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INDEX

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Contents, Volume 43, 2023

Number 1, January

Experimental Studies

Effect of Antibiotic Treatment on Attenuated *Salmonella typhimurium* VNP20009 Mediated Schwannoma Growth Control. S.G. AHMED, G.J. BRENNER *(Boston, MA, USA)* 1

Devitalization of Glioblastoma Cancer Cells by Non-invasive Physical Plasma: Modulation of Proliferative Signalling Cascades. S. LEHMANN, S. BIEN-MÖLLER, S. MARX, S. BEKESCHUS, H.W.S. SCHROEDER, A. MUSTEA, M.B. STOPE *(Greifswald; Bonn, Germany; Boston, MA, USA)* 7

Recombinant Oral Methioninase (o-rMETase) Combined With Oxaliplatinum Plus 5-Fluorouracil Improves Survival of Mice With Massive Colon-Cancer Peritoneal Carcinomatosis. M.J. KIM, Q. HAN, M. BOUVET, R.M. HOFFMAN, J.H. PARK *(Seoul, Republic of Korea; San Diego, CA, USA)* 19

CD9-positive Exosomes Derived from Cancer-associated Fibroblasts Might Inhibit the Proliferation of Malignant Melanoma Cells. N. FUJII, M. YASHIRO, T. HATANO, H. FUJIKAWA, H. MOTOMURA *(Osaka, Japan)* 25

miR-877-3p as a Potential Tumour Suppressor of Oesophageal Squamous Cell Carcinoma. T. FUKUDA, H. BABA, T. OKUMURA, M. KANDA, T. AKASHI, H. TANAKA, T. MIWA, T. WATANABE, K. HIRANO, S. SEKINE, I. HASHIMOTO, K. SHIBUYA, S. HOJO, I. YOSHIOKA, K. MATSUI, Y. KODERA, T. FUJII *(Toyama; Nagoya, Japan)* 35

Pathological Significance of Kidney and Brain Expressed Protein (KIBRA) in Clear Cell Renal Cell Carcinoma. Y. NAGASHIMA, K. MITSUNARI, T. MATSUO, Y. NAKAMURA, Y. MIYATA, K. OHBA *(Nagasaki, Japan)* 45

Cervical Adenocarcinoma: A Still Under-investigated Malignancy. S. PISTOLESI, G.N. FANELLI, F. GIUDICE, F. GARBINI, A.G. NACCARATO, S. COSIO, M. CARETTO, A. GADDUCCI *(Pisa, Italy)* 53

Endoluminal Suture-technique for the Stomach Closure of an Experimental Model. P. HALVAX, B. NEMETH, I. KISS, A. PAPP, A. VERECZKEI *(Pécs, Hungary)* 59

Cytotoxicity of Human Hepatic Intrasinusoidal Gamma/Delta T Cells Depends on Phospho-antigen and NK Receptor Signaling. Y. KANG, M. HAN, M. KIM, H.J. HWANG, B.C. AHN, E. TAK, G.-W. SONG, S. HWANG, K.-N. KOH, D.-H. JUNG, N. KIM *(Seoul, Republic of Korea)* 63

Phosphofructokinase 1 Platelet Isoform Enhances VEGF Expression in Part Through HIF-1α Up-regulation in Breast Cancer. J.-H. LEE *(Busan, Republic of Korea)* 75

Preclinical Platform Using a Triple-negative Breast Cancer Syngeneic Murine Model to Evaluate Immune Checkpoint Inhibitors. N.B. KATUWAL, N. PARK, K. PANDEY, M.S. KANG, S.D. HONG, M. GHOSH, S.-G. KIM, Y.B. CHO, J. HUR, S.K. KIM, Y.W. MOON *(Seongnam, Republic of Korea)* 85

Asymmetric Dimethylarginine in an NMU-induced Rat Mammary Tumor Model. I. MALICKA, H. MARTYNOWICZ, P. DZIĘGIEL, M. PODHORSKA-OKOŁÓW, M. WOŹNIEWSKI, A. SZUBA *(Wroclaw, Poland)* 97

Clinical Studies

Serum CCL7 Is a Novel Prognostic Biomarker of Metastatic Colorectal Cancer. H. CHIDIMATSU, R. TSUNEDOMI, Y. NAKAGAMI, M. XU, M. NAKAJIMA, C. NAKASHIMA-NAKASUGA, S. TOMOCHIKA, S. YOSHIDA, N. SUZUKI, Y. WATANABE, H. MATSUI, Y. SHINDO, Y. TOKUMITSU, M. IIDA, S. TAKEDA, T. IOKA, T. UENO, T. TANABE, Y. HOSHII, S. HAZAMA, H. NAGANO *(Yamaguchi; Okayama, Japan)* 105

CTHRC1 Is Associated With Immune Escape and Poor Prognosis in Gastric Cancer. Y. HU, L. HUANG, K. ZHAO, Y. LI, N.T. GIVENS, A.J. HESLIN, Z. DENG, L. CAO, Y. FANG *(Chenzhou, PR China; Des Moines, IA; Columbia, MO, USA)* 115

[18]F-fluorodeoxyglucose Positron Emission Tomography/Computed Tomography Predicts Tumor Immune Microenvironment Function in Early Triple-negative Breast Cancer. Y. KIMURA, S. SASADA, A. EMI, N. MASUMOTO, T. KADOYA, K. ARIHIRO, M. OKADA *(Hiroshima, Japan)* 127

Prophylactic Anticoagulation in Patients With Pancreatic Adenocarcinoma: A Single Tertiary Care Center Retrospective QI Project. S. SHAH, C. PETERSON, J. LIU, D.K. MONGA *(Pittsburgh, PA, USA)* 137

Histological Risk Factors for Local Recurrence of Phyllodes Tumors of the Breast. C. MIMOUN, L. LEGAY, H. LORPHELIN, A.S. LEVEAU-VALLIER, F. CORNELIS, C. MIQUEL, E. MARCHAND, M. MEZZADRI, L. TEIXEIRA, L. CAHEN-DOIDY, C. HUCHON *(Paris, France)* 143

Lymph-vascular Space Involvement and/or p53 Overexpression Correlated With the Clinical Outcome of Early-stage Endometrial Cancer Patients Treated With Adjuvant Vaginal Brachytherapy. C. LALISCIA, A. GADDUCCI, N. COCCIA, R. MATTIONI, T. FUENTES, M. CARETTO, S. PISTOLESI, P. PUCCINI, F. PERRONE, R. MORGANTI, F. PAIAR *(Pisa, Italy)* 149

Measurable Residual Disease Assessment Using Next-Generation Flow in Patients With Relapsed and Refractory Multiple Myeloma Treated With a Combination of Carfilzomib, Lenalidomide, and Dexamethasone. T. YOROIDAKA, T. YAMASHITA, R. MURATA, K. YOSHIHARA, S. YOSHIHARA, M. UEDA, S. NAKAO, K. MATSUE, H. TAKAMATSU *(Ishikawa; Hyogo, Chiba, Japan)* 157

Immunohistochemical Analysis of HER2, EGFR, and Nectin-4 Expression in Upper Urinary Tract Urothelial Carcinoma. M. HASHIMOTO, K. FUJITA, E. TOMIYAMA, S. FUJIMOTO, S. ADOMI, E. BANNO, T. MINAMI, T. TAKAO, M. NOZAWA, H. FUSHIMI, K. YOSHIMURA, N. NONOMURA, H. UEMURA *(Osakasayama; Suita; Osaka, Japan)* 167

Staple Line Reinforcement for Intracorporeal Anastomosis Reduces Time for Reconstruction During Laparoscopic Gastrectomy for Gastric Cancer. T. NAMIKAWA, M. UTSUNOMIYA, K. YOKOTA, M. MUNEKAGE, S. UEMURA, H. MAEDA, H. KITAGAWA, M. KOBAYASHI, K. HANAZAKI, S. SEO *(Kochi, Japan)* 175

Utility of FDG PET at the Initial Radioiodine Therapy in Differentiated Thyroid Cancer. M. MATSUO, S. BABA, K. HASHIMOTO, T. ISODA, Y. KITAMURA, R. KOGO, R. JIROMARU, T. HONGO, T. MANAKO, T. NAKAGAWA *(Fukuoka, Japan)* 183

Factor Analysis of Intraoperative Bleeding Loss and its Impact on Prognosis in Breast Cancer. K. TAKADA, S. KASHIWAGI, N. IIMORI, R. KOUHASHI, A. YABUMOTO, W. GOTO, Y. ASANO, Y. TAUCHI, K. OGISAWA, T. MORISAKI, M. SHIBUTANI, H. TANAKA, K. MAEDA *(Osaka, Japan)* 191

D1 Distal Pancreatectomy for Left-sided Pancreatic Ductal Adenocarcinoma Is Justifiable: A Propensity-score Matched Multicenter Study. T. SAKAMOTO, T. GOCHO, M. TSUNEMATSU, Y. SHIRAI, R. HAMURA, K. HARUKI, K. ABE, T. OKAMOTO, H. SHIOZAKI, S. FUJIOKA, R. IWASE, Y. KUMAGAI, T. USUBA, T. IKEGAMI *(Tokyo; Chiba, Japan)* 201

Significance of Skeletal Muscle Loss in Liver Hypertrophy in Patients Undergoing Portal Vein Embolization Before Major Hepatectomy: Assessment With Body Composition and Nutritional Indicators. K. ARAKI, N. HARIMOTO, K. SHIBUYA, A. WATANABE, M. TSUKAGOSHI, N. ISHII, K. HAGIWARA, R. MURANUSHI, K. HOSHINO, T. SEKI, K. SHIRABE *(Gunma, Japan)* 209

Characteristics of Patients With Metastatic Breast Cancer Who Survived more than 10 Years. M. KIKUCHI, T. FUJII, C. HONDA, K. TANABE, Y. NAKAZAWA, M. OGINO, S. OBAYASHI, K. SHIRABE *(Gunma, Japan)* 217

Survival Impact of Postoperative Skeletal Muscle Loss in Gastric Cancer Patients Who Underwent Gastrectomy. K. KUWADA, S. KIKUCHI, S. KURODA, R. YOSHIDA, K. TAKAGI, K. NOMA, M. NISHIZAKI, S. KAGAWA, Y. UMEDA, T. FUJIWARA *(Okayama; Tsuyama, Japan)* 223

Evaluation of Lung and Liver Tumor Dose Coverage Treated With the CyberKnife Synchrony System With Consideration of Measured Tracking Errors. Y. AKINO, H. SHIOMI, N. HIGASHINAKA, T. KOUNO, N. MABUCHI, F. ISOHASHI, Y. SEO, K. FUJIWARA, S. TAMENAGA, K. OGAWA *(Suita; Kyoto; Osaka, Japan)* 231

Differences in Toxicity Between Ashkenazi and Sephardic Jews With Colon Cancer Treated With Adjuvant Chemotherapy: A Prospective Study. B. BRENNER, Y. STERN, N. GORDON, T. FUKS, T. GRANOT, J. DREYER, A. SULKES *(Petach Tikva; Ramat Aviv, Israel)* 239

Clinical Verification on the Predictors for Febrile Neutropenia in Breast Cancer Patients Treated With Neoadjuvant Chemotherapy. W. GOTO, S. KASHIWAGI, K. MATSUOKA, N. IIMORI, R. KOUHASHI, A. YABUMOTO, K. TAKADA, Y. ASANO, Y. TAUCHI, K. OGISAWA, T. MORISAKI, M. SHIBUTANI, H. TANAKA, K. MAEDA *(Osaka, Japan)* 247

Papillary Thyroid Carcinoma With Squamous Dedifferentiation: A Potential Diagnostic Pitfall. K. IJAZ, F. YIN *(Columbia, MO, USA)* 255

Relationship Between C-reactive Protein-to-albumin Ratio Before and After Bowel Decompression and Prognosis in Acute Malignant Large Bowel Obstruction. T. SHIRAISHI, H. OGAWA, A. YAMAGUCHI, H. SAITO, C. KOMINE, I. SHIOI, N. OZAWA, K. OSONE, T. OKADA, M. SOHDA, K. SHIRABE, H. SAEKI *(Maebashi, Japan)* 259

Association Between Body Mass Index and Outcomes in Patients With Urothelial Carcinoma Treated With Pembrolizumab. I. TOMISAKI, M. HARADA, S. SAKANO, M. TERADO, R. HAMASUNA, S. HARADA, H. MATSUMOTO, S. AKASAKA, Y. NAGATA, A. MINATO, K.-I. HARADA, N. FUJIMOTO *(Kitakyushu; Fukutsu; Yukuhashi, Japan)* 269

SPECIAL ISSUE ON PROSTATE CANCER 275-508

Reviews

Appraising Animal Models of Prostate Cancer for Translational Research: Future Directions. E. NASCIMENTO-GONCALVES, F. SEIXAS, R.M.G. DA COSTA, M.J. PIRES, M.J. NEUPARTH, D. MOREIRA-GONCALVES, M. FARDILHA, A.I. FAUSTINO-ROCHA, B. COLACO, R. FERREIRA, P.A. OLIVEIRA *(Vila Real; Aveiro; Porto; Gandra; Évora, Portugal; São Luís, Brazil)* 275

Diagnosing and Prognosing Bone Metastasis in Prostate Cancer: Clinical Utility of Blood Biomarkers. G. YAMAMICHI, T. KATO, M. UEMURA, N. NONOMURA *(Osaka; Fukushima, Japan)* 283

Transglutaminase-4 (Prostate Transglutaminase), a Potential Biological Factor and Clinical Indicator for the Diagnosis and Prognosis of Prostate Cancer. L. YE, A.J. SANDERS, W.G. JIANG *(Cardiff; Cheltenham, UK)*.... 291

S-PI-RADS and PI-RRADS for Biparametric MRI in the Detection of Prostate Cancer and Post-treatment Local Recurrence. M. SCIALPI, E. MARTORANA, P. SCIALPI, G.B. SCALERA, E. BELATTI, M.C. AISA, A. D'ANDREA, F.M. MANCIOLI, A. DI MARZO, F. TRIPPA, A. DI BLASI *(Perugia; Modena; Venice; Caserta; Terni; Tivoli, Italy)* 297

Renal Impairment: A Major Adverse Event in Prostate Cancer Patients Treated With Androgen Deprivation Therapy. H. MASUDA *(Chiba, Japan)* 305

Radiotherapy in Prostate Brain Metastases: A Review of the Literature. C. DE LA PINTA *(Madrid, Spain)* 311

The Role of Genetic Polymorphisms in the Diagnosis and Management of Prostate Cancer: An Update. L. DELL'ATTI, G. AGUIARI *(Ancona; Ferrara, Italy)* 317

Evolution of Models of Prostate Cancer: Their Contribution to Current Therapies. A.I. FAUSTINO-ROCHA, C. JOTA-BAPTISTA, E. NASCIMENTO-GONÇALVES, P.A. OLIVEIRA *(Vila Real; Évora; Aveiro, Portugal; Léon, Spain)* 323

Experimental Studies

Use of Conditioned Extracellular Matrix as a Tissue-engineered Tumor Matrisome for Prostate Cancer and Melanoma Immunotherapy. M.A. SUCKOW, M.C. HILES *(Lexington, KY; West Lafayette, IN, USA)* 335

Association of Matrix Metalloproteinase-2 Genotypes With Prostate Cancer Risk. P.-H. LI, C.-H. LIAO, W.-C. HUANG, W.-S. CHANG, H.-C. WU, S.-W. HSU, K.-Y. CHEN, Z.-H. WANG, T.-C. HSIA, D.-T. BAU, C.-W. TSAI *(Taichung; Taipei, Taiwan, ROC)* 343

Exploring Hypoxia in Prostate Cancer With T2-weighted Magnetic Resonance Imaging Radiomics and Pimonidazole Scoring. M. LEECH, R.T.H. LEIJENAAR, T. HOMPLAND, J. GAFFNEY, H. LYNG, L. MARIGNOL *(Dublin, Ireland; Amstenrade, the Netherlands; Oslo, Norway)* 351

LQB-118 Suppresses Migration and Invasion of Prostate Cancer Cells by Modulating the Akt/GSK3β Pathway and MMP-9/Reck Gene Expression. T. MARTINO, G.F. DE BEM, S.V.M. SANTOS, M.G.P. COELHO, A. DE CASTRO RESENDE, C. NETTO, P.R.R. COSTA, G. JUSTO, K.C. DE CARVALHO SABINO *(Rio de Janeiro, Brazil)* 359

An *MGMT* Allelic Variant Can Affect Biochemical Relapse in Prostate Cancer Patients. H.H. FURINI, K.S.D.S.Q. FUKUSHIMA, M. DE NÓBREGA, M.F. DE SOUZA, M.R.S. RODRIGUES, B.B. DE MATTOS, R.L. GUEMBAROVSKI, P.E. FUGANTI, A.N.C. SIMÃO, T. FLAUZINO, I.M. DE SYLLOS CÓLUS *(Paraná, Brazil)* 369

Association of Matrix Metalloproteinase-7 Genotypes With Prostate Cancer Risk. C.-H. LIAO, W.-S. CHANG, W.-L. HSU, P.-S. HU, H.-C. WU, S.-W. HSU, B.-R. WANG, T.-C. YUEH, C.-H. CHEN, T.-C. HSIA, W.-C. HUANG, D.-T. BAU, C.-W. TSAI *(Taichung; Taipei; Changhua, Taiwan, ROC)* 381

Chalcone Derivatives Suppress Proliferation and Migration of Castration-resistant Prostate Cancer Cells Through FAK-mediated DNA Damage. H. XIAO, Z. WU, Q. WANG, C. ZHOU, F. LU, Y. XIAO *(Wenzhou, PR China)* 389

CBCT-based Prostate IGRT With and Without Implanted Markers: Assessment of Geometric Corrections and Time for Completion. L. DE CICCO, L. MARZOLI, R. LORUSSO, R.M. MANCUSO, E. PETAZZI, A.G. LANCENI, E. DELLA BOSCA, S. BUTTIGNOL, A. STARACE, C. VERUSIO, B. BORTOLATO *(Busto Arsizio, Italy)* 405

Following the Trend: A Comparative Analysis of Public Engagement and Funding for Annual Prostate and Breast Cancer Campaigns Using Google Trends. J.R.M. COLBOURNE, J.T. TONIOLO, A. DIACON, N. LAWRENTSCHUK *(Sydney; Melbourne, Australia)* 409

