Instructions for Authors 2021

General Policy. ANTICANCER RESEARCH (AR) will accept original high quality works and reviews on all aspects of experimental and clinical cancer research. The Editorial Policy suggests that priority will be given to papers advancing the understanding of cancer causation, and to papers applying the results of basic research to cancer diagnosis, prognosis, and therapy. Each article should include a concrete conclusion constituting of a "new piece of knowledge" backed up by scientific evidence. AR will also accept the following for publication: (a) Abstracts and Proceedings of scientific meetings on cancer, following consideration and approval by the Editorial Board; (b) Announcements of meetings related to cancer research; (c) Short reviews (of approximately 120 words) and announcements of newly received books and journals related to cancer, and (d) Announcements of awards and prizes.

The principal aim of AR is to provide prompt publication (print and online) for original works of high quality, generally within 1-2 months from final acceptance. Manuscripts will be accepted on the understanding that they report original unpublished works in the field of cancer research that are not under consideration for publication by another journal, and that they will not be published again in the same form. All authors should sign a submission letter confirming the approval of their article contents. All material submitted to AR will be subject to peer-review, when appropriate, by two members of the Editorial Board and by one suitable outside referee. All manuscripts submitted to AR are urgently treated with absolute confidence, with access restricted to the Managing Editor, the journal's secretary, the reviewers and the printers. The Editors reserve the right to improve manuscripts on grammar and style.

The Editors and Publishers of AR accept no responsibility for the contents and opinions expressed by the contributors. Authors should warrant due diligence in the creation and issuance of their work.

NIH Open Access Policy. The journal acknowledges that authors of NIH-funded research retain the right to provide a copy of the published manuscript to the NIH four months after publication in ANTICANCER RESEARCH, for public archiving in PubMed Central.

Copyright. Once a manuscript has been published in ANTICANCER RESEARCH, which is a copyrighted publication, the legal ownership of all published parts of the paper has been transferred from the Author(s) to the journal. Material published in the journal may not be reproduced or published elsewhere without the written consent of the Managing Editor or Publisher.

Format. Two types of papers may be submitted: (i) Full papers containing completed original work, and (ii) review articles concerning fields of recognisable progress. Papers should contain all essential data in order to make the presentation clear. Reasonable economy should be exercised with respect to the number of tables and illustrations used. Papers should be written in clear, concise English. Spelling should follow that given in the "Shorter Oxford English Dictionary".

Manuscripts. Submitted manuscripts exceeding 4 printed pages will be subject to excess page charges. The 4 printed pages correspond approximately to twelve (12) document pages (~250 words per double-spaced typed page in Arial 12), including abstract, text, tables, figures, and references. All manuscripts should be divided into the following sections: (a) First page including the title of the presented work [not exceeding fifteen (15) words], full names and full postal addresses of all Authors, name of the Author to whom proofs are to be sent, key words, an abbreviated running title, an indication "review", "clinical", "epidemiological", or "experimental" study, and the date of submission. (Note: The order of the Authors is not necessarily indicative of their contribution to the work. Authors may note their individual contribution(s) in the appropriate section(s) of the presented work); (b) Abstract not exceeding 150 words, organized according to the following headings: Background/Aim – Materials and Methods/Patients and Methods – Results – Conclusion; (c) Introduction; (d) Materials and Methods/Patients and Methods; (e) Results; (f) Discussion; (g) Conflicts of Interest; (h) Authors' contributions; (i) Acknowledgements; (j) References. All pages must be numbered consecutively. Footnotes should be avoided. Review articles may follow a different style according to the subject matter and the Author's opinion. Review articles should not exceed 35 pages (approximately 250 words per double-spaced typed page) including all tables, figures, and references.

Figures. All figures should appear at the end of the submitted document file. Once a manuscript is accepted all figures and graphs should be submitted separately in either jpg, tiff or pdf format and at a minimum resolution of 300 dpi. Graphs must be submitted as pictures made from drawings and must not require any artwork, typesetting, or size modifications. Symbols, numbering and lettering should be clearly legible. The number and top of each figure must be indicated. Pages that include color figures are subject to color charges..

Tables. All tables should appear at the end of the submitted document file. Once a manuscript is accepted, each table should be submitted separately, typed double-spaced. Tables should be numbered with Roman numerals and should include a short title.

