

PRESENTACIONES DEL INSTITUTO DE CANCEROLOGÍA



Haploidentical Transplant with Post-transplant Cyclophosphamide versus Matched Unrelated Donor Transplant for Acute Lymphoblastic Leukemia (ALL); combined analysis from acute leukemia working group of EBMT and The Haploidentical Transplant Research Consortium (HIT-RC)

Authors. Monzr M. Al Malki, Dongyun Yang, Asad Bashey, Amado Karduss-Urueta, Nelli Bejanyan, Francesca Ferraro, et al.

Allogeneic hematopoietic cell transplantation (HCT) is an effective therapy for acute lymphoblastic leukemia (ALL). Recent single arm studies on Haploidentical HCT (HaploHCT) using PTCy for ALL showed promising results largely owing to development of post-HCT cyclophosphamide (PTCy) as GVHD prophylaxis. However, there have been no comparative analyses of outcomes between HaploHCT and MUD HCT. **Methods.** We retrospectively studied the outcome of 506 ALL patients who underwent HaploHCT with PTCy reported from the participating centers (HIT-RC and EBMT) between 1/2005 and 12/2016 and compared with a matched cohort of 1012 patients who received MUD HCT and reported to EBMT. Median age of patients was 33 (range:18-73) and 36 (18-76) in Haplo and MUD,

respectively (p=0.0009). Median time from diagnosis to HCT was longer in HaploHCT (<6 months was 24% vs 29%; p<0.0001). **Results.** With median follow up of 3.2 years, there was no statistical difference in 3-year overall survival (OS) between HaploHCT (61.2%) and MUD HCT (60.4%) after adjusted for all covariates (HR=0.96; CI: 0.77-1.20). Similarly, there was no statistical difference in progression free survival (PFS) (HR=0.94; CI: 0.77-1.15), relapse rate (HR=1.05; CI: 0.81-1.35), or non-relapse mortality (NRM) (HR=0.85; CI: 0.62-1.16). **Conclusion.** In this large retrospective analysis, outcomes of patients with ALL undergoing transplant from a haploidentical donor with PTCy is comparable with those undergoing MUD transplantations.



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The Impact of Perceived Competence and Optimism in Reducing the Burden of Informal Caregivers of Patients with Advanced Oncological Disease.

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Introduction. Being a caregiver brings consequences of different kinds, such as physical and emotional exhaustion, impacting the perception of the global well-being of caregivers and influencing the loss of the perception of personal control and coping with the situation, affecting the process of adaptation to the disease context. **Objectives.** To describe the role of perceived competence, optimism, post-traumatic growth and spirituality in reducing the burden of caregivers of patients with an advanced oncological disease who attended a cancer center in the city of Medellín-Colombia. **Methodology.** Descriptive-transversal study. 100 informal caregivers of age (>18), selected by convenience sampling. Scales were administered to assess perceived competence, burden, and optimism. Descriptive analyzes, a correlation between the variables and linear

regression of successive steps were carried out. **Results.** Correlation analyzes indicate a negative relationship between burden and perceived competence (p <0.05) and with optimism (p <0.01) and a positive relationship between perceived competence and optimism (p <0.01). As for the regression analyzes, it was found that perceived competence and optimism reduce the burden of informal caregivers. **Conclusion.** Enhancing perceived competence and mobilizing optimism as a personal resource in informal caregivers, influences the reduction of burden, thus favoring recovery in terms of the perception of personal control in the face of stress, and the possibility of anticipating positive consequences related to the activities of the role in terms of the detection and coping of physical and emotional needs of patients.

ARTÍCULO PUBLICADO EN LA REVISTA ECANCERMEDICALSCIENCE

Barriers in Latin America for the management of locally advanced breast cancer

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Abstract. Breast cancer (BC) is a highly prevalent malignancy in Latin American women, most cases being diagnosed at locally advanced or metastatic stages when options for cancer care are limited. Despite its label as a public health problem in the region, Latin American BC patients face several barriers in accessing standard of care treatment when compared with patients from developed countries. In this review, we analyse the landscape of the four main identified barriers in the region: i) high burden of locally advanced/advanced BC; ii) inadequate access to medical resources; iii) deficient access to specialised cancer care and iv) insufficient BC research in Latin America. Unfortunately, these barriers represent the main factors associated with the BC poor outcomes seen in the region. Targeted actions should be conducted independently by each country and as a region to overcome these limitations and create an enhanced model of BC care.

Calendario Comité de Ética 2019

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Mayo							Junio								
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