Clinical Studies

Integrin Expression in Localized Prostate Cancer: A TCGA and MSKCC Cohort-based Exploratory *In Silico* Analysis. M. NEUBERGER, L. FREY, K. NITSCHKE, F. WESSELS, N. WESTHOFF, F. WALDBILLIG, M. NIENTIEDT, F. HARTUNG, J. VON HARDENBERG, M.S. MICHEL, P. ERBEN, P. NUHN, T.S. WORST *(Mannheim; Mainz, Germany)* 417

Prostate-specific Antigen Kinetics During Androgen-deprivation Therapy Predict Response to Enzalutamide in Metastatic Castration-resistant Prostate Cancer. Y. NAGATA, T. MATSUKAWA, I. TOMISAKI, N. FUJIMOTO *(Kitakyushu, Japan)* 429

Androgen Deprivation Therapy Unrelated to Alzheimer's Disease in the UK Biobank Cohort. S. LEHRER, P.H. RHEINSTEIN *(New York, NY; Severna Park, MD, USA)* 437

Clinical Value of Magnetic Resonance Imaging Combined With Serum Prostate-specific Antigen, Epithelial Cadherin and Early Prostate Cancer Antigen 2 In Diagnosis of Prostate Cancer. K. LI, Q. LUAN, J. ZHENG, R. LI, L. LI, Y. SUN, D. LIU *(Shandong; Weifang, PR China; Manchester, UK)* 441

Assessment of Prostate Carcinoma Aggressiveness: Relation to ^{68}Ga-PSMA-11-PET/MRI and Gleason Score. J. FERDA, O. HES, M. HORA, E. FERDOVÁ, J. PERNICKÝ, V. RUDNEV, L. PECEN, O. TOPOLČAN, H. MÍRKA *(Pilsen, Czech Republic)* 449

Drugs Showing Real-world Efficacy for Nocturia in Patients With Bladder Storage Symptoms. K. TSUBOUCHI, N. GUNGE, W. MATSUOKA, T. EMOTO, T. MIYAZAKI, K. TOMINAGA, Y. OKABE, H. MATSUZAKI, S. ASO, M. TACHIBANA, C. NAKAGAWA, A. FUJIKAWA, N. NAKAMURA, H. MATSUOKA, N. HAGA *(Fukuoka, Japan)* 455

Enzalutamide or Abiraterone Acetate With Prednisone in the Treatment of Metastatic Castration-resistant Prostate Cancer in Real-life Clinical Practice: A Long-term Single Institution Experience. O. FIALA, P. HOSEK, H. KORUNKOVA, M. HORA, J. KOLAR, J. WINDRICHOVA, O. SOREJS, O. TOPOLCAN, I. TRAVNICEK, H. SEDLACKOVA, J. FINEK *(Pilsen, Czech Republic)* 463

Effects on Life Expectancy of Treatment Decisions in Patients With Non-metastatic Prostate Cancer. A. TACHIBANA, S. HORI, Y. NAKAI, M. MIYAKE, K. TORIMOTO, K. FUJIMOTO, N. TANAKA *(Nara, Japan)* 473

Risk Analysis of Prostate Cancer Development Following Five-alpha Reductase Inhibitor Treatment for Benign Prostate Hyperplasia. L.-W. CHANG, S.-S. WANG, C.-K. YANG, K. LU, C.-S. CHEN, C.-L. CHENG, S.-C. HUNG, K.-Y. CHIU, C.Y. HSU, J.-R. LI *(Taichung; Nantou, Taiwan, ROC)* 485

Bone Health Care Pathway for Non-metastatic Prostate Cancer Patients on Radiation and Androgen Deprivation Therapy. I. PALUMBO, C. RUGGIERO, E. FESTA, M. DE FANO, M. BARONI, R. BELLAVITA, G. INGROSSO, S. SALDI, M. DURANTI, P. MECOCCI, A. FALORNI, C. ARISTEI *(Perugia, Italy)* 493

A Prospective Observational Study on the Structuring Process and Implementation of a Large Regional, Inter-hospital, Virtual Multidisciplinary Tumor Board on Prostate Cancer. M.R. VALERIO, V. SERRETTA, D. ARICO, I. FAZIO, V. ALTIERI, S. BALDARI, M. PENNISI, A. GIRLANDO, M. SPADA, C.S. GESOLFO, M. MESSINA, C. MESSINA, L. GIORGIA, G. SORTINO, A. DI GRAZIA, R. GUGGINO, N. BORSELLINO, D. PIAZZA, V. GEBBIA *(Palermo; Catania; Naples; Messina; Cefalù, Italy)* 501

Corrigenda 509

Number 2, February

Reviews

The Latest Treatments for Cancer Cachexia: An Overview. H. WATANABE, T. OSHIMA *(Yokohama, Japan)* 511

Intramedullary Spinal Cord Metastases from Breast Cancer: A Systematic Review. G. SCALIA, R. COSTANZO, A. VIOLA, L. BONOSI, M. PORZIO, A. GIOVANNINI, F. GRAZIANO, D.G. IACOPINO, R. MAUGERI, G.F. NICOLETTI, G.E. UMANA *(Catania; Palermo; Viagrande, Italy)* 523

Experimental Studies

Treatment of Human Pancreatic Cancers Following Local and Systemic Administration of Oncolytic Adenovirus Serotype 35. R. ONO, K. TAKAYAMA, R. ONISHI, S. TOKUOKA, F. SAKURAI, H. MIZUGUCHI *(Osaka, Japan)* 537

Hypoxia-adapted Multiple Myeloma Stem Cells Resist γδ-T-Cell-mediated Killing by Modulating the Mevalonate Pathway. Y. SANO, N. KUWABARA, S. NAKAGAWA, Y. TODA, S. HOSOGI, S. SATO, E. ASHIHARA *(Kyoto; Niigata, Japan)* 547

Contrast-enhanced Ultrasound Using Intradermal Microbubble Sulfur Hexafluoride for Identification of Sentinel Lymph Nodes During Breast Cancer Surgery: A Clinical Trial. O.C. BUONOMO, M. MATERAZZO, M. PELLICCIARO, G. IAFRATE, B. IELPO, S. RIZZA, C.A. PISTOLESE, T. PERRETTA, R. MEUCCI, B. LONGO, V. CERVELLI, G. VANNI *(Rome, Italy; Barcelona, Spain)* 557

Itraconazole Repolarizes Tumor-associated Macrophages and Suppresses Cervical Cancer Cell Growth. Y. TAKIMOTO, H. TSUBAMOTO, R. TANIGUCHI, K. SAKATA, Y. TAKADA, J. ADACHI, T. TOMONAGA, T. UEDA, K. NAKAGAWA, S. NARITA, Y. WAKIMOTO, H. SHIBAHARA *(Nishinomiya; Osaka, Japan)* 569

Ultra-high Dose-rate Carbon-ion Scanning Beam With a Compact Medical Synchrotron Contributing to Further Development of FLASH Irradiation. M. YAGI, S. SHIMIZU, K. MINAMI, N. HAMATANI, T. TSUBOUCHI, M. TAKASHINA, M. UMEZAWA, T. NOMURA, W. MUKOYOSHI, T. NISHIO, M. KOIZUMI, K. OGAWA, T. KANAI *(Osaka; Chiba, Japan)* 581

Prognostic Value of WNT1, NOTCH1, PDGFRβ, and CXCR4 in Oral Squamous Cell Carcinoma. P. CIERPIKOWSKI, A. LIS-NAWARA, J. BAR *(Wroclaw, Poland)* 591

Eribulin Treatment Promotes Re-expression of Estrogen Receptor in Endocrine Therapy-resistant Hormone Receptor-positive Breast Cancer Cells. W. GOTO, S. KASHIWAGI, N. IIMORI, R. KOUHASHI, A. YABUMOTO, K. TAKADA, Y. ASANO, Y. TAUCHI, K. OGISAWA, T. MORISAKI, M. SHIBUTANI, H. TANAKA, K. MAEDA *(Osaka, Japan)* 603

Anti-VEGF and Anti-EGFR Antibody Therapy on T-Cell Infiltration and TCR Variation in Metastatic Colorectal Cancer. M. XU, R. TSUNEDOMI, K. KIYOTANI, S. TOMOCHIKA, K. FURUYA, M. NAKAJIMA, H. MATSUI, Y. TOKUMITSU, Y. SHINDO, S. YOSHIDA, M. IIDA, N. SUZUKI, S. TAKEDA, T. IOKA, S. HAZAMA, H. NAGANO *(Yamaguchi; Tokyo, Japan)* 613

Antitumor Effects of Deep Ultraviolet Irradiation for Pancreatic Cancer. K. YAMAZAKI, T. KOKURYO, J. YAMAGUCHI, M. SUNAGAWA, A. OGURA, N. WATANABE, S. ONOE, K. MIYATA, T. MIZUNO, K. UEHARA, T. IGAMI, Y. YOKOYAMA, T. EBATA, M. NAGINO *(Nagoya, Japan)* 621

Spontaneous Regression of Swine Melanoma: The Role of Tumour-infiltrating T and NK Cells. D. PLANSKA, V. HORAK *(Prague; Libechov, Czech Republic)* 631

5-Azacytidine (5-aza) Induces p53-associated Cell Death Through Inhibition of DNA Methyltransferase Activity in Hep3B and HT-29 Cells. D.-Y. KIM, R. LEE, H.-T. CHEONG, C.-S. RA, K.-J. RHEE, J. PARK, B.D. JUNG *(Chuncheon; Wonju, Republic of Korea)* 639

Epithelial–Mesenchymal Transition Phenotype and Peritumoral Immune Cell Infiltration in Advanced Biliary Tract Cancer. C.R. OH, H.-D. KIM, Y.-M. RYU, S. LEE, D. KIM, D.S. LEE, J.H. JEONG, H.-M. CHANG, B.-Y. RYOO, K.-P. KIM, M. KIM, S.-Y. KIM, C. YOO *(Seoul, Republic of Korea)* 645

Clinical Studies

Real-world Data on Olaparib in Relapsed BRCA-mutated Ovarian Cancer: A Multicenter GINECO RETROLA Cohort Study. H. BOURIEN, L.B. LEFEVRE, M.-A. MOURET-REYNIER, B. ASSELAIN, B. LUCAS, C. GAVOILLE, C. CORNILA, L. GAVOILLE, E. COLOMBA, A. PATSOURIS, M. FABBRO, C. CHAKIBA, P. TOUSSAINT, H. SIMON, D. BERTON, D. GARBAY, C.G. TIXIDRE, D. COEFFIC, A. MORVAN, O. COLLARD, T. DE LA MOTTE ROUGE *(Rennes; Dijon; Clermont Ferrand; Paris; Brest; Vandoeuvre Les Nancy; Orléans; Nancy; Villejuif; Angers; Montpellier; Bordeaux; Lyon; Saint-Herblain; Aix en Provence; Saint-Etienne, France)* .. 653

Risk of Neurological Decline in Patients With Temporal Lobe Brain Masses. J. SWEENEY, M. BONDOC, S. BANDLAMURI, M. HOLDAWAY, P. ENTEZAMI, M.W. O'BRIEN, M.A. ADAMO *(Albany, NY, USA)* 663

Refined Diagnosis of Pleural Effusions by Immunocytochemistry of Cell Blocks. H. KOYI, E. WILANDER *(Gävle; Stockholm, Sweden)* 669

Comparison of the Efficacy and Toxicity of Concurrent Chemoradiotherapy and Durvalumab and Concurrent Chemoradiotherapy Alone for Locally Advanced Non-small Cell Lung Cancer With N3 Lymph Node Metastasis. T. ABE, M. IINO, S. SAITO, T. AOSHIKA, Y. RYUNO, T. OHTA, M. IGARI, R. HIRAI, Y. KUMAZAKI, Y. MIURA, K. KAIRA, H. KAGAMU, S.-E. NODA, S. KATO *(Hidaka, Japan)* 675

Ki67 and E-cadherin Are Independent Predictors of Long-term Survival in Endometrial Carcinoma. B. MARTIN-SALAMANCA, D. ERASUN, J. LLORCA, J. SCHNEIDER *(Madrid; Santander; Valladolid, Spain)* 683

Clinical Course of Vitamin B12 Deficiency and Associated Risk Factors in Patients After Total Gastrectomy for Gastric Cancer. T. AOYAMA, K. HARA, Y. MAEZAWA, K. KAZAMA, I. HASHIMOTO, S. SAWAZAKI, K. KOMORI, H. TAMAGAWA, A. TAMAGAWA, K. KANO, H. CHO, J. MORITA, K. SEGAMI, M. ISHIMOTO, T. OSHIMA, N. YUKAWA, Y. RINO *(Yokohama; Tokyo, Japan)* 689

Preoperative Plasma miRNA Levels Predict Prognosis in Early-stage Malignant Melanoma. M.S. BAGHERI, J. POLIVKA, I. TRESKOVA, K. HOUFKOVA, T. KNIZKOVA, V. WOZNICA, T. FIKRLE, K. PIVOVARCIKOVA, M. SVATON, D. SHETTI, R. NEGI, M. PESTA *(Pilsen, Czech Republic)* 695

Evaluation of 95-Gene Classifier of Formalin-fixed Paraffin-embedded Tissues in ER-positive, HER2-negative, and Node-negative Breast Cancer. H. YAMASHITA, K.C. HATANAKA, K. YAMAGISHI, Y. SAITO, K. HAMASAKI, M. TANIGUCHI, A. OKUMURA, A. NANGE, Y. MATSUNO, Y. HATANAKA *(Sapporo; Kobe, Japan)* 707

Real-world Efficacy and Safety of Atezolizumab Plus Bevacizumab, Paclitaxel and Carboplatin for First-line Treatment of Japanese Patients With Metastatic Non-squamous Non-small Cell Lung Cancer. N. IKEUCHI, F. IGATA, E. KINOSHITA, T. KAWABATA, I. TAN, Y. OSAKI, R. OTSUKA, R. ON, T. IKEDA, A. NAKAO, T. SASAKI, T. AOYAMA, R. HIRANO, T. HARADA, N. EBI, M. FUJITA, H. INOUE *(Fukuoka, Japan)* 713

Relationship Between Osimertinib Concentration and Clinical Response in Japanese Patients With Non-small Cell Lung Cancer. M. YAMAZAKI, N. KOMIZO, H. IIHARA, C. HIROSE, K. YANASE, Y. YAMADA, J. ENDO, S. YAMASHITA, Y. OHNO, K. TODOROKI, A. SUZUKI, H. HAYASHI *(Gifu; Shizuoka, Japan)* 725

Breast Conserving Surgery in Combination With Targeted Intraoperative Radiotherapy Compared to Mastectomy for In-breast-tumor-recurrence. H.-C. KOLBERG, H. NIESING, J.S. VAIDYA, L. AKPOLAT-BASCI, A. MAGUZ, O. HOFFMANN, G. LOEVEY, M. STEPHANOU, C. KOLBERG-LIEDTKE *(Bottrop; Wiesbaden; Essen, Germany; London, UK)* 733

Independent Validation of a Risk Stratification Model Predicting Survival in Elderly Patients Irradiated for Bone Metastases. C. NIEDER, L. STANISAVLJEVIC, B. MANNSÅKER, E.C. HAUKLAND *(Bodo; Tromso; Stavanger, Norway)* 741

Prognostic Factors and Independent Validation of a Risk Stratification Model in Octogenarian Patients Irradiated for Brain Metastases. C. NIEDER, A. DALHAUG *(Bodø; Tromsø, Norway)* 749

Lenvatinib *Versus* Sorafenib in Advanced Hepatic Cell Carcinoma: A Double Center Retrospective Analysis. G.A. MARROCCO, M. SILLETTA, V. BIANCO, F. MONDERA, C. SCIORTINO, L. PAPPALARDO, V. VIGLIALORO, E. CORTESI, G. TONINI, S. CAPONNETTO *(Rome, Italy)* 755

Pelvic Recurrence After Curative Resection for Rectal Adenocarcinoma: Impact of Surgery on Survival. C. FERRARI, L. CUNIOLO, M. MASCHERINI, M. SANTOLIQUIDO, S. DI DOMENICO, F. DE CIAN *(Genoa, Italy)* 765

Breaking Bad News During the COVID-19 Pandemic: A Systematic Review of the Literature. G. GOUMAS, N. SYRIGOS, E. FYTA, T.I. DARDAVESIS, E. SIMOU *(Athens; Kifissia; Thessaloniki, Greece; Boston, MA, USA)* 773

Correlation of Pre- and Post-radio-chemotherapy MRI Texture Features With Tumor Response in Rectal Cancer. F. PAIAR, M. GABELLONI, F. PASQUALETTI, P. COCUZZA, S. MONTRONE, C. ARENA, L. FAGGIONI, Z. FALASCHI, L. DEL SECCO, A. ALBERICH-BAYARRI, L.M. BONMATI, E. NERI *(Pisa; Lucca, Italy; Valencia, Spain)* 781

Small Bowel Lipomatosis: An Unusual Radiological Finding in Patients With Renal Cell Cancer on Pazopanib. A. SHARMA, A. LAKHANI, S. GHOSH-RAY, S. ALAM, A. PADHANI, A. GOGBASHIAN, P. NATHAN *(Northwood, UK)* 789

Comparison of Two Cisplatin Regimens for Chemoradiation in Patients With Squamous-cell Carcinoma of the Head and Neck. I. ZWAAN, T. SOROR, K.L. BRUCHHAGE, S.G. HAKIM, S.E. SCHILD, D. RADES *(Lübeck; Schwerin, Germany; Phoenix, AZ, USA)* 795

Comparison of Three Survival Scores in a Series of Patients ≥80 Years of Age Irradiated for Bone Metastases. D. RADES, C. DELIKANLI, S.E. SCHILD, C. KRISTIANSEN, S. TVILSTED, S. JANSSEN *(Lübeck; Hannover, Germany; Scottsdale, AZ, USA; Odense; Køge, Denmark)* 801

Carbon Ion Radiotherapy *Versus* Perioperative Adjuvant Chemotherapy and Curative Surgery for Resectable Pancreatic Cancer. N. YAMAMOTO, T. OSHIMA, S. KAWAHARA, D. TAKAHASHI, Y. KAMIOKA, M. MURAKAWA, H. KATOH, M. UENO, S. MORINAGA *(Yokohama, Japan)* 809

Comparing Survival Outcomes and Impact of EPIC in Patients Undergoing CRS/HIPEC for Mucinous Appendiceal Neoplasm. M. MERCADO, R. SHAMAVONIAN, E. CHENG, N. AHMADI, D.L. MORRIS *(Kogarah; Sydney, NSW, Australia)* 817