References. Authors must assume responsibility for the accuracy of the references used. Citations for the reference sections of submitted works should follow the form below and must be numbered consecutively. In the text, references should be cited by number in parenthesis. Examples: 1 Kenyon J, Liu W and Dalgleish A: Report of objective clinical responses of cancer patients to pharmaceutical-grade synthetic cannabidiol. Anticancer Res 38(10): 5831-5835, 2018. PMID: 30275207. DOI: 10.21873/anticanres.12924. (PMIDs and DOIs only if applicable). 2 McGuire WL and Chamnes GC: Studies on the oestrogen receptor in breast cancer. In: Receptors for Reproductive Hormones. O' Malley BW, Chamnes GC (eds.). New York, Plenum Publ Corp., pp 113-136, 1973. 3 Global Health Estimates 2015: Disease Burden by Cause, Age, Sex, by Country and by Region,

ANTICANCER RESEARCH 41: (2021)

2000-2015. Geneva, World Health Organisation, 2016. Available at http://www.who.int/healthinfo/global_burden_disease/estimates/en/index2.html. Last accessed on 3rd April 2018. (The web address should link directly to the cited information and not to a generic webpage).

Nomenclature and Abbreviations. Nomenclature should follow that given in "Chemical Abstracts", "Index Medicus", "Merck Index", "IUPAC -IUB", "Bergey's Manual of Determinative Bacteriology", The CBE Manual for Authors, Editors and Publishers (6th edition, 1994), and MIAME Standard for Microarray Data. Human gene symbols may be obtained from the HUGO Gene Nomenclature Committee (HGNC) (http://www.gene.ucl.ac.uk/). Approved mouse nomenclature may be obtained from http://www.informatics.jax.org/. Standard abbreviations are preferable. If a new abbreviation is used, it must be defined on first usage.

Clinical Trials. Authors of manuscripts describing clinical trials should provide the appropriate clinical trial number in the correct format in the text.

For International Standard Randomised Controlled Trials (ISRCTN) Registry (a not-for-profit organization whose registry is administered by Current Controlled Trials Ltd.) the unique number must be provided in this format: ISRCTNXXXXXXXX (where XXXXXXXX represents the unique number, always prefixed by "ISRCTN"). Please note that there is no space between the prefix "ISRCTN" and the number. Example: ISRCTN47956475.

For Clinicaltrials.gov registered trials, the unique number must be provided in this format: NCTXXXXXXXX (where XXXXXXXX represents the unique number, always prefixed by 'NCT'). Please note that there is no space between the prefix 'NCT' and the number. Example: NCT00001789.

Ethical Policies and Standards. ANTICANCER RESEARCH agrees with and follows the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" established by the International Committee of Medical Journal Editors in 1978 and updated in October 2001 (www.icmje.org). Microarray data analysis should comply with the "Minimum Information About Microarray Experiments (MIAME) standard". Specific guidelines are provided at the "Microarray Gene Expression Data Society" (MGED) website. Presentation of genome sequences should follow the guidelines of the NHGRI Policy on Release of Human Genomic Sequence Data. Research involving human beings must adhere to the principles of the Declaration of Helsinki and Title 45, U.S. Code of Federal Regulations, Part 46, Protection of Human Subjects, effective December 13, 2001. Research involving animals must adhere to the Guiding Principles in the Care and Use of Animals approved by the Council of the American Physiological Society. The use of animals in biomedical research should be under the careful supervision of a person adequately trained in this field and the animals must be treated humanely at all times. Research involving the use of human foetuses, foetal tissue, embryos and embryonic cells should adhere to the U.S. Public Law 103-41, effective December 13, 2001.

Submission of Manuscripts. Please follow the Instructions for Authors regarding the format of your manuscript and references. Manuscripts must be submitted only through our online submission system at: http://www.iiar-submissions.com/login.html
In case a submission is incomplete, the corresponding Author will be notified accordingly. Questions regarding difficulties in using the online submission system should be addressed to: email: journals@iiar-anticancer.org

Galley Proofs. Unless otherwise indicated, galley proofs will be sent to the corresponding Author of the submission. Corrections of galley proofs should be limited to typographical errors. Reprints, PDF files, and/or Open Access may be ordered after the acceptance of the paper. Authors of online open access articles are entitled to a complimentary online subscription to Anticancer Research for the current year and all previous digital content since 2004 (upon request to the Subscriptions Office). Galley proofs should be returned corrected to the Editorial Office by email (iiar@iiar-anticancer.org) within two days.

