1. **Ifosfamide-induced nephrotoxicity in oncological patients**
   Nefrotoxicidad inducida por ifosfamida en pacientes oncológico

   INVESTIGADORES: Juan Eduardo Quiroz-Aldave, María Del Carmen Durand-Vásquez, Freddy Shanner Chávez-Vásquez, Alexandra Noelia Rodríguez-Angulo, Sonia Elizabeth Gonzáles-Saldaña, Carlos César Alcalde-Loyola, Julia Cristina Coronado-Arroyo, Francisca Elena Zavaleta-Gutiérrez, Luis Alberto Concepción-Urteaga, Juan Carlos Haro-Varas, Marcio José Concepción-Zavaleta.
   LINK: https://pubmed.ncbi.nlm.nih.gov/38031874/
   REVISTA: Review Expert Rev Anticancer Ther. 2024 Jan-Feb;24(1-2):5-14.
   ASTRACTO: Introduction: Ifosfamide is an alkylating chemotherapeutic agent used in the treatment of various neoplasms. Its main adverse effects include renal damage. Areas covered: A comprehensive review was conducted, including 100 articles from the Scielo, Scopus, and EMBASE databases. Ifosfamide-induced nephrotoxicity is attributed to its toxic metabolites, such as acrolein and chloroacetaldehyde, which cause mitochondrial damage and oxidative stress in renal tubular cells. Literature review found a 29-year average age with no gender predominance and a mortality of 13%. Currently, no fully effective strategy exists for preventing ifosfamide-induced nephrotoxicity; however, hydration, forced diuresis, and other interventions are employed to limit renal damage. Long-term renal function monitoring is essential for patients treated with ifosfamide. Expert opinion: Ifosfamide remains essential in neoplasm treatment, but nephrotoxicity, often compounded by coadministered drugs, poses diagnostic challenges. Preventive strategies are lacking, necessitating further research. Identifying timely risk factors can mitigate renal damage, and a multidisciplinary approach manages established nephrotoxicity. Emerging therapies may reduce ifosfamide induced nephrotoxicity.

2. **A Novel Variant in SQSTM1 Gene Causing Neurodegeneration with Ataxia, Dystonia, and Gaze Palsy in a Peruvian Family**
   Una nueva variante del gen SQSTM1 que causa neurodegeneración con ataxia, distonía y parálisis de la mirada en una familia peruana

   INVESTIGADORES: Cesar Chacaltana-Vinas, Patricia Ramirez-Pajares, Alid Manrique-Palomino, Amanda R Clause, Aditi Chawla, Erin Thorpe, Ryan Taft, Andrea Rivera-Valdivia, Elison Sarapura-Castro, Jeny Bazalar-Montoya, Mario Cornejo-Olivas.
   LINK: https://pubmed.ncbi.nlm.nih.gov/38532471/
   REVISTA: Mov Disord Clin Pract. 2024 Mar 26. doi: 10.1002/mdc3.14025. Online ahead of print.

3. **Choosing Wisely in oncology in Latin America: what SLACOM does not recommend in the care of cancer patients in Latin America: Ten essential recommendations to avoid harmful onclogy procedures in Latin America**
   Elegir Sabiamente en oncología en América Latina: lo que SLACOM no recomienda en la atención de pacientes con cáncer en América Latina: Diez recomendaciones esenciales para evitar procedimientos oncológicos nocivos en América Latina

   INVESTIGADORES: Julia Ismael, Eugenia Esandi, Gerardo Arroyo, Sergio Becerra, Suyapa Bejarano, Carlos Castro, Claudia Enrique, Cinthia Gauna, Francisco Gutiérrez-Delgado, Ernesto Gil Deza, Karin Kopitowsky, Daniel Lewi, Bettina Muller, Raul Murillo, Alicia