Evaluation of the Impact of Smoking and Alcohol Consumption on Toxicity and Outcomes of Chemoradiation for Head and Neck Cancer. D. RADES, I. ZWAAN, S. JANSSEN, N.Y. YU, S.E. SCHILD, C. IDEL, R. PRIES, S.G. HAKIM, T. SOROR *(Lübeck; Schwerin, Germany; Phoenix, AZ, USA)* 823

Chemerin and Chemokine-like Receptor 1 Are Not Prognostic in Colorectal Carcinoma. F. WEBER, R. JUNG, O. TREECK, C. BUECHLER *(Regensburg, Germany)* 831

Prognostic Value of Serum Soluble PD-L1 in Metastatic Renal Cell Carcinoma Patients Treated With Nivolumab. N. WAKITA, N. HINATA, Y. BANDO, T. HARA, T. TERAKAWA, J. FURUKAWA, Y. NAKANO, M. FUJISAWA *(Kobe; Hiroshima, Japan)* 841

Prognostic Impact of Smoking on Bevacizumab Combination Chemotherapy for Advanced Breast Cancer. K. TAKADA, S. KASHIWAGI, N. IIMORI, R. KOUHASHI, A. YABUMOTO, W. GOTO, Y. ASANO, Y. TAUCHI, K. OGISAWA, T. MORISAKI, M. SHIBUTANI, H. TANAKA, K. MAEDA *(Osaka, Japan)* 849

Clinical Relevance of Proximal Gastrectomy With Double-flap Esophagogastrostomy Reconstruction With Glycemic Profile and Postgastrectomy Syndromes. J. SHIBAMOTO, T. KUBOTA, K. NISHIBEPPU, T. OHASHI, H. KONISHI, A. SHIOZAKI, H. FUJIWARA, E. OTSUJI *(Kyoto, Japan)* 857

Time to Pain Relapse After Palliative Radiotherapy for Bone Metastasis: A Prospective Multi-institutional Study. A.I. SAITO, T. HIRAI, T. INOUE, N. HOJO, S. KAWAI, Y. KATO, K. ITO, M. KATO, Y. OZAWA, H. SHINJO, K. TODA, R.-I. YOSHIMURA *(Tokyo, Japan)* 865

Glasgow Prognostic Score Predicts Survival and Recurrence Pattern in Patients With Hepatocellular Carcinoma After Hepatectomy. T. KUMAMOTO, K. TAKEDA, R. MATSUYAMA, Y. SAWADA, K. SAHARA, Y. YABUSHITA, Y. HOMMA, J. WATANABE, M. NUMATA, T. SATO, D. MORIOKA, C. KUNISAKI, I. ENDO *(Yokohama, Japan)* 875

Analysis of Clinical Factors in Olaparib-related Anemia Using Adverse Drug Event Reporting Databases. C. SHIRAISHI, T. HIRAI, T. OGURA, T. IWAMOTO *(Mie, Japan)* 883

Prognostic Significance of Preoperative Nutritional Assessment in Elderly Patients who Underwent Laparoscopic Gastrectomy for Stage I-III Gastric Cancer. H. UEHARA, M. OTA, M. YAMAMOTO, T. NAKANOKO, Y. SHIN, K. SHIOKAWA, Y. FUJIMOTO, Y. NAKASHIMA, M. SUGIYAMA, E. ONISHI, T. SHIMAGAKI, Y. MANO, K. SUGIMACHI, M. MORITA, Y. TOH *(Fukuoka, Japan)* 893

The Prognostic Implications of Perioperative Serum Cholesterol Levels in Patients With Gastric Cancer. A. YAMAMOTO, K. SHODA, Y. KAWAGUCHI, H. AKAIKE, S. FURUYA, K. SHIRAISHI, K. HIRAYAMA, R. SAITO, N. ASHIZAWA, K. TAKIGUCHI, N. HOSOMURA, H. AMEMIYA, H. KAWAIDA, H. KONO, D. ICHIKAWA *(Chuo, Japan)* 903

Outcomes of the Sequential Treatment of Unresectable Hepatocellular Carcinoma Using Lenvatinib. D. NAKAGAWA, S. KOMATSU, Y. YANO, M. KIDO, K. KURAMITSU, A. YAMAMOTO, S. OMIYA, Y. SHIMURA, T. GOTO, H. YANAGIMOTO, H. TOYAMA, Y. UEDA, Y. KODAMA, T. FUKUMOTO *(Kobe, Japan)* 911

Real-world Data on the Incidence of Coronavirus Disease (COVID-19) in Patients With Advanced Thoracic Cancer During the Early Phase of the Pandemic in Japan. A. FUKUDA, T. YOSHIDA, S. YAGISHITA, M. SHIOTSUKA, O. KOBAYASHI, S. IWATA, H. UMEGUCHI, M. YANAGIDA, Y. IRINO, K. MASUDA, Y. SHINNO, Y. OKUMA, Y. GOTO, H. HORINOUCHI, A. HAMADA, N. YAMAMOTO, Y. OHE *(Tokyo; Saga; Hyogo, Japan)* 919

Examining the Efficacy of Nivolumab for Gastric Cancer Focusing on Using an Inflammation-based Prognostic Score: A Multicenter Retrospective Study. N. NAKAZAWA, M. SOHDA, K. TATENO, T. WATANABE, A. KIMURA, N. KOGURE, H. HOSAKA, A. NAGANUMA, M. SEKIGUCHI, K. SAITO, K. OGATA, A. SANO, M. SAKAI, H. OGAWA, K. SHIRABE, H. SAEKI *(Maebashi; Ohta; Takasaki; Isesaki, Japan)* 927

Cumulative Incidence of Thromboembolism and Prognostic Impact of Stroke in *BRAF* V600E-mutant Non-small-cell Lung Cancer. S. YAMADA, A. SEKINE, E. HAGIWARA, Y. ONODERA, E. TABATA, S. IKEDA, H. KITAMURA, T. BABA, S. KOMATSU, T. OGURA *(Yokohama, Japan)* 935

Clear-cell Variant of Mucoepidermoid Carcinoma Presenting as a Palatal Mass in a 10-Year-old Boy. S.H. HAN, T.R. O'TOOLE, R.G. MEYER, K.B. GEIERSBACH, M.N. ISLAM, L. CHENG, J. LAI *(Sacramento; Roseville, CA; Rochester, MN; Gainesville, FL, USA)* 939

Conversion Surgery After Atezolizumab Plus Bevacizumab for Primary and Peritoneal Metastasis After Hepatocellular Carcinoma Rupture. T. MIYATA, K. SUGI, T. HORINO, A. ONO, Y. TAGAYASU, D. NOMOTO, M. INOUE, T. MIZUMOTO, T. KUBOTA, E. YANAGIDA, T. MURAYAMA, N. MIYANARI, H. BABA *(Kumamoto, Japan)* 943

Book Reviews 949

Number 3, March
Special Issue on New Anticancer Agents

Reviews

Lung Cancer – Standard Therapy and the Use of a Novel, Highly Effective, Well Tolerated, Treatment With Progesterone Receptor Modulators. J.H. CHECK, T. PORETTA, D. CHECK, M. SRIVASTAVA *(Camden; Mt. Laurel; Voorhees, NJ; Buffalo, NY, USA)* 951

Homologous Recombination Defects and Mutations in DNA Damage Response (DDR) Genes Besides *BRCA1* and *BRCA2* as Breast Cancer Biomarkers for PARP Inhibitors and Other DDR Targeting Therapies. I.A. VOUTSADAKIS, A. STRAVODIMOU *(Sault Ste Marie; Sudbury, ON, Canada; Lausanne, Switzerland)* 967

The Potential Impact of New Drug and Therapeutic Modalities on Drug Resistance to Renal Cell Carcinoma. P.C. PINTO *(Greifswald, Germany)* 983

Phytocannabinoids in Triple Negative Breast Cancer Treatment: Current Knowledge and Future Insights. S. BIMONTE, G. PALMA, M. CASCELLA, A. CUOMO *(Naples, Italy)* 993

Experimental Studies

7,8-Diacetoxy-3-(4-methylsulfonylphenyl)-4-phenylcoumarin Induces ROS-dependent Cell Death in the A549 Human Lung Cancer Cell Line. M.A. MUSA, Q. KOLAWOLE *(Tallahassee, FL, USA)* 1001

Cyclodextrin Conjugated α-Bisabolol Suppresses FAK Phosphorylation and Induces Apoptosis in Pancreatic Cancer. M.T. KANO, T. KOKURYO, T. BABA, K. YAMAZAKI, J. YAMAGUCHI, M. SUNAGAWA, A. OGURA, N. WATANABE, S. ONOE, K. MIYATA, T. MIZUNO, K. UEHARA, T. IGAMI, Y. YOKOYAMA, T. EBATA, M. NAGINO *(Nagoya, Japan)* 1009

Plasma Rhenium and Selenium Concentrations After Repeated Daily Oral Administration of Rhenium(I)-diselenoether in 4T1 Breast Tumor-bearing Mice. P. COLLERY, B. MICHALKE, M. LUCIO, D. VARLET, J.-M. GUIGONIS, J.-C. SCIMECA, H. SCHMID-ANTOMARCHI, A. SCHMID-ALLIANA *(Algajola, Hérouville Saint-Clair; Nice, France; Neuherberg, Germany)* 1017

Epigallocatechin Gallate Inhibits Cell Growth and Hedgehog Signalling in Human Rhabdomyosarcoma Cell Lines. B.F.B. MAYER, M.J. STAGNO, J. FUCHS, S.W. WARMANN, E. SCHMID *(Tübingen, Germany)* 1025

Modulatory Activity of the Copper Chelate, Copper N-(2-Hydroxy Acetophenone) Glycinate, in ABC-transporter-expressing Cell Lines. E.-M. HARTINGER, A. MAHRINGER, S.K. CHOUDHURI, G. FRICKER, T. EFFERTH *(Heidelberg; Mainz, Germany; Kolkata, India)* 1031

Successful Identification of a Novel Therapeutic Compound for Hepatocellular Carcinoma Through Screening of ADAM9 Inhibitors. K. OGAWA, T. CHIBA, M. NAKAMURA, J. ARAI, J. ZHANG, Y. MA, N. QIANG, J. AO, S. YUMITA, T. ISHINO, M. KAN, T. IWANAGA, M. NAKAGAWA, K. FUJIWARA, T. SAKUMA, H. KANZAKI, K. KOROKI, Y. KUSAKABE, K. KOBAYASHI, N. KANOGAWA, S. KIYONO, T. KONDO, R. NAKAGAWA, S. OGASAWARA, R. MUROYAMA, S. NAKAMOTO, T. KANDA, H. MARUYAMA, J. KATO, S. MATSUMOTO, T. ARAI, S. MOTOHASHI, N. KATO *(Chiba; Tokyo, Japan)* 1043

Specific Aptamer Functionalization of Dense Ceramic by Click Chemistry Towards Circulating Tumor Cells Apheresis. G. BARRIERE, M. RIGAUD, C. ARRAT, H. COLOMBI, E. POLI *(Limoges; Poitiers, France)* 1053

Atezolizumab Retains Cellular Binding to Programmed Death Ligand 1 Following Aerosolization *via* Mesh Nebulizer. G. ZALESKIS, M. TALAIKIS, D. CHARACIEJUS, V. URBONAS, P. BOSAS, A. DARINSKAS, L. ZIBUTYTE, L. SIMKUS, Z. SURVILA, J. JURSENAITE, M. ZVIRBLE *(Vilnius, Lithuania)* 1065

Validation of EZH2 Inhibitor Efficiency in Anaplastic Thyroid Carcinoma Cell Lines. H. NAKAYAMA, N. SAITO, R. KASAJIMA, N. SUGANUMA, Y. RINO, K. MASUDO, H. YAMAZAKI, S. TODA, K. SEKIHARA, H. IWASAKI, D. HOSHINO *(Hiratsuka; Yokohama, Japan)* 1073

Chemokine (C-C motif) Ligand 2 Is Regulated Through the EGFR/Src Pathway in HER2-positive Breast Cancer Cells. D. YOU, H. KIM, Y. JEONG, S.Y. YOON, E. LO, J.E. LEE, S. KIM *(Seoul, Republic of Korea)* 1079

Isophysalin A Inhibits the Stemness of Breast Cancer Cells Possibly via Stat3 and IL-6 Signaling. Y.-C. KO, H.S. CHOI, S.-L. KIM, D.-S. LEE *(Jeju, Republic of Korea)* 1091

Low-dose Pimecrolimus, an FDA-approved Calcineurin Inhibitor, Sensitizes Drug-resistant Cancer Cells *via* Strong P-gp Inhibition. J.H. PARK, J.S. LEE, J.K. SHIN, S. SHARMA, H.S. KIM, S. YOON *(Suwon, Republic of Korea)* 1103

5-Oxoproline Enhances 4-Hydroxytamoxifen-induced Cytotoxicity by Increasing Oxidative Stress in MCF-7 Breast Cancer Cells. T. NADAI, K. NARUMI, Y. MUKAI, H. UEDA, A. FURUGEN, Y. SAITO, M. KOBAYASHI *(Sapporo, Japan)* 1113

A Pharmacokinetic-Pharmacodynamic Model Predicts Uracil-tegafur Effect on Tumor Shrinkage and Myelosuppression in a Colorectal Cancer Rat Model. S. KOBUCHI, M. TSUDA, M. OKAMURA, T. NAKAMURA, Y. ITO *(Kyoto, Japan)* 1121

Givinostat Inhibition of Sp1-dependent MGMT Expression Sensitizes Glioma Stem Cells to Temozolomide. Y. NAKAGAWA-SAITO, Y. MITOBE, K. TOGASHI, S. SUZUKI, A. SUGAI, C. KITANAKA, M. OKADA *(Yamagata, Japan)* 1131

Dihydroartemisinin Induced Apoptosis and Synergized With Chemotherapy in Pleural Effusion Lymphoma Cells. P. PHIKULSOD, R. KARIYA, J. PANAAMPON, S. OKADA *(Kumamoto, Japan; Bangkok, Thailand)* 1139

Streptonigrin Mitigates Lung Cancer-induced Cachexia by Suppressing TCF4/TWIST1-induced PTHLH Expression. X.-Q. FANG, S. LEE, Y.-S. KIM, G.E. HAN, C.-H. LIM, J.-H. LIM *(Chungju; Cheongju, Republic of Korea)* 1149

Down-regulating Effect of a Standardized Extract of Cultured *Lentinula edodes mycelia* on Cortactin in Prostate Cancer Cells Is Dependent on Malignant Potential. S.-N. YAMASHITA, Y. TANAKA, T. KITAGAWA, B. BARON, K. TOKUDA, D. PAUDEL, K. NAKAGAWA, T. OHTA, J.-I. HAMADA, M. KOBAYASHI, H. NAGAYASU, Y. KURAMITSU *(Ishikari-Tobetsu, Yamaguchi, Japan; Msida, Malta)* 1159

Hinokitiol Inhibits the Viability of Oral Squamous Carcinoma Cells by Inducing Apoptosis and Autophagy. H.-C. LIN, C.-C. WANG, C.-F. WU, Y.-H. LIN, W.-C. LEE, P.-J. CHEN, Y. CHANG, Y.-C SU *(Kaohsiung, Taiwan, ROC)* 1167

Artesunate Exhibits Synergy With Cisplatin and Cytotoxicity for Upper Tract and Bladder Urothelial Carcinoma Cells. S.-Y. CHEN, C.-N. CHAO, H.-Y. HUANG, P.-W. ZHAO, C.-Y. FANG *(Chiayi; Tainan City; Taichung, Taiwan, ROC)* 1175

Oncolytic Effect of a Recombinant Vesicular Stomatitis Virus Encoding a Tumor-suppressor MicroRNA in an Osteosarcoma Mouse Model. T. SAKUDA, T. KUBO, M.P. JOHAN, T. FURUTA, T. SAKAGUCHI, N. ADACHI *(Hiroshima, Japan; Makassar, Indonesia)* 1185

Fluoxetine Inhibits STAT3-mediated Survival and Invasion of Osteosarcoma Cells. W.-T. CHEN, Y.-H. TSAI, P. TAN, F.-T. HSU, H.-M.D. WANG, W.-C. LIN, F.-H. LIN, C.-T. WU *(Kaohsiung; Taichung; Changhua; New Taipei; Miaoli, Taiwan, ROC)* 1193

Anticancer Effects of Antidepressants in Hepatocellular Carcinoma Cells. Y.-H. HUANG, C.-T. YEH *(Taoyuan, Taiwan, ROC)* 1201

Redox-mediated Anticancer Activity of Anti-parasitic Drug Fenbendazole in Triple-negative Breast Cancer Cells. S. SEMKOVA, B. NIKOLOVA, I. TSONEVA, G. ANTOV, D. IVANOVA, A. ANGELOV, Z. ZHELEV, R. BAKALOVA *(Sofia; Stara Zagora, Bulgaria; Chiba, Japan)* 1207

Docosahexaenoic Acid Potentiates the Anticancer Effect of the Menadione/Ascorbate Redox Couple by Increasing Mitochondrial Superoxide and Accelerating ATP Depletion. D. IVANOVA, S. SEMKOVA, Z. YANEVA, B. NIKOLOVA, Z. ZHELEV, R. BAKALOVA, I. AOKI *(Stara Zagora; Sofia, Bulgaria; Chiba, Japan)* 1213

Gene Profiling of *Cannabis-sativa*-mediated Apoptosis in Human Melanoma Cells. K. POOMMARAPAN, P. RUMMANEETHORN, A. SRISUBAT, N. SUWANPIDOKKUL, P. LEENUTAPHONG, T. NARARATWANCHAI, S. SRIHIRUN, W. PHETCHENGKAO, K. SURIYACHAN, S. TANCHAROEN *(Chiang Rai; Nonthaburi; Bangkok, Thailand)* 1221

A Standardized Extract of Cultured *Lentinula edodes mycelia* Upregulates COX-2 in Inflammation-related Malignant Progressive Fibrosarcoma Cell Clone QRsP-11. T. KITAGAWA, S. ISLAM, B. BARON, K. TOKUDA, D. PAUDEL, T. OHTA, K. NAKAGAWA, M. KOBAYASHI, F. OKADA, Y. KURAMITSU *(Ishikari-Tobetsu; Yamaguchi, Yonago, Japan; Msida, Malta)* 1239