Specific information and additional instructions for Authors

- 1. Anticancer Research (AR) closely follows the new developments in all fields of experimental and clinical cancer research by (a) inviting reviews on topics of immediate importance and substantial progress in the last three years, and (b) providing the highest priority for rapid publication to manuscripts presenting original results judged to be of exceptional value. Theoretical papers will only be considered and accepted if they bear a significant impact or formulate existing knowledge for the benefit of research progress.
- 2. Anticancer Research will consider the publication of conference proceedings and/or abstracts provided that the material submitted fulfils the quality requirements and instructions of the journal, following the regular review process by two suitable referees.
- 3. An acknowledgement of receipt, including the article number, title and date of receipt is sent to the corresponding author of each manuscript upon receipt. If this receipt is not received within 20 days from submission, the author should call or write to the Editorial Office to ensure that the manuscript (or the receipt) was not lost in the mail or during electronic submission.
- 4. Each manuscript submitted to AR is sent for peer-review in confidence to two-three suitable referees with the request to return the manuscript with their comments to the Editorial Office within 12 days from receipt. If reviewers need a longer time or wish to send the manuscript to another expert, the manuscript may be returned to the Editorial Office with a delay. All manuscripts submitted to AR, are treated in confidence, without access to any person other than the Managing Editor, the journal's secretary, the reviewers and the printers.

ANTICANCER RESEARCH 41: (2021)

- 5. All accepted manuscripts are carefully corrected in style and language, if necessary, to make presentation clear. (There is no fee for this service). Every effort is made (a) to maintain the personal style of the author's writing and (b) to avoid change of meaning. Authors will be requested to examine carefully manuscripts which have undergone language correction at the pre-proof or proof stage.
- 6. Authors should pay attention to the following points when writing an article for AR:
 - The Instructions to Authors must be followed in every detail.
 - The presentation of the experimental methods should be clear and complete in every detail facilitating reproducibility by other scientists.
 - The presentation of results should be simple and straightforward in style. Results and discussion should not be combined into one section, unless the paper is short.
 - Results given in figures should not be repeated in tables.
 - Figures (graphs or photographs) should be prepared at a width of 8 or 17 cm with legible numbers and lettering.
 - Photographs should be clear with high contrast, presenting the actual observation described in the legend and in the text. Each legend should provide a complete description, being self-explanatory, including technique of preparation, information about the specimen and magnification.
 - Statistical analysis should be elaborated wherever it is necessary. Simplification of presentation by giving only numerical or % values should be avoided.
 - Fidelity of the techniques and reproducibility of the results, should be points of particular importance in the discussion section. Authors are advised to check the correctness of their methods and results carefully before writing an article. Probable or dubious explanations should be avoided.
 - Authors should not cite results submitted for publication in the reference section. Such results may be described briefly in the text with a note in parenthesis (submitted for publication by... authors, year).
 - · References. Each article should address, list and discuss the entire spectrum of current publications relevant to its field.
 - By following these instructions, Authors will facilitate a more rapid review and processing of their manuscripts and will provide the readers with concise and useful papers.
- 7. Following review and acceptance, a manuscript is examined in language and style, and galley proofs are rapidly prepared. Second proofs are not sent unless required.
- 8. Authors should correct their galley proofs very carefully and preferably twice. An additional correction by a colleague always proves to be useful. Particular attention should be paid to chemical formulas, mathematical equations, symbols, medical nomenclature etc. Any system of correction marks can be used in a clear manner, preferably with a red pen. Additions or clarifications are allowed provided that they improve the presentation but do not bring new results (no fee).
- 9. Articles submitted to AR may be rejected without review if:
 - they do not fall within the journal's policy.
 - they do not follow the instructions for authors.
 - language is unclear.
 - results are not sufficient to support a final conclusion.
 - results are not objectively based on valid experiments.
 - they repeat results already published by the same or other authors before the submission to AR.
 - plagiarism is detected by plagiarism screening services.
 (Rejection rate (2020): 68%).
- 10. Authors who wish to prepare a review should contact the Managing Editor of the journal in order to get confirmation of interest in the particular topic of the review. The expression of interest by the Managing Editor does not necessarily imply acceptance of the review by the journal.
- 11. Authors may inquire information about the status of their manuscript(s) by calling the Editorial Office at +30-22950-53389, Monday to Friday 9.00-16.00 (Athens time), or by sending an e-mail to journals@iiar-anticancer.org
- 12. Authors who wish to edit a special issue on a particular topic should contact the Managing Editor.
- 13. Authors, Editors and Publishers of books are welcome to submit their books for immediate review in AR. There is no fee for this service.

(This text is a combination of advice and suggestions contributed by Editors, Authors, Readers and the Managing Editor of AR).

Copyright© **2021** – International Institute of Anticancer Research (G.J. Delinasios). All rights reserved (including those of translation into other languages). No part of this journal may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, microfilming, recording or otherwise, without written permission from the Publisher.