Pomata, Jorge Puyol, Gabriela Quintanilla, Silvana Rompato, Luiz Santini, Tatiana Vidaurre, Angela Solano, Daniel Campos, Eduardo Cazap.
LINK: https://pubmed.ncbi.nlm.nih.gov/38774563/
REVISTA: Ecancermedicalscience. 2024 Apr 9:18:1691. doi: 10.3332/ecancer.2024.1691. eCollection 2024.
ASTRACTO: Choosing Wisely is an initiative by the American Board of Internal Medicine (ABIM) and ABIM Foundation to deter unnecessary medical treatments and procedures. Faced with the burden of modern technologies and treatments, it is crucial to identify practices lacking value in daily care. The Latin American and Caribbean Society (SLACOM), comprising cancer control experts, deems it vital to tailor this initiative for enhancing cancer care in the region. Through a modified DELPHI methodology involving two rounds of electronic questionnaires and a hybrid meeting to discuss key points of contention, ten essential recommendations were identified and prioritised to avoid harmful oncology procedures in our region. These consensus-based recommendations, contextualised for Latin America, have been compiled and shared to benefit patients. The Scientific Committee, consisting of prominent oncologists and health experts, collaborates remotely to drive this project forward.

4. **Boosting self-efficacy and improving practices for smoking prevention and cessation among South American cancer care providers with a web-based algorithm**
Impulsar la autoeficacia y mejorar las prácticas para la prevención y el abandono del hábito de fumar entre los proveedores de atención oncológica de América del Sur con un algoritmo basado en la web

INVESTIGADORES: Irene Tamí-Maury, Samuel Tundealao, Valeri Noé-Díaz, Esperanza Garcia, Vilma Diaz, Jennie Meier, Mira Dani, Tatiana Vidaurre.
LINK: https://pubmed.ncbi.nlm.nih.gov/38715116/
REVISTA: Addict Sci Clin Pract. 2024 May 7;19(1):36. doi: 10.1186/s13722-024-00462-w.
ASTRACTO: Background: Digital technologies have positively impacted the availability and usability of clinical algorithms through the advancement in mobile health. Therefore, this study aimed to determine if a web-based algorithm designed to support the decision-making process of cancer care providers (CCPs) differentially impacted their self-reported self-efficacy and practices for providing smoking prevention and cessation services in Peru and Colombia. Methods: A simple decision-making tree algorithm was built in REDCap using information from an extensive review of the currently available smoking prevention and cessation resources. We employed a pre-post study design with a mixed-methods approach among 53 CCPs in Peru and Colombia for pilot-testing the web-based algorithm during a 3-month period. Wilcoxon signed-rank test was used to compare the CCPs' self-efficacy and practices before and after using the web-based algorithm. The usability of the web-based algorithm was quantitatively measured with the system usability scale (SUS), as well as qualitatively through the analysis of four focus groups conducted among the participating CCPs. Results: The pre-post assessments indicated that the CCPs significantly improved their self-efficacy and practices toward smoking prevention and cessation services after using the web-based algorithm. The overall average SUS score obtained among study participants was 82.9 (± 9.33) [Peru 81.5; Colombia 84.1]. After completing the qualitative analysis of the focus groups transcripts, four themes emerged: limited resources currently available for smoking prevention and cessation in oncology settings, merits of the web-based algorithm,

challenges with the web-based algorithm, and suggestions for improving this web-based decision-making tool. Conclusion: The web-based algorithm showed high usability and was well-received by the CCPs in Colombia and Peru, promoting a preliminary improvement in their smoking prevention and cessation self-efficacy and practices.

1. **Ethnic inequalities in coverage and use of women's cancer screening in Peru**
   Desigualdades étnicas en la cobertura y uso del tamizaje de cáncer en mujeres en el Perú