Aurelianolides from *Aureliana fasciculata* var. *fasciculata* Trigger Apoptosis With Caspase Activation in Human Leukemia Cells. G. WERNECK DE SOUZA E SILVA, A. MESQUITA MARQUES, A.P.G. ALVES FONTÃO, S.C. DE MOURA LIMA, M.A. COELHO KAPLAN, M.R. FIGUEIREDO, A.L. FRANCO SAMPAIO *(Rio de Janeiro, Brazil)* 1245

Efficacy of Multimodality Approach in Patients With Recurrent Head and Neck Squamous Cell Carcinoma. P.A HOELL, K. ELSAYAD, H. BERSSENBRUEGGE, D. HERING, C. KITTEL, J. KLEINHEINZ, A. BLECKMANN, G. EVERS, E. WARDELMANN, C. RUDACK, H.T. EICH *(Muenster, Germany)* 1255

Clinical Studies

Efficacy and Safety of Platinum-based Chemotherapy With Bevacizumab Followed by Bevacizumab Maintenance for Recurrent Ovarian, Fallopian Tube, and Primary Peritoneal Cancer During PARP Inhibitor Therapy: A Multicenter Retrospective Study. M. ABE, T. SHOJI, Y. CHIBA, E. TAKATORI, Y. KAIDO, T. NAGASAWA, M. KAGABU, F. TAKAHASHI, T. AIDA, T. BABA *(Iwate; Aomori, Japan)* 1265

Real-world Data of Palliative First-line Checkpoint Inhibitor Therapy for Head and Neck Cancer. S.M. WAGNER, T. MAGNES, T. MELCHARDT, D. KIEM, L. WEISS, D. NEUREITER, C. WAGNER, M.-B. ARETIN, S. NEMEC, G. GAMERITH, G. PALL, R. GREIL, T. FUEREDER *(Salzburg; Vienna; Innsbruck, Austria)* 1273

Effects of *ABCB1* and *ABCG2* Polymorphisms on the Pharmacokinetics of Abemaciclib Metabolites (M2, M20, M18). A. MAEDA, H. ANDO, K. IRIE, N. HASHIMOTO, J.-I. MORISHIGE, S. FUKUSHIMA, H. EBI, K. UCHIDA, H. IWATA, M. SAWAKI *(Nagoya; Kanazawa; Kobe, Japan)* 1283

Abemaciclib-associated Diarrhea: An Exploratory Analysis of Real-life Data. V. GEBBIA, F. MARTORANA, M.V. SANÒ, M.R. VALERIO, F. GIOTTA, M. SPADA, D. PIAZZA, M. CARUSO, P. VIGNERI *(Palermo; Catania; Bari, Italy)* 1291

Effect of Mirtazapine for the Prevention of Nausea and Vomiting in Patients With Thoracic Cancer Receiving Platinum-based Chemotherapy. M. KINOMURA, H. IIHARA, H. FUJII, C. HIROSE, J. ENDO, K. YANASE, T. INUI, D. KAITO, Y. SASAKI, T. GOMYO, C. SAKAI-MASUDA, D. KAWAE, Y. KITAMURA, M. FUKUI, R. KOBAYASHI, Y. OHNO, A. SUZUKI *(Gifu, Japan)* 1301

Risk Factors for Muscle Loss During Neoadjuvant Therapy for Esophageal Cancer. D. SHIMIZU, K. MIYATA, M. FUKAYA, S. SUGITA, T. EBATA *(Nagoya, Japan)* 1309

ALBI Grade Is a Predictive Factor of Lenvatinib Treatment Discontinuation due to Adverse Events in Hepatocellular Carcinoma. D. ENOMOTO, K. YAMAMOTO, Y. MATSUMOTO, A. MORIOKA, T. OMURA, S. KOMATSU, Y. YANO, T. FUKUMOTO, I. YANO *(Kobe, Japan)* 1317

Bevacizumab Plus Carboplatin Plus Nab-paclitaxel for Non-squamous Non-small Cell Lung Cancer in a Real-world Setting. A. TAMIYA, M. TAMIYA, Y. INAGAKI, Y. TANIGUCHI, K. NAKAO, Y. MATSUDA, T. KAWAMURA, K. KUNIMASA, T. INOUE, K. NISHINO, K. OKISHIO *(Sakai; Osaka, Japan)*..................... 1325

First-line Chemotherapy Response Is Associated With Clinical Outcome During Immune Checkpoint Inhibitor Treatment in Advanced Urothelial Carcinoma: A Real World Retrospective Study. J.-R. LI, S.-S. WANG, K. LU, C.-S. CHEN, C.-L. CHENG, S.-C. HUNG, K.-Y. CHIU, C.Y. HSU, C.-K. YANG *(Taichung; Nantou, Taiwan, ROC)*.. 1331

Impact of Concomitant Use of Azoles on Bortezomib-related Adverse Drug Reactions Using JADER. T. IMATOH, T. MATSUMOTO, Y. HARAMAKI, K. MIGITA *(Fukuoka; Hiroshima, Japan)*.............................. 1341

Is it Necessary to Treat all Metastatic Prostate Cancer With Upfront Androgen Receptor Axis-targeted Agents? R. NAKAGAWA, H. IWAMOTO, R. NAITO, S. KADOMOTO, H. YAEGASHI, S. KAWAGUCHI, T. NOHARA, K. SHIGEHARA, K. IZUMI, Y. KADONO, A. MIZOKAMI *(Kanazawa, Japan)* 1351

Combination of Lenvatinib and Proton Beam Therapy in the Management of Patients With Advanced Hepatocellular Carcinoma. J.-Y. CHENG, B.-S. HUANG, Y.-Y. CHEN, C.-C. WANG, Y.-H. CHEN *(Kaohsiung; Taoyuan; Taichung, Taiwan, ROC)*.. 1361

Half Dose Pegfilgrastim for Patients With Breast Cancer During Chemotherapy: A Case-series. M. IKEDA, Y. KATAOKA, T. TAJI, H. SUWA, H. NAKAGOSHI *(Amagasaki; Kyoto; Osaka, Japan)* 1373

Efficacy and Safety of Lenvatinib After Progression on First-line Atezolizumab Plus Bevacizumab Treatment in Advanced Hepatocellular Carcinoma Patients. Y.-H. CHEN, Y.-Y. CHEN, J.-H. WANG, C.-H. HUNG *(Kaohsiung; Taoyuan; Taichung, Taiwan, ROC)*.. 1377

Corrigenda 1385

Number 4, April

Reviews

Personalized Palliative and Survivorship Care for Patients With Metastatic Cancer Treated With Radiation Therapy. S. SIDDIQUI, L. ROWLAND, E. COPEL, A. SANGAL, V. SONI, P. ECKARDT, J. KAO *(West Islip, NY, USA)* 1387

Recent Advances in the Management of Small Cell Carcinoma of the Uterine Cervix. A. MIYOSHI, Y. UEDA, T. KURITA, T. KIMURA, K. YOSHINO *(Osaka; Kitakyushu, Japan)* 1397

Experimental Studies

Preclinical Activity of 4-Demethyl-4-cholesteryloxycarbonylpenclomedine in Melanoma. P. FRIEDLANDER, L.R. MORGAN, E.N. BENES, A.H. RODGERS, B. JURSIC *(New York, NY; New Orleans, LA, USA)* 1407

Phenotypic Switch and Growth of Melanoma Spheroids in the Presence of Mast Cells: Potential Impact of Nutrient-starvation Effects. M. GRUJIC, T. NGUYEN, T. HÉCHARD, H. WANG, M. LAMPINEN, A. PAIVANDY, G. PEJLER *(Uppsala, Sweden)* 1415

The Application of Static Magnetic Stimulation Reduces Survival of SH-SY5Y Neuroblastoma Cells. H.R. MEDEIROS, J.A.F. ASSUMPÇÃO, D.J. STEIN, E.C. FILIPPI-CHIELA, F. FREGNI, W. CAUMO, P.R.S. SANCHES, I.L.S. TORRES *(Porto Alegre, Brazil; Atlanta, GA; Boston, MA, USA)* 1427

Expression of Eukaryotic Translation Initiation Factors in the Urothelial Carcinoma of the Bladder. J. LUZHA, N. NASS, P. CZAPIEWSKI, N. SCHROEDER, T. KALINSKI, M. SCHOSTAK, C. SCHATZ, B. JANDRIG, J. HAYBAECK *(Erlangen; Dessau-Roßlau; Berlin; Hamburg; Magdeburg, Germany; Innsbruck; Graz, Austria)* 1437

Cut-off Analysis of HLA-A and HLA-B/C Expression as a Potential Prognosticator of Favorable Survival in Patients With Metastatic Breast Cancer. S. STEFANOVIC, R. WIRTZ, M. SÜTTERLIN, U. KARIC, A. SCHNEEWEISS, T.M. DEUTSCH, M. WALLWIENER *(Mannheim; Cologne; Heidelberg, Germany; Belgrade, Serbia)* 1449

Carcinogenesis Observed in the Spleens of Balb/c Mice After Head-neutron Irradiation. Y. KINASHI, T. TAKATA, Y. SAKURAI, H. TANAKA *(Osaka, Japan)* 1455

ALCAM, Activated Leukocyte Cell Adhesion Molecule, in Clinical Gastric Cancer and Patient's Response to Chemotherapies. Y.M. YANG, F. RUGE, K. JI, S. JIA, Y. JIA, A.J. SANDERS, J. JI, W.G. JIANG *(Cardiff; Cheltenham, UK; Beijing, PR China)* 1463

SOX10 Inhibits T Cell Recognition by Inducing Expression of the Immune Checkpoint Molecule PD-L1 in A375 Melanoma Cells. K. SASAKI, Y. HIROHASHI, K. MURATA, T. MINOWA, M. NAKATSUGAWA, A. MURAI, Y. MIZUE, T. KUBO, T. KANASEKI, T. TSUKAHARA, S. IWABUCHI, S. HASHIMOTO, H. UHARA, A. ISHIDA-YAMAMOTO, T. TORIGOE *(Hokkaido; Tokyo; Wakayama, Japan)* 1477

Serum *Versus* Tissue SIRT1 as Potentially Valuable Biomarkers in Gastric Cancer. R. OTSUKA, H. MORISHITA, K. IIDA, K. HAYANO, K. MURAKAMI, S. ENDO, T. TOYOZUMI, Y. MATSUMOTO, Y. KURATA, K. KINOSHITA, T. SASAKI, S. IIDA, Y. NISHIOKA, H. MATSUBARA *(Chiba, Japan)* 1485

Optimal Administration of Glycyrrhizin Avoids Pharmacokinetic Interactions With High-dose Methotrexate and Exerts a Hepatoprotective Effect. Y. MANO, K. ABE, M. TAKAHASHI, T. HIGURASHI, Y. KAWANO, S. MIYAZAKI, A. MAEDA-MINAMI *(Chiba; Tokyo, Japan)* 1493

The Prognostic Role of ACO2 in Renal Cell Carcinoma. D. JAWORSKI, A. KOWALEWSKI, J. DURŚLEWICZ, P. ANTOSIK, M. SMOLIŃSKA, D. GRZANKA, Ł. SZYLBERG *(Bydgoszcz, Poland)* 1503

PIK3CA Mutations as a Prognostic Factor in Patients With Residual Rectal Cancer After Neoadjuvant Chemoradiotherapy. J. BYUN, N.J.-Y. PARK, G. YOON, M.K. KANG, H.J. KIM, S.Y. PARK, J.S. PARK, G.S. CHOI, J.H. BAEK, J.G. KIM, A.N. SEO *(Daegu, Republic of Korea)* 1513

The Regulatory Role of Nuclear Respiratory Factor 1 in Bladder Cancer Cells. Y.-H. LEE, R.C. WU, H.-C. MAI, W.-L. HUANG, C.-H. WU, Y.-L. YANG, P.-F. HSIEH, V.C. LIN *(Kaohsiung; Tainan, Taiwan, ROC)* 1521

Clinical Studies

EZH2 Expression Correlates With T-Cell Infiltration in Oral Leukoplakia and Predicts Cancer Transformation. D. GANESH, A. DAFAR, J. NIKLASSON, I. SANDBERG, P. BRAZ-SILVA, D. SAPKOTA, J. ÖHMAN, D. GIGLIO, B. HASSÉUS *(Gothenburg, Sweden; Jeddah, Kingdom of Saudi Arabia; São Paulo, Brazil; Oslo, Norway)* 1533

Gastric Linitis Plastica: Clinical Characteristics and Outcomes from the National Cancer Database. A. AYUB, B. NAEEM, A. PEREZ, D. TYLER, V.S. KLIMBERG *(Galveston; Houston, TX; Pittsburgh, PA, USA)* 1543

Outcome of Multidisciplinary Treatment of Merkel Cell Carcinoma of the Hand and Wrist. S.E. BROIDA, K.D. ALDER, X.T. CHEN, S.L. MORAN, M.T. HOUDEK *(Rochester, MN, USA)* 1549

Surgical Treatments for Ductal Carcinoma *In Situ* (DCIS) in Elderly Patients. O.C. BUONOMO, M. PELLICCIARO, M. MATERAZZO, S. BERARDI, P.E. GIGLIOTTI, J. CASPI, R. MEUCCI, T. PERRETTA, I. PORTARENA, M. DAURI, C.A. PISTOLESE, G. VANNI *(Rome, Italy)* 1555

Prognostic Value of *KRAS* Exon-specific Mutations in Patients With Colorectal Cancer. K. ASAKO, T. HAYAMA, Y. HASHIGUCHI, T. MIYATA, Y. FUKUSHIMA, R. SHIMADA, K. KANEKO, K. NOZAWA, K. MATSUDA, T. FUKAGAWA *(Tokyo, Japan)* 1563

Diagnostic Accuracy of Fecal Immunochemical Test (FIT) in Bleed-positive and Bleed-negative Colorectal Cancer (CRC) Among a Cohort of 5,090 Subjects who Participated in the Colorectal Neoplasia (CRN) Screening in Brazil. M. ESKELINEN, J. MEKLIN, D.P. GUIMARAES, T. SELANDER, K. SYRJÄNEN, M. ESKELINEN *(Kuopio; Kaarina, Finland; Barretos, Brazil)* 1569

Biphenotypic Sinonasal Sarcoma: Case Reports of Diagnostic Findings and Clinical Management of 3 Cases. Y. AUGUSTIN, S. ZAIDI, R.L. JONES, C. BENSON, R. SIMCOCK, C. FISHER, K. THWAY, M. HALLIN, A.B. MIAH *(London; Brighton; Birmingham, UK)* 1581

Visualization of Anorectal Lymphatic Flow Using Indocyanine Green Fluorescence Imaging: An Observational Study. K. SATO, H. KASAJIMA, K. IMAIZUMI, M. KURUSHIMA, M. UMEHARA, Y. TSURUGA, D. YAMANA, A. SATO, K. ICHIMURA, T. FUKASAWA, K. ITO, M. ISOKAWA, K. NAKANISHI *(Hokkaido; Aomori, Japan)* 1591

Identification of Atezolizumab Plus Bevacizumab Prognostic Index *via* Recursive Partitioning Analysis in HCC: The ABE Index. M. PERSANO, M. RIMINI, T. TADA, G. SUDA, S. SHIMOSE, M. KUDO, J. CHEON, F. FINKELMEIER, H.Y. LIM, J. PRESA, G. MASI, C. YOO, S. LONARDI, T. PRESSIANI, F. PISCAGLIA, T. KUMADA, L. RIMASSA, M. SCARTOZZI, S. CASCINU, A. CASADEI-GARDINI *(Cagliari; Milan; Pisa; Padua; Rozzano; Bologna; Pieve Emanuele, Italy; Himeji; Sapporo; Kurume; Osaka-Sayama; Ogaki, Japan; Seongnam; Seoul, Republic of Korea; Frankfurt am Main, Germany; Vila Real, Portugal)* 1599

Comparison of Quality of Life and Injection Site Reactions After Switching from Degarelix 80 mg to 480 mg in Advanced Prostate Cancer: A Prospective Trial. K. MIYAJIMA, T. YANAGISAWA, H. SUZUKI, W. FUKUOKAYA, K. SAKANAKA, K. OBAYASHI, J. MIKI, T. KIMURA *(Tokyo, Japan)* 1611

The Japanese 5-5-500 Rule Predicts Prognosis of Hepatocellular Carcinoma After Hepatic Resection. T. TAKISHIMA, K. HARUKI, T. TANIAI, K. FURUKAWA, T. HORIUCHI, S. ONDA, M. YANAGAKI, Y. SHIRAI, R. HAMURA, T. IKEGAMI *(Tokyo, Japan)* 1623

Elevation of the Neutrophil-to-Lymphocyte Ratio Is a Significant Postoperative Poor Prognostic Factor in Patients With Clinical T3-4 Centrally Located Primary Lung Cancer. T. TSUKIOKA, N. IZUMI, H. KOMATSU, H. INOUE, R. ITO, S. SUZUKI, N. NISHIYAMA *(Osaka, Japan)* 1631

Optimization of Fluence Map for CyberKnife Raster Scanning Intensity Modulated Radiotherapy. Y. AKINO, H. SHIOMI, N. MABUCHI, N. MASAI, R.-J. OH, K. OGAWA *(Suita; Kyoto; Osaka, Japan)* 1637

Positive p16 Immunostaining Is an Independent Prognostic Variable for Disease-free Survival and Overall Survival in Patients With Squamous Cell Carcinoma of the Vulva Treated With Radical Surgery and Inguinofemoral Lymphadenectomy: An Italian Single Center Retrospective Study. A. GADDUCCI, E. SIMONETTI, S. COSIO, A. FANUCCHI, V. DOLCI, C. LALISCIA, A.G. NACCARATO, S. PISTOLESI *(Pisa, Italy)* 1643

Evaluation of the M371-Test Under Real-life Conditions for Diagnosis and Follow Up of Testicular Germ Cell Tumors. S. PYCHA, C. D'ELIA, C. MIAN, C. SCHWIENBACHER, E. HANSPETER, M. PALERMO, A. PYCHA, H. DANUSER, E. TRENTI *(Bern, Switzerland; Bolzano, Italy; Riga, Latvia; Vienna, Austria)* 1649

Complete Response to Immune Checkpoint Inhibition in a Platinum Resistant Primary Ovarian Cancer Patient With Lynch Syndrome: A Case Report and Review of the Literature. L. CHINCZEWSKI, F.W. FELDHAUS, W. SCHMITT, I. BRAICU, E. ROSER, J. SEHOULI *(Berlin, Germany)* 1655