Elderly Patients With Locally Advanced Rectal Cancer. K. AGAWA, T. MATSUDA, K. YAMASHITA, H. HASEGAWA, G. TAKIGUCHI, N. URAKAWA, S. KANAJI, T. OSHIKIRI, T. NAKAMURA, S. SUZUKI,	
Y. KAKEJI (Kobe, Japan)	1677
Baseline Tumour Size as a Prognostic Factor for Radioiodine-refractory Differentiated Thyroid Cancer Treated With Lenvatinib. N. FUKUDA, K. TODA, A. OHMOTO, X. WANG, N. HAYASHI, T. URASAKI, Y. SATO, K. NAKANO, M. ONO, J. TOMOMATSU, H. MITANI, S. TAKAHASHI (<i>Tokyo, Japan</i>)	1683
Complete Response of Bone Metastasis in Non-small Cell Lung Cancer With Pembrolizumab: Two Case Reports. Y. ASANO, N. YAMAMOTO, K. HAYASHI, A. TAKEUCHI, S. MIWA, K. IGARASHI, H. YONEZAWA, Y. ARAKI, S. MORINAGA, K. KASAHARA, T. SONE, H. TSUCHIYA (<i>Kanazawa, Japan</i>)	1693
Impact of the Regional Palliative Care Pathway on Emergency Room Visits and Hospitalizations. O. HALTIA, O.M. HIRVONEN, T. SAARTO, J.T. LEHTO (<i>Tuusula; Turku; Helsinki; Tampere, Finland</i>)	1701
Drug-induced Interstitial Lung Disease Has the Same Degree of Risk for Mortality as Old Age in Patients With Lung Cancer. K. IWASHITA, T. MIZUNO, S. KUMAZAWA, K. IMAIZUMI, S. YAMADA (Toyoake, Japan)	1707
Erratum	1713