   INVESTIGADORES: Claudio Intimayta-Escalante.
   LINK: https://pubmed.ncbi.nlm.nih.gov/39048988/
   REVISTA: BMC Womens Health. 2024 Jul 24;24(1):418. doi: 10.1186/s12905-024-03225-6.
   ABSTRACTO: Objective: This study aimed to assess ethnic inequalities in the coverage and utilization of cancer screening services among women in Peru. Methods: Data from the 2017-2023 Demographic and Family Health Survey in Peru were analyzed to evaluate ethnic disparities in screening coverage for breast and cervical cancer, including clinical breast examination (CBE), Pap smear test (PST), and mammography. Measures such as the GINI coefficient and Slope Index of Inequality (SII) were used to quantify coverage and utilization disparities among ethnic groups. Results: The study included 70,454 women aged 30-69. Among women aged 40-69, 48.31% underwent CBE, 84.06% received PST, and 41.69% underwent mammography. It was found inequalities in coverage for any cancer screening (GINI: 0.10), mammography (GINI: 0.21), CBE (GINI: 0.19), and PST (GINI: 0.06), in 25 Peruvian regions. These inequalities were more pronounced in regions with larger populations of Quechua, Aymara, and Afro-Peruvian women. In rural areas, Quechua or Aymara women (SII: -0.83, -0.95, and - 0.69, respectively) and Afro-Peruvian women (SII: -0.80, -0.92, and - 0.58, respectively) experienced heightened inequalities in the uptake of CBE, mammography, and PST, respectively. Like Quechua or Aymara women (SII: -0.50, SII: -0.52, and SII: -0.50, respectively) and Afro-Peruvian women (SII: -0.50, SII: -0.58, and SII: -0.44, respectively) with only a primary education. Conclusion: Ethnic inequalities affect breast and cervical cancer screening coverage across regions in Peru. In Quechua, Aymara, and Afro-Peruvian women the uptake of mammography, CBE, and PST was less frequently than their white or mestizo counterparts. These inequalities are attributed to sociodemographic conditions such as lower education levels and residence in rural or non-capital areas.

2. **Uptake of Risk-Reducing Surgeries in an International Real-World Cohort of Hispanic Women**
   Aceptación de cirugías de reducción de riesgos en una cohorte internacional de mujeres hispanas del mundo real

   INVESTIGADORES: Yanin Chavarri-Guerra, Ana Ferrigno-Guajardo, Cynthia Villarreal-Garza, Bertha Alejandra Martinez-Cannon, Julio Abugattas-Saba, Annette C Fontaine, Darling J Horcasitas, Pamela Mora-Alferez, Gary W Unzeitig, Sandra Brown, Alejandro Mohar-Betancourt, Bita Nehoray, Azucena Del Toro-Valero, Adrian Daneri-Navarro, Pamela Ganschow, Ian Komenaka, Yenni Rodriguez, Gubidxa Gutierrez Seymour, Leonora Valdez, Kathleen R Blazer, Shellie Ellis, Jeffrey N Weitzel.
   LINK: https://pubmed.ncbi.nlm.nih.gov/39481075/
   REVISTA: JCO Glob Oncol. 2024 Oct:10:e2400097. doi: 10.1200/GO.24.00097. Epub 2024 Oct 31.

ABSTRACTO: Purpose: Women with pathogenic variants (PVs) in breast cancer (BC) and ovarian cancer (OC) associated genes are candidates for cancer risk-reducing strategies. Limited information is available regarding risk-reducing surgeries (RRS) among Hispanics. The aim of this study was to describe the uptake of RRS in an international real-world experience of Hispanic women referred for genetic cancer risk assessment (GCRA) and to identify factors affecting uptake. Methods: Between July 1997 and December 2019, Hispanic women, living in the United States or in Latin America, enrolled in the Clinical Cancer Genomics Community Research Network registry were prospectively included. Demographic characteristics and data regarding RRS were obtained from chart reviews and patient-reported follow-up questionnaires. Median follow-up was 41 months. Results: Among 1,736 Hispanic women referred for GCRA, 27.2% women underwent risk-reducing mastectomy (RRM), 25.5% risk-reducing salpingo-oophorectomy (RRSO) and, 10.7% both surgeries. Among BRCA carriers, rates of RRM and RRSO were 47.6% and 56.7%, respectively. In the multivariate analyses, being a carrier of a BC susceptibility gene (odds ratio [OR], 3.44), personal history of BC (OR, 6.22), living in the US (OR, 3.90), age ≤50 years (OR, 1.68) and, family history of BC (OR, 1.56) were associated with a higher likelihood of undergoing RRM. Carrying an OC susceptibility gene (OR, 6.72) was associated with a higher likelihood of undergoing RRSO. Conclusion: The rate of RRS among Hispanic women is suboptimal. PV carriers, women with personal history of cancer, and those with a family history of cancer were more likely to have RRS, with less uptake outside the US. Understanding personal and systemic factors influencing uptake may enable interventions to increase risk appropriate uptake of RRS.