Malnutrition in Head and Neck Cancer: A Patient-reported Outcome Study. A. COFRÉ, S. WALTER, J. BUENTZEL, J. HÜBNER *(Jena; Bonn; Nordhausen, Germany)* 1663

Serum Thymidine Kinase 1 – Potential Prostate Cancer Biomarker: A Clinical Study. J. REZAC, L. HANOUSKOVA, S. VESELY, K. KOTASKA, A. KANTOROVA, A. LINHARTOVA, V. FIALA, V. SOUKUP, O. CAPOUN *(Prague, Czech Republic)* 1675

Real-world Data Study of the Efficacy and Toxicity of Nivolumab *vs*. Cetuximab and Predictors of Response to Nivolumab in Recurrent/Metastatic Squamous Cell Carcinoma of the Head and Neck in a European Population. L. MACIA-RIVAS, C.L. FERNANDEZ-LAGUNA, C. ALVAREZ-ASTEINZA, I. MARAY, M. CARBAJALES-ALVAREZ, A. LOZANO-BLAZQUEZ *(A Coruña; Oviedo, Spain)* 1681

Clinical Significance of Neutrophil-to-Lymphocyte Ratio/Serum Albumin Ratio in Patients With Metastatic Gastric or Gastroesophageal Junction Cancer Administered Trifluridine/Tipiracil. I. HASHIMOTO, K. KANO, S. ONUMA, H. SUEMATSU, S. NAGASAWA, K. KANEMATSU, K. FURUSAWA, T. HAMAGUCHI, M. WATANABE, K. HAYASHI, M. FURUTA, Y. INOKUCHI, N. MACHIDA, T. AOYAMA, T. YAMADA, Y. RINO, T. OGATA, T. OSHIMA *(Yokohama; Kanagawa, Japan)* 1689

Feasibility of Computed Tomography-guided Percutaneous Renal Cryoablation Under Local Anesthesia: A Single Center Experience in Taiwan. Y.-T. LIN, S.-W. HUNG, M.-C. LIU, K.-Y. CHIU, J.-W. CHAI, J.-C. LIN *(Taichung; Taipei; Changhua, Taiwan, ROC)* 1699

Significance of *MYB* and *NTRK* Expression in Head and Neck Adenoid Cystic Carcinoma. T. PANTAZOPOULOS, D. LEVENTAKOU, N. KOUFOPOULOS, A. POULIAKIS, P. ECONOMOPOULOU, C. GLAVA, M. TZARDI, G. KAFIRI, C. KITTAS, P. KORKOLOPOULOU, P. ARAPANTONI-DADIOTI, H. SOTIRIOU, T. FILIPPIDIS, P. MARAGOUDAKIS, I. GIOTAKIS, I.G. PANAYIOTIDES, A. PSYRRI, A. DELIDES *(Athens; Heraklion; Nikea, Greece)* 1709

Surgical Outcomes After Pulmonary Resection With Typical or Atypical Bronchoplasty in Patients With Primary Lung Cancer. T. TSUKIOKA, N. IZUMI, H. KOMATSU, H. INOUE, R. ITO, S. SUZUKI, N. NISHIYAMA *(Osaka, Japan)* 1719

Effect of Adjuvant Systemic Chemotherapy on Intravesical Recurrence After Radical Nephroureterectomy for Upper Urinary Tract Urothelial Carcinoma. N. YAMAGUCHI, S. MORIZANE, T. YUMIOKA, R. SHIMIZU, S. TERAOKA, H. IWAMOTO, K. HIKITA, M. HONDA, A. TAKENAKA *(Yonago; Matsue, Japan)* 1725

TP53 Signature Score Predicts Prognosis and Immune Response in Triple-negative Breast Cancer. M. ONISHI, S. YAMAGUCHI, X. WEN, M. HAN, H. KIDO, T. ARUGA, S.-I. HORIGUCHI, S. KATO *(Tokyo, Japan)* 1731

Incidence and Risk of Venous Thromboembolism in Patients With Resectable Pancreatic Cancer Receiving Neoadjuvant Chemotherapy. M. KAMIYA, S. KAWAHARA, Y. KAMIOKA, M. MURAKAWA, T. AOYAMA, S. KOBAYASHI, M. UENO, N. YAMAMOTO, T. OSHIMA, N. YUKAWA, Y. RINO, M. MASUDA, S. MORINAGA *(Yokohama, Japan)* 1741

Prognostic Value of Radiomics Analysis of Skeletal Muscle After Radical Irradiation of Esophageal Cancer. K. IWASHITA, H. KUBOTA, R. NISHIOKA, Y. EMOTO, D. KAWAHARA, T. ISHIHARA, D. MIYAWAKI, I. NISHIBUCHI, Y. NAGATA, R. SASAKI *(Kobe; Hiroshima, Japan)* 1749

A Multidisciplinary Treatment Strategy With Conversion Surgery for Hepatocellular Carcinoma. H. SHIOZAKI, K. FURUKAWA, K. HARUKI, M. MATSUMOTO, T. UWAGAWA, S. ONDA, Y. YAMAHATA, S. ISHIZAKI, K. ABE, S. FUJIOKA, Y. NAKASEKO, T. OKAMOTO, T. IKEGAMI *(Tokyo; Chiba; Tochigi, Japan)* 1761

Predictors of Postoperative Gain in Ambulatory Function After Decompressive Surgery for Metastatic Spinal Cord Compression. H. KINOSHITA, H. KAMODA, Y. HAGIWARA, S. KINOSHITA, S. OHTORI, T. YONEMOTO *(Chiba, Japan)* 1767

Association of *STAT3*, *CYP3A5*, and *ABCG2* Polymorphisms With Osimertinib-induced Adverse Events in NSCLC Patients. M. TANDA, K. YAMAMOTO, T. HORI, H. NISHIGUCHI, M. YAGI, M. SHIMIZU, T. KONISHI, T. OZAKI, N. YOSHIOKA, M. TACHIHARA, T. ITO, S. IKUSHIMA, T. OMURA, I. YANO *(Kobe; Nara, Japan)* 1775

Mesonephric-like Adenocarcinoma of the Uterine Corpus: Comparison Between Mismatch Repair Protein Immunostaining and Microsatellite Instability Testing. H. KIM, H.-S. KIM *(Seoul, Republic of Korea)* 1785

Effect of Interstitial Lung Abnormality on Concurrent Chemoradiotherapy-treated Stage III Non-small Cell Lung Cancer Patients. W.G. JEONG, Y.-H. KIM, S.-J. AHN, J.-U. JEONG, B.C. LEE, I.J. CHO, Y.-H. KIM *(Gwangju; Hwasun, Republic of Korea)* 1797

Complete Cycles of Radium-223 Improve Overall Survival in Patients With Metastatic Castration-resistant Prostate Cancer: A Retrospective Study. H.-C. YANG, L.-W. CHANG, J.-R. LI, S.-S. WANG, C.-K. YANG, C.-S. CHEN, K. LU, C.-C. CHEN, S.-C. WANG, C.-Y. LIN, C.-L. CHENG, Y.-C. OU, K.-Y. CHIU, S.-C. HUNG *(Taichung; Nantou; Taipei, Taiwan, ROC)* 1809

Conversion Surgery for Unresectable Pancreatic Cancer Treated With FOLFIRINOX or Gemcitabine Plus Nab-paclitaxel. Y. IDE, T. OTSUKA, M. SHIMOKAWA, F. KOGA, Y. UEDA, J. NAKAZAWA, A. KOMORI, S. OTSU, S. ARIMA, M. FUKAHORI, A. MAKIYAMA, Y. SHINOHARA, S. UENO, H. TAGUCHI, T. HONDA, T. SHIBUKI, K. NIO, N. URESHINO, T. MIZUTA, K. MITSUGI, T. SHIRAKAWA *(Saga; Fukuoka; Yamaguchi; Kumamoto; Kagoshima; Oita; Gifu; Nagasaki; Chiba, Japan)* 1817

Impact of Anatomical Position Errors on Dose Distribution in Head and Neck Radiotherapy and Robust Image Registration Against Anatomical Changes. K. HIROTAKI, K. TOMIZAWA, S. MORIYA, M. ITO, T. SAKAE *(Ibaraki; Chiba, Japan)* 1827

Prognostic Impact of a Novel Albumin-Platelet Index as Selection Criterion for Hepatic Resection in Intermediate Stage Hepatocellular Carcinoma. K. YUGAWA, T. MAEDA, S. NAGATA, A. SAKAI, K. TAKETANI, S. YAMAGUCHI, K. KONISHI, K. HASHIMOTO *(Hiroshima, Japa)* 1835

Pelvic Neoadjuvant Radiotherapy for Stage M1a Rectal Adenocarcinoma Patients Treated With Systemic Therapy Followed by Proctectomy and Metastasectomy: A Nationwide Retrospective Cohort Study. T.-W. KE, S.-C. CHANG, H.-C. CHEN, H.-M. WANG, W.T.-L. CHEN, Y.-C. CHEN, M.-H. HSIEH, Y.-Y. TSAI, C.-W. HUANG, Y.-M. LIAO, C.-H. LIN, C.-L. HUANG, L.-C. CHEN, C.-R. CHIEN *(Taichung; Hsinchu, Taiwan, ROC)* 1843

Life-threatening Airway Complication After Radioactive Iodine Treatment: A Case Report and Review of the Literature. F. LANDSTRÖM, J. SANDBERG, J. REIZENSTEIN *(Örebro, Sweden)* 1853

Treatment of Mediastinal Endometrial Carcinoma Developed from Extragenital Endometriosis and Simultaneous Rectal Adenocarcinoma in a 55-year-old Woman. K. DORMAN, D. ZHANG, W.G. KUNZ, M. ANGELE, J. NEUMANN, A. BURGES, M. VON BERGWELT-BAILDON, V. HEINEMANN, S. BOECK, C. GIESSEN-JUNG *(Munich, Germany)* 1857

A Laparoscopically Treated Case of Peritoneal Dissemination Mimicking Liver Metastases from Distal Cholangiocarcinoma Four Years After the Initial Pancreaticoduodenectomy. K. YAMAMURA, T. BEPPU, K. KINOSHITA, K. MATSUMURA, E. ODA, Y. NAGAYAMA, T. MOTOHARA, H. MIYAMOTO, F. MATSUMURA, R. YAMADA, Y. KOMOHARA, H. OKABE, T. MIYATA, T. ISIKO *(Kumamoto; Fukuoka, Japan)* 1863

Giant Cell Angiofibroma in the Buccal Mucosa – A Rising Entity? F. DUDDE, F. BARBAREWICZ, T. TELSCHOW, A.Z. KNYPHAUSEN, K.-O. HENKEL *(Hamburg, Germany)* 1869

Letter to the Editor

Letter to the Editor: RE: de Gruijl and Armstrong: Cutaneous Melanoma: Sheep in Wolves Clothing? Anticancer Res *42(10)*: 5021-5025, 2022. A. JARELL, N. FERNANDES *(Portsmouth, NH; Chandler, AZ, USA)* 1873

Corrigendum 1875

Number 5, May

Review

The Clinical Impact of the Tumor Stroma Ratio in Gastrointestinal Cancer Treatment. T. AOYAMA, I. HASHIMOTO, T. OSHIMA *(Yokohama, Japan)* 1877

Experimental Studies

The Novel Use of IL-28 as an Effective Radiosensitizer in Pancreatic Cancer. X. CHEN, H.Y. LEE, T.T. TANG, C. QIN, S.A. PRISSEL, C.J. NELSON, L.A. SMITH, H. XIAO, Q. BAI, M.B. NICHOLL, M.R. WAKEFIELD, Y. FANG *(Shenzhen, PR China; Des Moines, IA; Columbia, MO, USA)* 1885

Somatic Variants in DNA Damage Response Genes in Ovarian Cancer Patients Using Whole-exome Sequencing. J. LOPACINSKA-JOERGENSEN, D.V.N.P. OLIVEIRA, T.S. POULSEN, C.K. HOEGDALL, E.V. HOEGDALL *(Herlev; Copenhagen, Denmark)* 1891

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Comparison of the Characteristics of Two Types of Parallel-plate Ionization Chamber Under Small-field Electron Irradiation. Y. YANAGI, H. MONZEN, K. KUBO, J. SUGIYAMA, K. NOMA, T. ITO, Y. SAKAI, K. NAKAMURA, T. KIDA, H. DOI, Y. NISHIMURA *(Osakasayama; Otsu, Japan)* 1965

Nebivolol Sensitizes BT-474 Breast Cancer Cells to FGFR Inhibitors. Y.J. KIM, S.-K. JANG, G. KIM, S.-E. HONG, C.S. PARK, M.-K. SEONG, H.-A. KIM, K.S. KIM, C.-H. KIM, K.S. PARK, J. HONG, H.-O. JIN, I.-C. PARK *(Seoul, Republic of Korea)* 1973

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Clinical Studies

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Nowarta110 Topical *Versus* Placebo for the Treatment of Plantar Warts: A Phase I/II Randomized Controlled Clinical Trial. M. YOUSEFPOUR, I. ZAMANIAN, F. AKBARPOUR, W.H. FANG, B. HAN, B.X. HOANG *(Fullerton; Irvine; Newport Beach; Pomona; Los Angeles, CA, USA)* 2025

Exploring the Patient Perspective of Bone Sarcoma Survivors Who Have Undergone Particle Radiotherapy Abroad. L. FAUSKE, N.L. JEBSEN, H. BONDEVIK, Ø.S. BRULAND *(Oslo; Bergen, Norway)*.................... 2031

Helical Tomotherapy of Lymph Node-negative Early-stage Breast Cancer After Breast-conserving Surgery: Long-term Results. F. ZWICKER, R. KLEPPER, H. HAUSWALD, S. HOEFEL, L. RAETHER, P.E. HUBER, J. DEBUS, M. SCHEMPP *(Heidelberg; Konstanz, Germany)*.. 2041

Survival Benefits of Laparoscopic Gastrectomy in Elderly Patients With Gastric Cancer: Focusing on Preoperative Nutritional and Inflammatory Status. S. ITO, K. OHGAKI, T. KAWAZOE, S. SATO, S. IKEDA, K. KAKIZOE, H. WANG, T. NAKAMURA, S. MAEHARA, E. ADACHI, Y. IKEDA, Y. MAEHARA *(Fukuoka, Japan)*........... 2055

Tumor DNA in Peritoneal Lavage as a Novel Biomarker for Predicting Peritoneal Recurrence in Patients With Gastric Cancer. N. YUKAWA, T. YAMADA, T. AOYAMA, T. WOO, K. UEDA, A. MASTUDA, K. HARA, K. KAZAMA, H. TAMAGAWA, T. SATO, T. OSHIMA, A. SUZUKI, H. ABURATANI, S. ISHIKAWA, A. SAITO, M. MASUDA, H. YOSHIDA, Y. RINO *(Yokohama; Tokyo, Japan)*... 2069

CD8-positive Tumor-infiltrating Lymphocytes and Prognosis in Radiotherapy for Uterine Cervical Squamous Cell Carcinoma. Y. MIYASAKA, Y. YOSHIMOTO, K. ANDO, K. MURATA, D. IRIE, H. SATO, S.-E. NODA, H. IKOTA, T. NAKANO, H. YOKOO, T. OHNO *(Maebashi; Fukushima; Inage-ku; Hidaka, Japan)* 2077

Relationship Between Safety and Cumulative Bevacizumab Dose in Patients With Metastatic Colorectal Cancer Who Received Long-term Bevacizumab Treatment. S. FUKUDA, Y. NIISATO, M. TSUJI, S. FUKUDA, Y. HAGIWARA, T. ONODA, H. SUZUKI, Y. TANGE, T. YAMADA, Y. YAMAMOTO, T. MORIWAKI *(Tsukuba, Japan)*... 2085

Comprehensive Genomic Profiling Detects Hereditary Cancers and Confers Survival Advantage in Patients With Gynaecological Cancers. T. UEDA, H. TSUBAMOTO, Y. TAKIMOTO, R. ISONO-TANIGUCHI, S. NARITA, K. NAKAGAWA, Y. WAKIMOTO, Y. NISHIMURA, Y. MUROI, M. NAGAHASHI, S. HIROTA, H. SAWAI, H. SHIBAHARA *(Hyogo, Japan)*... 2091

Prevalence and Risk Factors of Emotional Distress in Patients With Prostate Cancer Assigned to External-beam Radiotherapy With or Without High-dose Rate Brachytherapy. A. AL-SALOOL, T. SOROR, N.Y. YU, D. RADES *(Lübeck, Germany; Phoenix, AZ, USA)* 2103

Prevalence of and Risk Factors for Emotional Distress in Patients Undergoing Radiotherapy for Lung Cancer. D. RADES, A. AL-SALOOL, S. BOHNET, N.Y. YU *(Lübeck, Germany; Phoenix, AZ, USA)* 2111

Efficacy and Tolerability of Second-line Pembrolizumab With Radiation Therapy in Advanced Urothelial Carcinoma. T. SANO, R. AIZAWA, K. ITO, K. NAKAMURA, T. OGATA, M. TAKEDA, A. HAMADA, T. MATSUOKA, J. KONO, Y. KITA, K. MASUI, T. GOTO, A. SAWADA, S. AKAMATSU, O. OGAWA, T. MIZOWAKI, T. KOBAYASHI *(Kyoto, Japan)* 2119

Clinical Benefits of LigaSure™ for Surgical Amputation Without Tourniquet Use in Patients With Musculoskeletal Tumor. M.L.S. BANGCOY, S. MIWA, N. YAMAMOTO, K. HAYASHI, A. TAKEUCHI, K. IGARASHI, Y. TANIGUCHI, S. MORINAGA, Y. ASANO, H. TSUCHIYA *(Kanazawa, Japan; Manila, Philippines)* 2127

Vacuum-assisted Evacuation (VAEv) of Symptomatic and/or Voluminous Breast Haematomas Following Surgeries and Percutaneous Procedures. R. MEUCCI, O.C. BUONOMO, T. PERRETTA, G. MANENTI, G. VANNI, E. LOMBARDO, M.L. SERIO, F. DI PIETRO, M. PELLICCIARO, F. MONTESANTO, C. PALOMBI, F. RUFI, M. MATERAZZO, C.A. PISTOLESE *(Rome, Italy)* 2135