Prominent Papillary Growth Pattern and Severe Nuclear Pleomorphism Induced by Neoadjuvant Chemotherapy in Ovarian Mucinous Carcinoma: Potential for Misdiagnosis as High-grade Serous Carcinoma. H.J. KWON, S.Y. SONG, HS. KIM (Seoul, Republic of Korea)
Radiotherapy as Part of Treatment Strategies in Nasal Cavity and Paranasal Sinus Malignancies. N. OWIN, K. ELSAYAD, D. ROLF, U. HAVERKAMP, D. SUWELACK, R. TSCHAKERT, H. BERSSENBRUGGE, J. KLEINHEINZ, C. RUDACK, H.T. EICH (Munster, Germany)
A High Postoperative Serum C-reactive Protein Level Has a Negative Impact on Long-term Survival, Regardless of Postoperative Infectious Complications, in Patients Who Undergo Laparoscopic Surgery for Colorectal Cancer. M. SHIBUTANI, W. EN, Y. OKAZAKI, K. MAEDA, K. HIRAKAWA, M. OHIRA (<i>Osaka, Japan</i>)
Blood Cell Count Biomarkers Predicting Efficacy of Pembrolizumab as Second-line Therapy for Advanced Urothelial Carcinoma. Y. KADONO, S. KAWAGUCHI, T. NOHARA, K. SHIGEHARA, K. IZUMI, T. KAMIJIMA, C. SETO, A. TAKANO, S. YOTSUYANAGI, R. NAKAGAWA, T. MIYAGI, S. AOYAMA, H. ASAHI, R. FUKUDA, A. MIZOKAMI (<i>Kanazawa; Toyama; Takaoka; Nanao; Kaga; Fukui, Japan</i>)
Predictive Impact of Prognostic Nutritional Index on Pembrolizumab for Metastatic Urothelial Carcinoma Resistant to Platinum-based Chemotherapy. Y. ISHIYAMA, T. KONDO, Y. NEMOTO, Y. KOBARI, H. ISHIHARA, H. TACHIBANA, K. YOSHIDA, Y. HASHIMOTO, T. TAKAGI, J. IIZUKA, K. TANABE (Tokyo; Saitama, Japan)
Primary Prophylaxis of Febrile Neutropenia With Pegfilgrastim in Small-cell Lung Cancer Patients Receiving Amrubicin as Second-line Therapy. Y. SATO, H. IIHARA, M. KINOMURA, C. HIROSE, H. FUJII, J. ENDO, K. YANASE, D. KAITO, Y. SASAKI, T. GOMYO, C. SAKAI, M. IWAI, Y. TSUBOI, T. ISHIHARA, R. KOBAYASHI, Y. OHNO, A. SUZUKI (<i>Gifu, Japan</i>)
Prognostic Impact of Albumin-bilirubin (ALBI) Grade on Non-small Lung Cell Carcinoma: A Propensity-score Matched Analysis. F. KINOSHITA, T. YAMASHITA, Y. OKU, K. KOSAI, Y. ONO, S. WAKASU, N. HARATAKE, G. TOYOKAWA, T. TAKENAKA, T. TAGAWA, M. SHIMOKAWA, N. NAKASHIMA, M. MORI (Fukuoka; Yamaguchi, Japan)
Efficacy of Adjuvant Chemotherapy According to the Pathological Response to Neoadjuvant Chemotherapy Among Patients With Pancreatic Ductal Adenocarcinoma. S. MORI, T. AOKI, Y. SAKURAOKA, T. SHIMIZU, T. YAMAGUCHI, KH. PARK, T. MATSUMOTO, T. SHIRAKI, Y. ISO, K. KUBOTA (<i>Tochigi, Japan</i>)
Acute Kidney Injury Following Hyperthermic Intraperitoneal Chemotherapy With Cisplatin. K.L. CHEN, R. SHAMAVONIAN, J.B. KARPES, N.A. ALZAHRANI, D.L. MORRIS (Kogarah; Sydney, NSW, Australia; Riyadh, Kingdom of Saudi Arabia)
Up-regulation of HDAC6 Results in Poor Prognosis and Chemoresistance in Patients With Advanced Ovarian High-grade Serous Carcinoma. M. YANO, M. MIYAZAWA, N. OGANE, A. OGASAWARA, K. HASEGAWA, H. NARAHARA, M. YASUDA (Saitama; Oita; Kanagawa, Japan)
Extracellular Water-to-total Body Water Ratio as an Objective Biomarker for Frailty in Lung Cancer Patients. T. HIRASHIMA, Y. NODA, H. SUZUKI, S. NASU, A. TANAKA, N. MORISHITA, N. RYOTA, K. IWATA, Y. OKADA, N. OKAMOTO (<i>Osaka</i> , <i>Japan</i>)
Neutrophil-to-lymphocyte Ratio as a Predictor of Malignancy of Intraductal Papillary Mucinous Neoplasms. K. SUGIMACHI, Y. MANO, Y. MATSUMOTO, T. NAKANOKO, H. UEHARA, Y. NAKASHIMA, M. SUGIYAMA, M. OTA, M. MORITA, Y. TOH (<i>Fukuoka, Japan</i>)
First-line Gemcitabine <i>Versus</i> Treatment of Physician's Choice for Metastatic Breast Cancer: A Prospective Cohort Study. S. YAMAMOTO, K. NARUI, T. ISHIKAWA, S. ADACHI, K. SHIMADA, D. SHIMIZU, A. YAMADA, S. SUGAE, M. TANABE, M. OBA, S. MORITA, T. DOI, S. HASEGAWA, T. MORITA, A. KITO, T. CHISHIMA, Y. ICHIKAWA, I. ENDO (Yokohama: Kyoto: Kamakura: Yokosuka, Japan)

