIGADORES: Abraham Zavala, Christian Loayza, Cristian Apéstegui, Giancarlo Lucho, Ricardo Delgado.
   LINK: https://pubmed.ncbi.nlm.nih.gov/39526424/
   REVISTA; Microsurgery. 2024 Nov;44(8):e31264. doi: 10.1002/micr.31264.

8. **Neovascular Glaucoma as a Predictor of Retinoblastoma High-Risk Histopathology in an International Multicentre Study**
   Glaucoma neovascular como predictor de histopatología de alto riesgo en retinoblastoma en un estudio internacional multicéntrico

   INVESTIGADORES: Guy S Negretti, Tatiana Ushakova, Serov Yuri, Polyakov Vladimir, Jesse L Berry, Sarah Pike, Carol L Shields, G Baker Hubbard 3rd, Maya Eiger-Moscovich, Jacob Pe'er, Sandra E Staffieri, James E Elder, John D McKenzie, Alia Ahmad, Mahvish Hussain, Sandro Casavilca-Zambrano, Sandra Alarcon-Leon, Yacoub A Yousef, Mona Mohammad, Mika Tanabe, Mattan Arazi, Ido Didi Fabian, Samuel Goldstein, Swathi Kaliki, Mandeep S Sagoo, M Ashwin Reddy.
   LINK: https://pubmed.ncbi.nlm.nih.gov/39622251/
   REVISTA: Retina. 2024 Nov 20. doi: 10.1097/IAE.0000000000004340. Online ahead of print.
   ABSTRACTO: Purpose: To assess histopathology and outcomes following primary enucleation of eyes with retinoblastoma presenting with neovascular glaucoma (NVG). Methods: This was an international multi-centre case series study across five continents. Retrospective review of patient charts was performed for all patients undergoing primary enucleation for retinoblastoma (n=1420) using a standardised data-collection spreadsheet. Clinical features, pathological grade, and outcomes were compared between NVG patients and those with an American Joint Commission on Cancer (AJCC) 8th edition clinical stage of cT2. High-risk histopathology was defined as AJCC 8th edition pathological stage ≥pT2b. Results: NVG was seen in 224/1420 (16%) patients. Mean age at presentation of those with NVG was 30 months (median 25, range 0-120 months) and 131(58%) patients had high-risk histopathology. The univariate logistic regression odds ratio for NVG predicting high-risk histopathology was 1.73 (95% confidence interval: 1.3 to 2.31) and from multivariate logistic regression was 1.77 (95% confidence interval: 1.23 to 2.56). Patients with a longer duration of symptoms (p=0.03), buphthalmos (p=0.02) and ectropion uveae (p<0.01) were more likely to have high-risk histopathology. Patients with NVG were more likely to develop metastasis than cT2 patients (p=0.04). Conclusions: There is a significant association between NVG at presentation, high-risk histopathology and metastatic risk.