Clinical Significance of Cancer Stem Cell Markers in Primary and Metastatic Tissues in Patients With Breast Cancer. T. YAMANAKA, T. OSHIMA, D. MURAYAMA, S. OKAMOTO, A. MATSUI, M. YASUKAWA, Y. MATSUBARA, S. TODA, Y. HIROSHIMA, T. AOYAMA, N. SUGANUMA, Y. RINO, A. SAITO, Y. MIYAGI, H. IWASAKI, T. YAMASHITA *(Yokohama, Japan)* 2145

Moderately Hypofractionated Radio(chemo)therapy With Simultaneous Integrated Boost for Recurrent, Previously Irradiated, High-grade Glioma. P. GRAEN, H. CHRISTIANSEN, M. POLEMIKOS, C. HEETFELD, F. FEUERHAKE, B. WIESE, R. MERTEN *(Hannover, Germany)* 2155

Reducing the Use of Frozen Section for Sentinel Node Biopsy in Breast Carcinoma: Feasibility and Outcome. T. SUSINI, I. NESI, I. RENDA, M. GIANI, J. NORI, E. VANZI, S. BIANCHI *(Florence, Italy)* 2161

Dorsal Subcutaneous Fat Thickness as a Risk Factor for Pancreatic Fistula After Gastric Cancer Surgery. H. MIYAMOTO, M. YOSHII, H. TANAKA, S. NISHI, S. DEGUCHI, Y. MIKI, T. TAMURA, T. TOYOKAWA, S. LEE, K. MAEDA *(Osaka, Japan)* 2171

New Scale Predicting Distant Recurrence in Locally Advanced Lower Rectal Cancer Patients After Neoadjuvant Chemoradiotherapy. R. NAKAGAWA, T. KUMAMOTO, F. MAEDA, K. TANI, H. KONDO, K. KOSHINO, Y. KANEKO, Y. BAMBA, S. OGAWA, Y. INOUE, M. ITABASHI, S. YAMAGUCHI *(Tokyo, Japan)* 2179

Influence of Smoking History on the Effectiveness of Immune-checkpoint Inhibitor Therapy for Non-small Cell Lung Cancer: Analysis of Real-world Data. K. NAKAHAMA, M. IZUMI, N. YOSHIMOTO, M. FUKUI, A. SUGIMOTO, H. NAGAMINE, K. OGAWA, K. SAWA, Y. TANI, H. KANEDA, S. MITSUOKA, T. WATANABE, K. ASAI, T. KAWAGUCHI *(Osaka; Sakai; Higashiosaka, Japan)* 2185

The Suppressive Effect of NF-kB Activation After Eicosapentaenoic Acid Intake Before Surgery. H. KUBOTA, T. HIRAI, A. OGO, H. MATSUMOTO, M. HIGASHIDA, S. ENDO, Y. FUJIWARA, T. UENO *(Kurashiki; Onomichi, Japan)* 2199

Clinical Impact of Laparoscopic Surgery on the Long-term Survival of Advanced Gastric Cancer Patients With Regard to Facilitating Doublet Adjuvant Chemotherapy. K. MORINO, M. YAMAMOTO, R. YAMANAKA, Y. IWASAKI, N. NAKANISHI, T. GOTO, H. TANAKA, R. MATSUSUE, T. MACHIMOTO *(Tenri, Japan)* 2203

Transanal Total Mesorectal Excision for Extended Surgery in the Early Stage After Introduction. S. RYU, T. KITAGAWA, K. GOTO, A. NAGASHIMA, T. KOBAYASHI, J. SHIMADA, R. ITO, Y. NAKABAYASHI *(Kawaguchi, Japan)* 2211

N2 Lymph Node Metastasis Is a Useful Predictor of Recurrence in Patients With Stage III Rectal Cancer Undergoing Adjuvant Chemotherapy Using Tegafur–uracil/leucovorin. S. MIYASHITA, T. SHIMIZU, M. ISHIZUKA, M. NIKI, Y. NISHI, N. SHIBUYA, H. HACHIYA, T. MATSUMOTO, Y. SAKURAOKA, T. SHIRAKI, S. MORI, Y. ISO, A. IRISAWA, T. AOKI *(Mibu, Japan)* 2219

Emotional Distress in Head-and-neck Cancer Patients Scheduled for Chemoradiation or Radiotherapy Alone. A. AL-SALOOL, T. SOROR, N.Y. YU, C. IDEL, K.L. BRUCHHAGE, S.G. HAKIM, D. RADES *(Lübeck; Schwerin, Germany; Phoenix, AZ, USA)* 2227

Breast Cancer and SARS-Cov2: Lessons from a Pandemic. M. GOSSET, J. GAL, R. SCHIAPPA, C. HELWIG, I. BONOMO, Y. DELPECH, E. BARRANGER *(Nice, France)* 2235

Clinical Outcomes Beyond 1L *EGFR*-TKI Progression in mNSCLC: Final Results of the Real-World Study 'LUNGFUL'. G. MOUNTZIOS, A. KOUMARIANOU, H. LINARDOU, A. BOUTIS, D. MAVROUDIS, E. SAMANTAS, I. KORANTZIS, E. ATHANASIADIS, E.G. FERGADIS, S. LAMPAKI, V. GEORGOULIAS, S. BAKA, M.V. KARAMOUZIS, I. BOUKOVINAS, C. ANDREADIS, A. RAPTI, N. KOULOURIS, G. PENTHEROUDAKIS, M.E. FROUDARAKIS, A. SOMARAKIS, E. ANASTASOPOULOU, A. KARADIMOU, F. PAPAGEORGIOU, Z. PAPAREPA, A. NIKOLAOU, C. PAPISTA, K.N. SYRIGOS *(Athens; Thessaloniki; Heraklion; Piraeus; Ioannina; Alexandroupolis, Greece)* 2243

In Vivo Dosimetry in the Urethra During Prostate Carbon Ion Radiotherapy. S. MATSUMOTO, N. MATSUFUJI, Y. KOBA, H. TSUJI *(Chiba, Japan)* 2259

Effectiveness of Spacers in Brachytherapy With ^{198}Au Grains for Patients With Buccal Mucosa Cancer. M. KONISHI, J. HIROKAWA, S. MIYOSHI, T. KATSUTA, N. IMANO, I. NISHIBUCHI, Y. MURAKAMI, K. SHIMABUKURO, T. NAKASHIMA, Y. TAKEUCHI, N. KAKIMOTO, Y. NAGATA *(Hiroshima; Yonago, Japan)* 2265

Laparoscopic Liver Resection Procedure Attenuates Organ-space Surgical Site Infection Compared With Open Procedure: A Propensity Score-matched Analysis. K. ARAKI, N. HARIMOTO, A. WATANABE, M. TSUKAGOSHI, N. ISHII, K. HAGIWARA, R. MURANUSHI, K. HOSHINO, T. SEKI, K. SHIRABE *(Gunma, Japan)* 2273

Epithelial-mesenchymal Transition Factor and Its Association With Mammographic Density and Breast Cancer Prognosis. E.Y. KIM, S. AHN *(Seoul, Republic of Korea)* 2281

Efficacy and Cost-effectiveness of Pegfilgrastim for Preventing Febrile Neutropenia During Docetaxel, Cisplatin, and 5-Fluorouracil Therapy for Esophageal Cancer. T. KUROGOCHI, A. MATSUMOTO, Y. NYUMURA, Y. TANISHIMA, T. NAKAYOSHI, T. OKAMOTO, F. YANO, K. ETO *(Tokyo, Japan)* 2293

Prognostic Impact of Malnutrition Diagnosed by the GLIM Criteria for Resected Extrahepatic Cholangiocarcinoma. Y. OKAZOE, H. YANAGIMOTO, D. TSUGAWA, M. AKITA, R. ASAKURA, S. OMIYA, T. URADE, Y. NANNO, K. FUKUSHIMA, H. GON, S. KOMATSU, K. KURAMITSU, T. GOTO, S. ASARI, H. TOYAMA, M. KIDO, T. AJIKI, T. FUKUMOTO *(Kobe, Japan)* 2299

Poor Renal Function and a High Modified Glasgow Prognostic Score Are Predictive Factors for Nedaplatin/5-Fluorouracil Combination Therapy-induced Febrile Neutropenia. J. HASHIZUME, M. NAMBU, H. NAKAGAWA, H. HARASAWA, Y. KODAMA *(Nagasaki, Japan)* 2309

Does Multidisciplinary Therapy at a Sarcoma Center Improve the Prognosis of Patients With Soft Tissue Sarcoma? A Retrospective Case Study at a Single Institute. T. YONEMOTO, H. KAMODA, Y. HAGIWARA, H. KINOSHITA *(Chiba, Japan)* 2317

Clinicopathological Significance and Predictive Value of High Intratumoral Tumor Budding in Patients With Breast Carcinoma Treated With Neoadjuvant Chemotherapy. J. CHU, H.-S. KIM, S.-I. DO *(Seoul, Republic of Korea)* 2323

Elevated Preoperative Serum Vascular Endothelial Growth Factor Does Not Predict Poor Outcomes in Curatively Resected Non-metastatic Colorectal Cancer Treated Without Neoadjuvant Therapy. N. NAKAI, A. MAEDA, T. YANAGITA, T. SUZUKI, Y. MAEDA, T. HIROKAWA, K. SHIGA, M. HARA, H. TAKAHASHI, R. OGAWA, Y. MATSUO, S. TAKIGUCHI *(Nagoya; Toyokawa, Japan)* 2333

Dual Biomarker Combining DNA Damage Repair Gene Mutations and PD-L1 Expression for Immune Checkpoint Inhibitors in Non-small Cell Lung Cancer. H. KIM, D.H. LIM, Y.S. KWON, M.A. KIM, K.U. PARK *(Daegu, Republic of Korea)* 2343

Emetogenicity and Risk Factors of Nausea and Vomiting in Patients With Metastatic Colorectal Cancer Receiving Trifluridine/Tipiracil and Bevacizumab Chemotherapy. S. MATSUOKA, H. FUJII, H. IIHARA, K. OHATA, C. HIROSE, D. WATANABE, S. SADAKA, S. KIYAMA, A. MAKIYAMA, T. TAKAHASHI, R. KOBAYASHI, N. MATSUHASHI, A. SUZUKI *(Gifu, Japan)* 2351

Liver Metastases of Unknown Primary Renal Cell Carcinoma Treated With Immune Checkpoint Inhibitors Plus Tyrosine Kinase Inhibitors: A Case Report and Literature Review. D. BIMBATTI, N. CAVASIN, F. GALUPPINI, A. RAGO, G. RAMONDO, E. LAI, M. DIONESE, E. ERBETTA, U. BASSO, M. MARUZZO *(Padua, Italy)* 2359

Metastatic Adenocarcinoma of the Lung Presenting as a Presternal Cutaneous Mass: Case Report and Brief Literature Review. H. KERROUCH, M. DANSET, N. HJIRA, J. KANITAKIS *(Lyon; Pierre Bénite, France; Rabat, Morocco)* 2367

Successful Prevention of Tumour Lysis Syndrome in HER2-positive Breast Cancer: Case Report and Literature Review. S. OMORI, T. SHIGECHI, K. KAWAGUCHI, H. IJICHI, E. OKI, T. YOSHIZUMI *(Fukuoka, Japan)* 2371

Addendum 2379

Corrigendum 2381

Number 6, June

Review

Early-stage *CCNG1*+ HR+ HER2+ Invasive Breast Carcinoma in Older Women: Current Treatment and Future Perspectives for DeltaRex-G, a *CCNG1* Inhibitor. S.P. CHAWLA, O. OLEVSKY, G. IYENGAR, D.A. BRIGHAM, N. OMELCHENKO, S. THOMAS, K. SURYAMOHAN, L. FOSHAG, F.L. HALL, E.M. GORDON *(Santa Monica, CA; Waltham, MA, USA)* 2383

Experimental Studies

Attenuative Effect of Diallyl Trisulfide on Caspase Activity in TNF-α-induced Triple Negative Breast Cancer Cells. K.J.W. KANGA, L.H.B. KANGA, P. MENDONCA, K.F.A. SOLIMAN, D.T. FERGUSON, S.L. REED, S. DARLING-REED *(Tallahassee, FL, USA)* 2393

Improved Analysis of Prostate Cancer: VIM3, ATG7 and P53 Form a Complex and Activate miRNA 371a-3p. E.K. NOHL, J. BEHRING, E. KAMERI, B. KÖDITZ, T. NESTLER, A. HEIDENREICH, M. VON BRANDENSTEIN *(Vienna, Austria)* 2407

Development of anti-GD2 Antibody-producing Mesenchymal Stem Cells as Cellular Immunotherapy. M. IGUCHI, S. YAGYU, K. KAMBE, M. HIGASHI, S. FUMINO, T. KISHIDA, T. IEHARA, O. MAZDA, T. TAJIRI *(Kyoto; Fukuoka, Japan)* 2417

Nano-particulate Toll-like Receptor 9 Agonist Potentiates the Antitumor Activity of Anti-Glypican-1 Antibody. Y. SAITO, T. TAKAHASHI, K. HIRAMATSU, S. SERADA, M. FUJIMOTO, T. OHKAWARA, T. SUGASE, T. NISHIGAKI, K. TANAKA, Y. MIYAZAKI, T. MAKINO, Y. KUROKAWA, K. NAKAJIMA, M. YAMASAKI, K.J. ISHII, H. EGUCHI, Y. DOKI, T. NAKA *(Suita; Ibaraki; Shiwa-gun; Tokyo, Japan)* 2425

Novel α-Trifluoromethyl Chalcone Exerts Antitumor Effects Against Prostate Cancer Cells. T. SHIMADA, R. NAITO, R. TORIUMI, R. NAKAGAWA, S. AOYAMA, T. KAMIJIMA, H. KANO, S. KADOMOTO, H. IWAMOTO, H. YAEGASHI, K. IZUMI, Y. KADONO, H. NAKATA, Y. SAITO, K. NAKAGAWA-GOTO, A. MIZOKAMI *(Kanazawa; Komatsu, Japan; Chapel Hill, NC, USA)* 2433

Differential Effects of Anti-PD-1/PD-L1 Checkpoint Inhibitors on Adhesion Molecules and Cytokine Secretion by THP-1 Monocytes. E. PROBST, K.F. FRANZEN, C. IDEL, K. PLÖTZE-MARTIN, J. FLECKNER, D. RADES, S. BOHNET, K.-L. BRUCHHAGE, R. PRIES *(Lübeck, Germany)* 2445

Nigericin Induces Apoptosis in Primary Effusion Lymphoma Cells by Mitochondrial Membrane Hyperpolarization and β-Catenin Destabilization. H. UMEYAMA, Z. SHIGEMI, Y. BABA, N. HARA, T. WATANABE, M. FUJIMURO *(Yamashinaku; Okinawa, Japan)* 2455

Involvement of Mitochondrial Damage and Oxidative Stress in Apoptosis Induced by Betulin Plus Arsenic Trioxide in Neuroblastoma Cells. K.-Y. CHEN, W.-L. HSU, S.-W. HSU, C.-H. CHEN, K.-T. HONG, C.-W. TSAI, W.-S. CHANG, C.-C. CHEN, J.-S. PEI, H.-T. LEE, D.-T. BAU *(Taichung; Magong; Taipei; Taoyuan, Taiwan, ROC)* 2467

Pancreatic Stromal Cell-derived Oncostatin M Confers Drug Resistance to a Multi-tyrosine Kinase Inhibitor in Pancreatic Cancer Cells. D. TATSUDA, J. YOSHIDA, T. OHISHI, M. KAWADA *(Tokyo; Shizuoka, Japan)* 2477

CD44-positive Cancer Stem-like Cells as a Potential Source of Peritoneal Metastasis After Surgery. A.M. SIHOMBING, S. MURATA, M. SHIMOJI, T. MIYAKE, K. TAKEBAYASHI, H. KODAMA, A. TOKUDA, M. KOJIMA, T. UEKI, N. KITAMURA, M. KITAMURA, E. MEKATA, M. TANI *(Otsu, Japan)* 2491

Acquired AKT-inhibitor Resistance Is Mediated by ATP-binding Cassette Transporters in Endometrial Carcinoma. S. TAKAGI, T. ONISHI, T. TAKASHIMA, K. SHIBAHARA, M. MORI *(Okayama; Kyoto; Osaka; Miyazaki, Japan)* 2501

Selective Inhibition of L-type Amino Acid Transporter 1 Suppresses Cell Proliferation in Ovarian Clear Cell Carcinoma. M. SEKINE, I. KOH, K. NAKAMOTO, S. NOSAKA, K. TOMONO, J. SUGIMOTO, Y. KUDO *(Hiroshima, Japan)* 2509

Casein Kinase 2α Augments Oxaliplatin Resistance in Colorectal Cancer Cells by Increasing ABCE1 Expression. C.W. YUN, J.H. LEE, S.H. LEE *(Seoul; Cheonan; Asan, Republic of Korea)* 2519

Overexpression of *c-MYC* Promoter Binding Protein-1 Enhances Proliferation and Glucose Metabolism of Melanoma Cells Lines. M. HIPPNER-KUNICKA, A. LASZKIEWICZ, J. SKRZYMOWSKA, P. BIECEK, P. DONIZY, A. MIAZEK *(Wroclaw; Warsaw, Poland)* 2527

Sodium Valproate Enhances Semaphorin 3A-mediated Anti-angiogenesis and Tumor Growth Inhibition in Human Osteosarcoma Cells. T. SAWAI, K. YAMANEGI, H. NISHIURA, H. FUTANI, T. TACHIBANA *(Hyogo, Japan)* 2539

Arsenite-induced Radiosensitization of Glioma Cells Is Dependent on p53 Deficiency. Y. NINOMIYA, T. IMAOKA, K. DAINO, S. KAKINUMA, T. NAKAJIMA *(Chiba, Japan)* 2551

The CCL2–CCR2 Axis Contributes to Migration of Cabazitaxel-resistant Prostate Cancer Cells. A. NATSAGDORJ, K. IZUMI, K. HIRATSUKA, R. NAITO, S. KADOMOTO, H. IWAMOTO, H. YAEGASHI, K. SHIGEHARA, H. NAKATA, A. MIZOKAMI *(Kanazawa; Komatsu, Japan; Ulaanbaatar, Mongolia)* 2561