A Diagnostic Score (DS) Is a Powerful Tool in Diagnosis of Acute Appendicitis in Elderly Patients With Acute Abdominal Pain. M. ESKELINEN, J. MEKLIN, K. SYRJÄNEN, M. ESKELINEN (Kuopio; Kaarina, Finland; Barretos, Brazil)
Independent Validation of a Comprehensive Machine Learning Approach Predicting Survival After Radiotherapy for Bone Metastases. C. NIEDER, B. MANNSÅKER, R. YOBUTA (Bodø; Tromsø, Norway)
MDM4 as a Prognostic Factor for Patients With Gastric Cancer With Low Expression of p53. X. ZHANG, Y. YAMAMOTO, X. WANG, M. SATO, M. IMANISHI, A. SUGAYA, M. HIROSE, S. ENDO, T. MORIWAKI, K. YAMATO, I. HYODO (<i>Tsukuba; Kasama; Tsuchiura; Matsudo; Matsuyama, Japan</i>)
Clinical Trial of a Cancer Vaccine Targeting VEGF and KIF20A in Advanced Biliary Tract Cancer. M. MURAHASHI, T. TSURUTA, K. YAMADA, Y. HIJIKATA, H. OGATA, J. KISHIMOTO, S. YOSHIMURA, T. HIKICHI, Y. NAKANISHI, K. TANI (Fukuoka; Tokyo; Kanagawa, Japan)
Autoantibody Positivity Is a Risk Factor for Chemotherapy-induced Exacerbation of Interstitial Pneumonia in Lung Cancer. N. ITO, T. MASUDA, T. NAKASHIMA, S. NAKAO, K. YAMAGUCHI, S. SAKAMOTO, Y. HORIMASU, S. MIYAMOTO, H. IWAMOTO, K. FUJITAKA, H. HAMADA, N. HATTORI (<i>Hiroshima</i> , <i>Japan</i>)
Resistance to Preoperative Oral Care Is Associated With Postoperative Pneumonia After Oesophageal Cancer Surgery. K. KURIYAMA, M. SOHDA, T. WATANABE, H. SAITO, T. YOSHIDA, K. HARA, M. SAKAI, M. KIM, T. ASAMI, S. YOKOO, H. KUWANO, K. SHIRABE, H. SAEKI (Gunma, Japan)
Nondysplastic Crypts in Fission in Nonpolypoid Adenomas and in the Adjacent Mucosa Support Field Cancerization in the Colon. C.A. RUBIO, P.T. SCHMIDT (Stockholm, Sweden)
Risk Factors for Venous Thromboembolism in Patients With Small Cell Lung Cancer. E. DIMAKAKOS, K. LIVANIOS, I. VATHIOTIS, G. GOMATOU, I. GKIOZOS, E. KOTTEAS, E. KAINIS, K. SYRIGOS (Athens, Greece)
Anatomical Predictors of Dosimetric Advantages for Deep-inspiration-breath-hold 3D-conformal Radiotherapy Among Women With Left Breast Cancer. G. FERINI, L. MOLINO, A. TRIPOLI, V. VALENTI, S.I. ILLARI, V.A. MARCHESE, I.R. CRAVAGNO, G.R. BORZI (Viagrande; Messina, Italy)
Site-specific Response to Nivolumab in Renal Cell Carcinoma. T. NEGISHI, N. FURUBAYASHI, T. NAKAGAWA, N. NISHIYAMA, H. KITAMURA, Y. HORI, K. KUROIWA, Y. SON, N. SEKI, T. TOMODA, E. OKAJIMA, M. NAKAMURA (Fukuoka; Tokyo; Toyama; Miyazaki; Oita; Nara, Japan)
Risk Factors for Totally Implantable Central Venous Access Port-related Infection in Patients With Malignancy. S. FURUHASHI, Y. MORITA, S. IDA, R. MURAKI, R. KITAJIMA, K. SUZUKI, M. TAKEDA, H. KIKUCHI, Y. HIRAMATSU, K. KURACHI, Y. SHIDO, K. SUGIMOTO, H. ITO, Y. MAEKAWA, H. MINETA, H. MIYAKE, H. TAKEUCHI (<i>Hamamatsu</i> , <i>Japan</i>)
Prognostic Factors and Survival Score for Patients With Anaplastic Thyroid Carcinoma: A Retrospective Study from a Regional Registry. C. MARCHAND-CRETY, M. PASCARD, A. DEBREUVE-THERESETTE, L. ETTALHAOUI, C. SCHVARTZ, M. ZALZALI, M. BRUGEL, S. BELLEFQIH, S. SERVAGI-VERNAT (Reims, France)
NQO1 as a Marker of Chemosensitivity and Prognosis for Colorectal Liver Metastasis. Y. HIROSE, J. SAKATA, T. KOBAYASHI, K. MIURA, K. YUZA, M. NAKANO, H. ICHIKAWA, M. NAGAHASHI, Y. SHIMADA, H. KAMEYAMA, T. WAKAI (<i>Niigata, Japan</i>)
Pathological Complete Remission of Liver Metastases Correlates With Elimination of Tumor-infiltrating Tregs in Gastric Cancer. Y. NAKANISHI, S. HIROTA, Y. HOJO, T. NAKAMURA, T. KUMAMOTO, Y. KURAHASHI, Y. ISHIDA, H. SHINOHARA (<i>Nishinomiya</i> , <i>Japan</i>)