P4HA1 Promotes Cell Migration and Colonization in Hypopharyngeal Squamous Cell Carcinoma. K. SATO, D. SANO, H. TAKAHASHI, T. KUWAHARA, Y. AIZAWA, J. AOYAMA, Y. NOJIMA, T. HATANO, Y. ARAI, G. NISHIMURA, H. HATAKEYAMA, N. ORIDATE *(Yokohama, Japan)* 2571

Serum Starvation Induces Matrix Metalloproteinase 9 Expression in Nasopharyngeal Carcinoma Cells Through the ERK-AP1 Pathway *In Vitro*. Y.-T. WU, C.-C. HSU, B.-M. HUANG, Y.-C. CHANG, C.-H. LIN, Y.-Y. LAN *(Pingtung; Kaohsiung; Taichung; Tainan, Taiwan, ROC)* 2583

Metabolic Changes in Blood-derived Extracellular Vesicles of Malnourished Breast Cancer Patients. J. BUENTZEL, M. SCHULZ, L. APERDANNIER, A. BLECKMANN, C. BINDER *(Goettingen; Muenster, Germany)* 2593

The Expression and Role of NADPH Oxidase 2 in Colon Cancer. K. TAKIGUCHI, H. SHIMIZU, K. SHODA, K. SHIRAISHI, S. FURUYA, N. HOSOMURA, H. AKAIKE, Y. KAWAGUCHI, H. AMEMIYA, H. KAWAIDA, K. MOCHIZUKI, T. KONDO, D. ICHIKAWA *(Chuo; Kyoto, Japan)* 2601

The Suppressive Effect of Rebastinib on Triple-negative Breast Cancer Tumors Involves Multiple Mechanisms of Action. K. FENG, C. JIAN, H. XIAO, H. JIANG, J. YANG, M. YANG, A. SUN, W. SONG, A.V. CHESTKOV, N.I. VASILEVICH, L. SUN *(Shenzhen; Changde; Xiangtan, PR China; New Orleans, LA, USA)* 2609

11-*epi*-Sinulariolide Acetate-induced Apoptosis in Oral Cancer Cells Is Regulated by FOXO Through Inhibition of PI3K/AKT Pathway. T.-S. CHANG, J.-J. LIN, K.-C. CHENG, J.-H. SU, Y.-Y. SHE, Y.-J. WU *(Kaohsiung; Pingtung, Taiwan, ROC)* 2625

TIG1 Inhibits the mTOR Signaling Pathway in Malignant Melanoma Through the VAC14 Protein. C.-H. WANG, L.-K. WANG, C.-C. WU, M.-L. CHEN, C.-Y. KUO, R.-Y. SHYU, F.-M. TSAI *(New Taipei City; Hualien; Taipei; Keelung, Taiwan, ROC)* 2635

Clinical Studies

Long-term Outcome With Prolonged Use of Interferon-alpha Administered Intermittently for Metastatic Renal Cell Carcinoma: A Phase II Study. M. KANKURI-TAMMILEHTO, L. PERASTO, S. PYRHONEN, E. SALMINEN *(Turku, Finland)* 2645

Role of 1p/19q Codeletion in Diffuse Low-grade Glioma Tumour Prognosis. P. FAMILIARI, P. LAPOLLA, V. PICOTTI, M. PALMIERI, A. PESCE, G. CAROSI, M. RELUCENTI, S. NOTTOLA, F. GIANNO, S. MINASI, M. ANTONELLI, A. FRATI, A. SANTORO, G. D'ANDREA, P. BRUZZANITI, B. LA PIRA *(Rome; Latina; Pozzilli; Frosinone, Italy; Oxford, UK)* 2659

Single Nucleotide Polymorphism Directed Antiemetic Treatment in Women With Breast Cancer Treated With Neo- or Adjuvant Chemotherapy: A Randomised Multicentre Phase II Study (EudraCT: 2015–000658-39). D. OLIVA, B.-Å. ANDERSSON, L. SHAMOUN, N. LEWIN, M.P. NILSSON, E.-B. SCHILDT, L. FUST, U. ÅSENLUND, G. SELLERSTAM, E. ELINDER, L. SHARP, F. LEWIN *(Jönköping; Linköping; Kalmar; Gävle; Stockholm; Umeå, Sweden)* 2671

KRAS Mutation Analysis Using Cell-free DNA of Pancreatic Cancer. Y. TAKASE, Y. NAITO, A. KAWAHARA, Y. OKABE, E. SADASHIMA, H. ABE, J. AKIBA *(Kurume; Saga, Japan)* 2683

Safety of Carbon-ion Radiotherapy for Prostate Cancer After Rectal Cancer Surgery. Y. TAKAKUSAGI, H. KOGE, K. KANO, S. SHIMA, K. TSUCHIDA, N. MIZOGUCHI, D. YOSHIDA, T. KAMADA, H. KATOH *(Kanagawa, Japan)* 2691

Clinical Significance of Pre-treatment Circumferential Tumor Location in Patients With cStage IB-III Esophageal Squamous Cell Cancer. S. NAGASAWA, T. OSHIMA, K. HARA, M. NAKAZONO, Y. KUMAZU, T. AOYAMA, T. YAMADA, T. OGATA, Y. RINO, A. SAITO, T. YOKOSE, H.I. GRABSCH *(Yokohama, Japan; Maastricht, the Netherlands; Leeds, UK)* 2697

Clinicopathological Factors Influencing Resection Margin Involvement During Mohs Micrographic Surgery for Skin Tumors. J. CHU, Y. CHUNG, S.W. CHAE, Y.-J. CHOI, H.-S. KIM, S.-I. DO *(Seoul, Republic of Korea)* 2707

Effects of Pembrolizumab in Recurrent/Metastatic Squamous Cell Head and Neck Carcinoma: A Multicenter Retrospective Study. T. OKADA, C. FUSHIMI, T. MATSUKI, K. TOKASHIKI, H. TAKAHASHI, I. OKAMOTO, H. SATO, T. KONDO, K. HANYU, T. KISHIDA, T. ITO, G. YAMASHITA, T. MASUBUCHI, Y. TADA, K. MIURA, G. OMURA, T. YAMASHITA, N. ORIDATE, K. TSUKAHARA *(Tokyo; Sagamihara; Yokohama, Japan)* 2717

Identification of Patients With Glioblastoma Who May Benefit from Hypofractionated Radiotherapy. O. ZEMSKOVA, N.Y. YU, P. TRILLENBERG, M.M. BONSANTO, J. LEPPERT, D. RADES *(Lübeck, Germany; Kyiv, Ukraine; Phoenix, AZ, USA)* 2725

Dose-dependent Effects of Unintended Splenic Irradiation After Neoadjuvant Radiochemotherapy for Esophageal Cancer. E. CELIK, C. BAUES, M. TROMMER, J. FAN, L. NADJIRI, J. ROSENBROCK, P. LINDE *(Cologne, Germany)* 2733

Robotic Retroperitoneal *Versus* Transperitoneal Partial Nephrectomy: Outcomes and Learning Curve. N. FISCHER, T. KOWALKE, M.A. HOFFMANN, D. PORRES *(Leverkusen; Bonn, Germany)* 2741

Impact of Minimally Invasive Intrathoracic Hand-sewn Esophagogastric Anastomosis in Esophagectomy for Cancer. A. CHARALABOPOULOS, S. DAVAKIS, P. SAKARELLOS, E. MPAILI, E. SARLANI, S. SAKELLARIOU, D. ZIOGAS, M. THEOCHARI, T. LIAKAKOS *(Athens, Greece)* 2749

Treatment Outcomes After Higher-dose Fractionated Stereotactic Radiotherapy (FSRT) Alone for 1-4 Brain Metastases. L. JOHANNWERNER, E.M. WERNER, S. JANSSEN, N.Y. YU, D. RADES *(Lübeck; Hannover, Germany; Phoenix, AZ, USA)* 2757

Stereotactic Radiotherapy or Whole-Brain Irradiation Plus Simultaneous Integrated Boost After Resection of Brain Metastases. D. RADES, L. JOHANNWERNER, N.Y. YU, J. GLIEMROTH *(Lübeck, Germany; Phoenix, AZ, USA)* 2763

Possible False Results With cobas® EGFR Mutation Test v2 and Oncomine Dx Target Test for *EGFR* Mutation. K. KANAOKA, A. TAMIYA, Y. INAGAKI, Y. TANIGUCHI, K. NAKAO, M. TAKEDA, Y. MATSUDA, K. OKISHIO, S. SHIMIZU *(Sakai; Kashihara, Japan)* 2771

Clinical Outcomes of Intensity-modulated Carbon-ion Radiotherapy for Bone and Soft Tissue Tumors. Y. TAKAKUSAGI, H. KOGE, K. KANO, S. SHIMA, K. TSUCHIDA, N. MIZOGUCHI, D. YOSHIDA, T. KAMADA, H. KATOH *(Kanagawa, Japan)* 2777

Optimal Treatment of Hormone Receptor-positive Advanced Breast Cancer Patients With Palbociclib. M. MORITA, A. OOE, W. ISHII, A. WATANABE, C. MATSUI, Y. OKUYAMA, S. KITANO, C. KATO, M. ONISHI, K. SAKAGUCHI, Y. NAOI *(Kyoto, Japan)* 2783

Toxic Effects of Volume-modulated Arc Therapy for Esophageal Squamous Cell Cancer: Preliminary Clinical Results. D. SHIGENAGA, O. ICHIRO, S. WATANABE, M. HATA *(Yokohama, Japan)* 2791

Real-world Data and Economic Evaluation of Nivolumab in Previously Treated Non-small Cell Lung Cancer Greek Patients. H. LINARDOU, S. LAMPAKI, G.-A. KOLIOU, A. VOZIKIS, A. BOUTIS, A. NIKOLAIDI, I. KONTOGIORGOS, P. PAPAKOTOULAS, A. CHRISTOPOULOU, D. SPYRATOS, D. BAFALOUKOS, A. PSYRRI, A. GRIVAS, A. KOUMARIANOU, K. TSIAKITZIS, D. MAURI, G. RIGAKOS, G. ARAVANTINOS, P. PAPANTONIOU, G. OIKONOMOPOULOS, E. FOUNTZILAS, M.-I. KOUFAKI, M. KAPARELOU, E. LIOLIS, G. MOUNTZIOS, P. KOSMIDIS, G. FOUNTZILAS, E. SAMANTAS *(Athens; Thessaloniki; Piraeus; Patras; Ioannina, Greece; Engomi; Limassol, Cyprus)* 2799

Lymph Node Metastasis in Extraperitoneal Rectal Cancer After Neoadjuvant Therapy: An Unsolved Problem? A. LA FRANCA, E.M. MUTTILLO, I. MADAFFARI, F. MASSIMI, G. LONGO, A. CECCACCI, I. ANGELICONE, F. DE GIACOMO, I. SPERDUTI, G. BALDUCCI, M.F. OSTI, P. MERCANTINI *(Rome, Italy)* 2813

Relationship of Inflammatory Parameters and Nutritional Status in Cancer Patients. D. SAMBATARO, M.R. POLITI, A. MESSINA, L. SCARPELLO, S. MESSINA, R. GUGGINO, C. CARNAGHI, R. CACCIALANZA, V. GEBBIA *(Enna; Turin; Palermo; Catania; Pavia, Italy)* 2821

Evaluation of Irinotecan and Trifluridine/Tipiracil as Fourth-line Treatments After Third-line Nivolumab for Advanced Gastric Cancer. K. HAYASHI, M. FURUTA, K. FURUSAWA, T. HAMAGUCHI, M. WATANABE, Y. INOKUCHI, S. ONUMA, I. HASHIMOTO, H. SUEMATSU, S. NAGASAWA, K. KANEMATSU, T. YAMADA, A. NOTSU, T. OGATA, T. OSHIMA, N. MACHIDA, J. FURUSE, S. MAEDA *(Yokohama; Nagaizumi, Japan)* 2831

Long-term Outcomes of Neoadjuvant Chemotherapy With Docetaxel, Cisplatin and S-1 for Stage III Gastric Cancer. K. KASAHARA, C. KUNISAKI, S. SATO, H. KONDO, M. TAKAHASHI, Y. TAMURA, N. TSUCHIYA, Y. TANAKA, K. SATO, J. KIMURA, T. KOSAKA, H. ONO, H. MAKINO, H. AKIYAMA, I. ENDO *(Yokohama, Japan)* 2841

Long-term Outcomes of Early-stage Non-stomach Gastrointestinal Mucosa-associated Lymphoid Tissue Lymphoma Treated With Radiation Therapy. E. ITO, I. OGINO, M. SUGIURA, S. WATANABE, Y. TAYAMA, S. TAKANO, M. HATA *(Yokohama, Japan)* 2851

Impact of Radiation Dose on Treatment of Maxillary Cancer With Superselective Intra-arterial Cisplatin With Radiotherapy. K. KONISHI, M. KAMIYA, K. OHIRA, M. HIRATA, K. WAKABAYASHI, T. IKENOHIRA, T. KOSUGI, T. USHIO, A. IMAI, D. MOCHIZUKI, Y. YAMAGUCHI, Y. TANAHASHI, K. MISAWA, S. GOSHIMA, K. NAKAMURA *(Hamamatsu; Fujieda, Japan)* 2859

Clinicopathological Characteristics and Prognosis of Mucinous Gastric Cancer. K. KOMORI, K. KANO, S. ANDO, H. WATANABE, K. TAKAHASHI, Y. MAEZAWA, H. FUJIKAWA, S. SAWAZAKI, M. NUMATA, T. AOYAMA, T. YAMADA, H. TAMAGAWA, N. YUKAWA, Y. RINO, T. OGATA, T. OSHIMA *(Yokohama; Tokyo, Japan)* 2865

Successful Treatment of Refractory Enterocutaneous Fistula After Esophagectomy Using Soft Coagulation by an Endoscopic and Percutaneous Approach: A Case Report. S. ITO, K. OHGAKI, T. KAWAZOE, H. WANG, Y. OKAMOTO, E. ADACHI, Y. IKEDA *(Fukuoka, Japan)* 2873

CDX2-positive Cancer of Unknown Primary With Upper-body Paralysis Was Dramatically Improved by Colorectal Cancer Chemotherapy. H. AKAGI, Y. TANAKA, K. WADA, M. TAKAHASHI, K. YOSHIDA, H. DOMOTO *(Yokohama, Japan)* 2879

Book Reviews 2885

Number 7, July

Reviews

Treatment Algorithm for Patients With Gastric Adenocarcinoma: Austrian Consensus on Systemic Therapy – An Update. E. WÖLL, A. AMANN, W. EISTERER, A. GERGER, B. GRÜNBERGER, H. RUMPOLD, L. WEISS, T. WINDER, R. GREIL, G.W. PRAGER *(Zams; Innsbruck; Klagenfurt am Wörthersee; Graz; Wiener Neustadt; Linz; Salzburg; Feldkirch; Vienna, Austria)* 2889

A Systematic Review of Microwave Ablation for Colorectal Pulmonary Metastases. C.Q.Y. TAN, A. HO, H.A. ROBINSON, L. HUANG, P. RAVINDRAN, D.L. CHAN, N. ALZAHRANI, D.L. MORRIS *(Sydney, NSW, Australia; Riyadh, Kingdom of Saudi Arabia)* 2899

Experimental Studies

MAML3 Contributes to Induction of Malignant Phenotype of Gallbladder Cancer Through Morphogenesis Signalling Under Hypoxia. L. NA, H. ONISHI, S. MORISAKI, S. ICHIMIYA, Y. YAMADA, S. MASUDA, S. NAGAO, S. KOGA, K. NAKAYAMA, A. IMAIZUMI, Y. ODA, M. NAKAMURA *(Fukuoka, Japan)*.......... 2909

PKR-NF-κB Pathway Upstream of IFN-β Induction Is Dysregulated in Oncolytic Sindbis Virus-infected HeLa Cells. X. MA, T. OGAWA, Z. TIAN, R. YI, K. TANG, K. SAITO, S. YATABE, Y. OHNO, R. MUROYAMA, E. IDO, H. MATSUBARA, H. SHIRASAWA *(Chiba, Japan)*.......... 2923

Say 'No' to Cancer and 'Yes' to Cranberry: The Role of Cranberry Extract in Inhibition of Growth of Lung Adenocarcinoma Cells. L. ZHAO, E. KASER, M. LEQUIO, K. D'MELLO, H. XIAO, H.D. LUECHTEFELD, T.G. MAYBERRY, Q. BAI, M.R. WAKEFIELD, Y. FANG *(Hefei; Hunan, PR China; Des Moines, IA; Columbia, MO; San Antonio, TX, USA)* 2933

Somatic and Germline Variants Affect Prognosis and Susceptibility in Prostate Cancer. C. ROCCA, G. ROCCA, P. ZAMPIERI, L. DELL'ATTI, N. BIANCHI, C. IPPOLITO, G. AGUIARI *(Ferrara; Ancona, Italy)*.......... 2941

Identification of Hub Genes and Upstream Regulatory Factors Based on Cell Adhesion in Triple-negative Breast Cancer by Integrated Bioinformatical Analysis. Y.-H. HAN, Y. WANG, S.-J. LEE, Y.-Y. MAO, P. JIANG, H.-N. SUN, M.-H. JIN, T. KWON *(Daqing, PR China; Jeongeup-si; Daejeon, Republic of Korea)*... 2951

The GR-SGK1-NDRG1 Pathway as a Predictor of Recurrence and Prognosis in Lung Adenocarcinoma After Radical Surgery. T. SASAKI, Y. NAKAMURA, S. HATA, H. SHIMADA *(Sendai, Japan)*.......... 2965

Improved Algorithm for Estimation of Linear Energy Transfer in Carbon Ion Radiotherapy Plans. M. ANAKURA, Y. KUBOTA, T. OIKE, A. MATSUMURA, M. SAKAI, N. KANEMATSU, M. TASHIRO, T. OHNO *(Gunma; Chiba, Japan)* 2975

Imipramine Induces Apoptosis and Inhibits the Metastatic Potential of Triple-negative Breast Cancer Cells. S.-K. CHEN, W. LEE, Y.-C. LI, F.-T. HSU, W.-T. CHEN *(Changhua; Taichung; Kaohsiung, Taiwan, ROC)*.......... 2985

FOXJ3 Regulates Cell Proliferation and Motility Through Modulating Snail Expression in Breast Cancer Cells. Y. SEO, J. LEE, J. KIM, S. SHIM, S.-W. JANG *(Seoul; Cheongju, Republic of Korea)* 2995