Cancer-derived Exosomes Activate Immune Surveillance and Suppress Peritoneal Metastasis of Murine Colonic Cancer. A. TOKUDA, T. MIYAKE, D. YASUKAWA, D. IKUTA, KI. MUKAISHO, S. MURATA, C. SHIMIZU, M. TANI (Shiga, Japan)
cobustness of a Cancer Profiling Test Using Formalin-fixed Paraffin Embedded Tumor Specimens. S. ITO, SATO, M. MOCHIZUKI, K. YAMAGUCHI, K. TAMAI, T. MINATO, N. TANUMA, H. SHIMA, J. YASUDA (Miyagi, Japan)
Annexin A10 Expression Is Associated With Poor Prognosis in Small Bowel Adenocarcinoma. A. SHIKAWA, K. KURAOKA, J. ZAITSU, A. SAITO, T. KUWAI, Y. SHIMIZU, T. SUDO, H. TASHIRO, K. YANIYAMA, W. YASUI (<i>Kure; Hiroshima, Japan</i>)
Amentoflavone Induces Cell-cycle Arrest, Apoptosis, and Invasion Inhibition in Non-small Cell Lung Cancer Cells. WT. CHEN, CH. CHEN, HT. SU, PF. YUEH, FT. HSU, I-T. CHIANG (Kaohsiung; Changhua; Caichung; Hualien; Taipei, Taiwan, ROC)
Calorie Restriction Suppresses the Progression of Radiation-Induced Intestinal Tumours in C3B6F1 Apc ^{Min/+} Mice. T. MORIOKA, S. YAMAZAKI, H. YANAGIHARA, M. SUNAOSHI, M. KAMINISHI, S. CAKINUMA (<i>Chiba</i> , <i>Japan</i>)
Expression Patterns of ERα, ERβ, AR, SIRT1, SIRT2, and SIRT3 in Prostate Cancer Tissue and Normal Prostate Tissue. J.H. CHOI, S.M. CHOI, S.W. LEE, S.U. JEH, J.S. HYUN, M.H. LEE, C. LEE, S.C. KAM, D.C. KIM, J.S. LEE, J.S. HWA (Jinju; Changwon, Republic of Korea)
Affect of Metformin in Combination With Trametinib and Paclitaxel on Cell Survival and Metastasis in Melanoma Cells. Y. LEE, D. PARK (<i>Jeju</i> , <i>Republic of Korea</i>)
Astablishment and Characterization of a New Pancreatic Ductal Adenocarcinoma Cell Line Capan-26. E. ALYTE, V. DEDONYTE, B. KURLINKUS, A. SILEIKIS, P. SCHEMMER, M. VALIUS (Vilnius, ithuania; Graz, Austria)
70 nm LED Irradiation Inhibits the Invasiveness of CD133-positive Human Colorectal Cancer Stem Cells y Suppressing the Cyclooxygenase-2/prostaglandin E2 Pathway. S. MO, H.J. KU, SH. CHOI, H.J. JEONG, DG. PARK, M.H. OH, J.C. AHN (<i>Cheonan, Republic of Korea</i>)
The Clinical Utility of Serum CXCR-2 Assessment in Colorectal Cancer (CRC) Patients. S. PĄCZEK, M. UKASZEWICZ-ZAJĄC, M. GRYKO, A. KULCZYŃSKA-PRZYBIK, B. MROCZKO (<i>Bialystok, Poland</i>)
Sioreductive Activation of Antitumour Drugs, Doxorubicin and Pirarubicin, Does Not Affect Their Ability of Induce Apoptosis of Sensitive and Multidrug Resistant Leukaemia HL60 Cells. D. KOSTRZEWA-IOWAK, J. TARASIUK (Szczecin, Poland)
Clinical Studies
Iearing Status of Children and Adolescents With Familial Adenomatous Polyposis. U.M. FINDLEN, R.L. BELT, L. FAN, N. BRIDGES, J.A. BENEDICT, S.H. ERDMAN (Columbus, OH, USA)
taged Stereotactic Radiosurgery Decreases Symptomatic Radionecrosis in Large Brain Metastasis. N. CHEVLI, HC. WANG, P. DUBEY, W. HAQUE, A.M. FARACH, R. PINO, R.C. ROSTOMILY, E.B. BUTLER, B.S. TEH (<i>Galveston; Houston, TX, USA</i>)
Differences Between CT-Perfusion and Biphasic Contrast-enhanced CT for Detection and Characterization of Hepatocellular Carcinoma: Potential Explanations for Discrepant Cases. R.M. PERL, J. PORTUGALL, C. HINTERLEITNER, M. HINTERLEITNER, C. KLOTH, S.S. WALTER, M. BITZER, M.S. HORGER Tübingen; Ulm, Germany)

Autophagy Induction by α-Santalol in Human Prostate Cancer Cells. C. WALTERS, M. REED, S. BARTHOLOMEW, A. BOMMAREDDY (Wilkes-Barre, PA, USA)
The Expression of PEDF and its Putative Receptors in Hepatocellular Carcinoma and Background Liver Tissue. J. AKIBA, T. YOSHIDA, E. SADASHIMA, K. MURATA, T. MATSUI, SI. YAMAGISHI, H. KUSANO, Y. MIHARA, S. MIZUOCHI, Y. KINJOU, Y. NAITO, T. HISAKA, H. SAKAI, K. OKUDA, O. NAKASHIMA, H. YANO (<i>Kurume; Saga; Tokyo, Japan</i>)
The Anti-oxidant Monoterpene <i>p</i> -Cymene Reduced the Occurrence of Colorectal Cancer in a Hyperlipidemia Rat Model by Reducing Oxidative Stress and Expression of Inflammatory Cytokines. S. WANG, X. WANG, Y. WANG, Q. LENG, Y. SUN, R.M. HOFFMAN, H. JIN (<i>Nanjing</i> , <i>PR China</i> ; <i>San Diego</i> , <i>CA</i> , <i>USA</i>)
CD105 (Endoglin): A Potential Anticancer Therapeutic Inhibits Mitogenesis and Map Kinase Pathway Activation. D. LIU, S. KUMAR, J. ASHWORTH, K. ALI, A. FADEL, B. GUO, M. SLEVIN (Manchester; Liverpool, UK; Targu Mures, Romania; Medina, Kingdom of Saudi Arabia)
CD73 Is Regulated by the EGFR-ERK Signaling Pathway in Non-small Cell Lung Cancer. S. GRIESING, BC. LIAO, J.CH. YANG (<i>Taipei</i> , <i>Taiwan</i> , <i>ROC</i>)
The Impact of Insulin on Low-dose Metronomic Vinorelbine and Mafosfamide in Breast Cancer Cells. S. KRAJNAK, A. LOEWE, M.J. BATTISTA, A. HASENBURG, AS. HEIMES, M. SCHMIDT, R. SCHWAB, W. BRENNER (Mainz, Germany)
Sorafenib Induces Apoptosis and Inhibits NF-kB-mediated Anti-apoptotic and Metastatic Potential in Osteosarcoma Cells. CH. WU, KH. LIN, BS. FU, FT. HSU, JJ. TSAI, MC. WENG, PJ. PAN (Changhua; Kaohsiung; Taipei; Taichung; I-Lan; Taoyuan, Taiwan, ROC)
Erlotinib Activates Different Cell Death Pathways in EGFR-mutant Lung Cancer Cells Grown in 3D <i>Versus</i> 2D Culture Systems. HK. LEE, M.H. NOH, SW. HONG, SM. KIM, S.H. KIM, Y.S. KIM, V.C. BROADDUS, D.Y. HUR (<i>Busan, Republic of Korea; San Francisco, CA, USA</i>)
Synergistic Effect of Apigenin and Curcumin on Apoptosis, Paraptosis and Autophagy-related Cell Death in HeLa Cells. S. KAYACAN, K. YILANCIOGLU, A.S. AKDEMIR, F. KAYA-DAGISTANLI, G. MELIKOGLU, M. OZTURK (<i>Istanbul</i> , <i>Turkey</i>)
Inhibition of Heat-shock Protein 27 Reduces 5-Fluorouracil-acquired Resistance in Human Colon Cancer Cells. Y. ASADA, M. TSURUTA, K. OKABAYASHI, K. SHIGETA, T. ISHIDA, T. SHIMADA, H. SUZUMURA, K. KOISHIKAWA, S. AKIMOTO, H. HASEGAWA, Y. KITAGAWA (<i>Tokyo; Narita; Ichikawa, Japan</i>)
Tumor Cell Microenvironment and Microvessel Density Analysis in MALT Type Lymphoma. R. TAMMA, G. INGRAVALLO, T. ANNESE, M. DE GIORGIS, F. DI GIOVANNI, F. GAUDIO, T. PERRONE, P. MUSTO, G. SPECCHIA, D. RIBATTI (<i>Bari, Italy</i>)
Fucoxanthin Prevents Colorectal Cancer Development in Dextran Sodium Sulfate-treated Apc ^{Min/+} Mice. M. TERASAKI, T. HAMOYA, A. KUBOTA, H. KOJIMA, T. TANAKA, H. MAEDA, K. MIYASHITA, M. MUTO (<i>Hokkaido; Tokyo; Gifu; Aomori; Kyoto, Japan</i>)
Gene Deletion of Microsomal Prostaglandin E Synthase-1 Suppresses Chemically Induced Skin Carcinogenesis. Y. SASAKI, H. KUWATA, E. AIDA, T. OCHIAI, D. KAMEI, Y. NAKATANI, S. HARA (<i>Tokyo, Japan</i>)
Targeting CALM2 Inhibits Hepatocellular Carcinoma Growth and Metastasis by Suppressing E2F5-mediated Cell Cycle Progression. SY. PARK, YR. SEO, M.J. KO, JH. LEE, KS. CHUN, MJ. KIM, YK. CHOO, TJ. LEE, YH. LEE (<i>Daegu; Iksan, Republic of Korea</i>)