Clinical Significance of Nodal DCsign Expression in Non-small-cell Lung Cancer Patients. M. AOKI, G. KAMIMURA, S. MORIZONO, T. TOKUNAGA, T. UMEHARA, A. HARADA-TAKEDA, K. MAEDA, T. NAGATA, K. UEDA, K. TABATA, G. MURAKAMI, M. SATO *(Kagoshima; Tokyo, Japan)* 3003

Atorvastatin Exerts More Selective Inhibitory Effects on hMCT2 than on hMCT1 and hMCT4. A. YAMAGUCHI, Y. MUKAI, T. SAKUMA, A. FURUGEN, K. NARUMI, M. KOBAYASHI *(Sapporo, Japan)* 3015

Effects of MYC Inhibitors on the Growth of Acute Leukaemia Cells. K. NOGUCHI, M. ITOH, C. ITO, S. TOHDA *(Tokyo, Japan)* 3023

Identification of *ALX3* Gene Promoter Hypermethylation as a Potential Biomarker for Lung Cancer. E.B. KARTALOGLU, M. OZTEPE, O. AKGUN, T. ACUN, F. ARI, E. UZ-YILDIRIM *(Bursa; Zonguldak, Turkey)* 3029

LINC01480 as a Prognostic Biomarker Associated With Proliferation, Migration, and Invasion of Clear Cell Renal Cell Carcinoma. Y. MA, C. WU, S. DENG *(Chongqing, PR China)* 3037

Dendropanax morbiferus H. Lév. Leaf Extract Inhibits the Proliferation of MDA-MB-231 Breast Cancer Cells and Induces Apoptosis *via* the MAPK Pathway *In Vitro* and *In Vivo*. E.-Y. CHOI, G.-H. JUNG, J.-S. WOO, J.-H. LEE, S.-H. HAN, S.-H. JUNG, S.-M. KIM, E.-H. KIM, J.-Y. RO, K.-J. KIM, J.-Y. JUNG *(Yesan; Namyangju; Anyang, Republic of Korea)* 3047

In Vitro Assessment of the Antioxidant and Anticancer Properties of *Flammulina velutipes* Stipe Extracts. C.-C. CHEN, C.-T. TANG, C.-Y. LAI, C.-K. HAN, Y.-H. CHENG, Y.-F. LIN, C.-T. LIN, Y.-L. HUANG *(Chiayi; Tainan; Kaohsiung; Taichung, Taiwan, ROC)* 3057

Clinical Studies

Evaluation of Local Recurrence and Diagnostic Discordance in Chondrosarcoma Patients Undergoing Preoperative Biopsy. G. VIJAYAKUMAR, L. KASSON, C.M. JONES, L. LEE, M.W. COLMAN, S. GITELIS, A.T. BLANK (Chicago, IL, USA) 3069

Dosimetric Comparison of Helical Tomotherapy and HyperArc Treatment Plans for Angiosarcoma of the Scalp. S. INUI, Y. TAKAHASHI, Y. UEDA, S. OHIRA, H. WASHIO, S. ONO, M. MIYAZAKI, T. NISHIO, M. KOIZUMI, K. KONISHI *(Osaka; Suita, Japan)* 3079

Feasibility and Safety of Adjuvant Chemotherapy for Resected Colorectal Cancer in Patients With Renal Insufficiency: A Pooled Analysis of Individual Patient Data from Five Japanese Large-scale Clinical Trials. S. MAYANAGI, K. OBA, T. AOYAMA, K. TANAKA, M. KANDA, M. HONDA, H. MAEDA, K. KASHIWABARA, M. MUTO, J. SAKAMOTO, H. YAMAGISHI, T. YOSHIKAWA *(Shizuoka; Tokyo; Yokohama; Nagoya; Fukushima; Nankoku; Kakamigahara, Japan)* 3089

Real-world Efficacy and Safety of Bevacizumab for Advanced or Recurrent Müllerian Cancer: A Single-institutional Experience. T. FUKUDA, T. NODA, E. UCHIKURA, Y. AWAZU, R. TASAKA, K. IMAI, M. YAMAUCHI, T. ICHIMURA, T. YASUI, T. SUMI *(Osaka, Japan)* 3097

Whole-brain Radiotherapy With or Without a Simultaneous Integrated Boost for Treatment of Brain Metastases. D. RADES, L. JOHANNWERNER, E.M. WERNER, F. CREMERS, J. GLIEMROTH, N.Y. YU *(Lübeck, Germany; Phoenix, AZ, USA)* 3107

A Possible Role of Interleukin-18 Binding Protein in Immune Regulation of Postoperative Pain: A Prospective Randomized Clinical Trial. M. ESKELINEN, I. SAIMANEN, J. PULKKINEN, T. SELANDER, A. HOLOPAINEN, E. HÄMÄLÄINEN, M. ESKELINEN *(Kuopio, Finland)* 3113

Hypo-fractionated Radiotherapy (HF-RT) *Versus* Conventionally Fractionated Radiotherapy (CF-RT) for Glioblastoma. O. ZEMSKOVA, E. PEDACHENKO, N.Y. YU, D. RADES *(Lübeck, Germany; Kyiv, Ukraine; Phoenix, AZ, USA)* 3121

The Effectiveness of Bivalent mRNA Omicron Containing Booster Vaccines Among Patients With Hematological Neoplasms. T. TADMOR, G. MELAMED, H. ALAPI, T. PATALON, L. ROKACH *(Haifa; Tel-Aviv; Beer-Sheva, Israel)* 3129

Treatment Results of High-dose-rate Brachytherapy and External Beam Radiation With Long-term Androgen Deprivation Therapy for Patients With Metastatic Prostate Cancer. H. SUZUKI, F. URABE, K. IWATANI, K. MIYAJIMA, Y. IMAI, K. TASHIRO, S. TSUZUKI, M. HONDA, Y. KOIKE, M. AOKI, S. SATO, H. TAKAHASHI, K. MIKI, T. KIMURA *(Tokyo, Japan)* 3135

Safety of Laparoscopic Gastrectomy for Advanced Gastric Cancer With Greater than Serosal Invasion Depth. S. KANAJI, N. URAKAWA, T. MUKOYAMA, H. HARADA, T. KATO, H. GOTO, K. YAMASHITA, T. MATSUDA, T. OSHIKIRI, Y. KAKEJI *(Kobe, Japan)* 3145

Management of Cervical Intraepithelial Neoplasia in Pregnant Women. F.A. STUEBS, M.C. KOCH, A.K. DIETL, C.E. SCHULMEYER, A.S. BEHRENS, A. SEIBOLD, W. ADLER, C. GEPPERT, A. HARTMAN, A. KNOLL, M.W. BECKMANN, P. GASS, G. MEHLHORN *(Erlangen; Ansbach, Germany)* 3153

Effect of Adequate Local Radiation Dose on Oncological Outcomes in Localized Prostate Cancer Patients Treated With Low-dose-rate Brachytherapy. Y. ENEI, F. URABE, K. MIKI, H. SUZUKI, K. IWATANI, K. TASHIRO, S. TSUZUKI, A. FURUTA, T. SASAKI, S. SATO, H. TAKAHASHI, M. AOKI, T. KIMURA *(Tokyo, Japan)* 3159

Independent Validation of a Unifying Prognostic Model for Intracranial and Extracranial Metastasis-directed Radiotherapy. C. NIEDER, L. STANISAVLJEVIC, B. MANNSAKER, E.C. HAUKLAND *(Bodø; Tromsø; Stavanger, Norway)* 3167

High Preoperative Serum D-dimer Predicts Unfavorable Survival Outcomes for Pancreatic Cancer Patients. T. OTSU, M. HAYASHI, H. TAKAMI, Y. INOKAWA, N. TANAKA, K. KURIMOTO, K. NAKANISHI, S. UMEDA, D. SHIMIZU, N. HATTORI, M. KANDA, C. TANAKA, G. NAKAYAMA, Y. KODERA *(Nagoya, Japan)* 3173

Clinical and Oncological Impact of the Toll-like Receptor-3 and -4 in Esophageal and Gastro-esophageal Junction Adenocarcinoma. S. DAVAKIS, A. KAPELOUZOU, S. SAKELLARIOU, K.G. KYRIAKOULIS, A. MYLONAKIS, S.P. PAPADAKOS, M. MPOURA, M. VAILAS, D. ZIOGAS, T. LIAKAKOS, A. CHARALABOPOULOS *(Athens, Greece)* 3183

Metastasectomy Improves Overall Survival in Metastatic Renal Cell Carcinoma: A Retrospective Cohort Study. J.-K. CHIOU, L.-W. CHANG, J.-R. LI, S.-S. WANG, C.-K. YANG, C.-S. CHEN, K. LU, C.-L. CHENG, K.-Y. CHIU, S.-C. HUNG *(Taichung; Nantou, Taiwan, ROC)* 3193

The Efficacy and Safety of Ramucirumab in Heavily Pretreated Advanced Hepatocellular Carcinoma. Y.-H. CHEN, C.-H. TSAI, Y.-Y. CHEN, C.-C. WANG, J.-H. WANG, C.-H. HUNG, Y.-H. KUO *(Kaohsiung; Taoyuan; Taichung, Taiwan, ROC)* 3203

Safe Handling of Patient Gowns During the COVID-19 Pandemic: An Intelligent System for Patients With Cancer Undergoing Daily Radiotherapy. S.-Y. WEN, C.-W. YANG, C.-F. LIN, Y.-T. LU, T.-J. HUANG, K.-M. HUANG, S.-H. KUO, C.-L. TSAI *(Taipei, Taiwan, ROC)* 3213

Oncological Impact of the Level of Inferior Mesenteric Artery Ligation in Low Rectal Cancer Surgery. D. YOSHIDA, M. SUGIYAMA, K. NAKAZONO, T. OYAMA, T. HASEGAWA, S. KAI, M. YAMAMOTO, T. MATSUMOTO, H. KAWANAKA, M. MORITA, Y. TOH, T. YANO *(Oita; Fukuoka, Japan)* 3225

Poor Prognosis in Patients With Stage III Colorectal Cancer Receiving Adjuvant FOLFOX/CAPOX Therapy Is Predicted by the Presence of Many Poorly Differentiated Clusters. K. YOSHIMATSU, T. KONO, M. SATAKE, Y. ITO, S. SHIOZAWA, H. TANAKA, M. HIGASHIDA, T. OKADA, S. ENDO, Y. FUJIWARA, T. UENO *(Kurashuki; Kuki; Adachi, Japan)* 3235

Association Between the Severity of Immune-related Adverse Events and the Prognosis in Patients With Non-small Cell Lung Cancer Receiving Treatment With Immune Checkpoint Inhibitors. M. INOMATA, M. MATSUMOTO, K. HAYASHI, Z. SETO, T. HIRAI, K. TOKUI, C. TAKA, S. OKAZAWA, K. KAMBARA, S. IMANISHI, T. MIWA, R. HAYASHI, S. MATSUI, K. TOBE *(Toyama, Japan)* 3241

Association Between 18F-Fluorodeoxyglucose Uptake and Mutation Status of Epidermal Growth Factor Receptor in Sinonasal Tract Cancer. H. SUZUKI, E. SASAKI, T. TAMAKI, T. KODAIRA, M. NISHIO, D. NISHIKAWA, S. BEPPU, H. TERADA, M. SAWABE, N. HANAI *(Nagoya, Japan)* 3247

Anxiety and Fear of Breast Cancer Patients During and After the COVID-19 Era. G. VANNI, M. MATERAZZO, M. PELLICCIARO, J. CASPI, I. PORTARENA, F. TACCONI, A. NOCE, V.E. MARSELLA, A.V. GRANAI, C.A. PISTOLESE, O.C. BUONOMO *(Rome, Italy; Tirana, Albania)* 3255

Optimal Number of Needle Applicators Inserted in Combined Intracavitary and Interstitial Brachytherapy for Cervical Cancer. R. HIRAI, T. OHTA, M. IGARI, Y. KUMAZAKI, M. IINO, T. AOSHIKA, Y. RYUNO, S. SAITO, T. ABE, S.-E. NODA, S. KATO *(Saitama, Japan)* 3265

Postoperative Limb Function and QOL in Elderly Patients With Malignant Bone Tumor/Soft Tissue Sarcoma. H. KINOSHITA, S. KINOSHITA, Y. HAGIWARA, H. KAMODA, S. OHTORI, T. YONEMOTO *(Chiba, Japan)* 3273

Plasma Levels of Kynurenine, Soluble OX40 and Mir-138-5p Are Associated With Tumor-infiltrating Lymphocytes in Colorectal Cancer: An Exploratory Study. D.S. ZOR, M.T. HAKAN, E. ÖZGÜR, C. HOROZOGLU, E.E. YÖRÜKER, C.B. KULLE, U. GEZER, I. YAYLIM *(Istanbul, Turkey)* 3281

Esophageal Neuroendocrine Carcinoma With Pathological Complete Response After Neoadjuvant Chemotherapy Followed by Robot-assisted Surgery: A Case Report. K. HIRANO, R. HIROHATA, Y. HAMAI, S. YAMAGUCHI, M. EMI, T. YOSHIKAWA, M. OHSAWA, M. OKADA (*Hiroshima, Japan)* 3289

Usefulness of 3D-CT Angiography to Determine the Extent of Lymphadenectomy in Colon Cancer of the Splenic Flexure. J. KAWASHIMA, S. YAMAGISHI, K. MORI *(Fujisawa, Japan)* 3295

Clinical Significance of Recurrence Risk Score for Conversion Surgery in Patients With Advanced Gastric Cancer. T. ARIGAMI, D. MATSUSHITA, M. SHIMONOSONO, Y. TSURUDA, K. SASAKI, K. BABA, M. WADA, N. KUROSHIMA, H. KURAHARA, T. OHTSUKA *(Kagoshima, Japan)* 3305

Two-team Total Mesorectal Excision and Lateral Pelvic Lymph Node Dissection Using Transanal Approach for Rectal Cancer: A Retrospective Study. T. SHIRAISHI, H. OGAWA, A. YAMAGUCHI, I. SHIOI, Y. SHIBASAKI, C. KOMINE, N. OZAWA, K. OSONE, T. OKADA, A. SANO, M. SAKAI, M. SOHDA, K. SHIRABE, H. SAEKI *(Maebashi, Japan)* 3311

Development of Real-world Data-based Medication Instruction Sheet for Acute Myeloid Leukemia Patients Receiving High-dose Cytarabine Consolidation Therapy. M. UCHIDA, S. ISHIDA, E. MOCHIZUKI, N. OZAWA, H. YONEMITSU, H. OCHIAI, H. NAKAMURA, T. KAWASHIRI, K. KATO, N. EGASHIRA, K. AKASHI, I. IEIRI *(Kyoto; Fukuoka, Japan)* 3321

Tissue Expression and Prognostic Role of CXCL12 and CXCR4 in High-grade Serous Ovarian Carcinoma. H. LIM, S.I. KIM, E.N. KIM, M. LEE, C. LEE, J.-W. KIM, H.H. CHUNG *(Seoul, Republic of Korea)* 3331

Learning Curve of Intracorporeal Anastomosis in Laparoscopic Colectomy for Right Side Colon Cancer: A Cumulative Sum Analysis. T. ISHIZAKI, J. MAZAKI, K. KASAHARA, R. UDO, T. TAGO, Y. NAGAKAWA *(Tokyo, Japan)* 3341

Neutrophil-, Monocyte- and Platelet-to-Lymphocyte Ratios, and Absolute Lymphocyte Count for Diagnosis of Malignant Soft-tissue Tumors. A. MIHARA, R. IWANAGA, K. YUKATA, K. FUJII, K. MURAMATSU, K. IHARA, T. SAKAI *(Yamaguchi, Japan)* 3349

ABSTRACTS OF THE 12th INTERNATIONAL CHARITÉ MAYO CONFERENCE ON “GLOBAL PERSPECTIVES AND FUTURE DIRECTIONS IN WOMEN’S CANCER”. 26-29 April, 2023 *(Berlin, Germany)* 3359

Corrigendum 3387

Number 8, August

Reviews

Irreversible Electroporation Combined With Dendritic Cell-based Vaccines for the Treatment of Osteosarcoma. C. SUN, X. MA, C. ZHOU, Z. ZHANG, J. GUO *(Qingdao, PR China; Irvine, CA, USA)* 3389

Ovarian Clear Cell Carcinoma: Genomic Characterization, Pathogenesis and Targeted Therapy. Y. XIE, W. KONG, D. LUO, S. CHEN, X. ZHAO, H. ZHANG *(Beijing, PR China)* 3401

Experimental Studies

Targeting Glypican-1 Reverses Resistance to 5-Fluorouracil in Esophageal Adenocarcinoma Cells. A. PRATAP, A. QUALMAN, H. GARRETT, E. THE, A. CHAUHAN, J.P. IDROVO, L. CHENG, S. WANI, R.A. MEGUID, X. MENG *(Aurora; Boulder, CO, USA)*.. 3411

T Cells Expressing CAR Equipped With Extracellular Domain of BTLA Are Effective Against HVEM-overexpressing Melanoma Cell Lines. Y. KIM, J.E. KIM, D.Y. LEE, J.U CHOI, J.S. PARK, H.K. LEE, S.U. CHOI, S. PARK, C.H. PARK *(Daejeon; Hanam-si, Republic of Korea)* 3419

Potentiation of Anticancer Activity of G_2/M Blockers by Mild Hyperthermia. Y. TAGAWA, H. SAKAGAMI, S.-I. TANUMA, S. AMANO, S. UOTA, K. BANDOW, M. TOMOMURA, Y. UESAWA, K. TAKAO, Y. SUGITA, N. YAMAMOTO, H. SAKASHITA, R. NAKAKAJI, T. KOIZUMI, K. MITSUDO, I. TOHNAI *(Saitama; Yokohama; Tokyo; Chiba, Japan)* 3429

Histone H1.2 Represses the Transcription of the *p16* Tumor Suppressor Gene. Y. KOTAKE, Y. TANIGAWA, R. TARUMI *(Fukuoka, Japan)*.. 3441

The Contribution of DNA Ligase 4 Genetic Variations to Taiwanese Lung Cancer. Y.-H. LEE, S.-C. WANG, C.-H. LI, L.-H. CHEN, T.-C. SHEN, Y.-F. LIU, Y.-C. WANG, C.-W. TSAI, T.-C. HSIA, D.-T. BAU, W.-S. CHANG *(Taichung; Taipei, Taiwan, ROC)* 3447

Correlation of Beta2-Glycoprotein I With Tumor Prognosis in Breast Cancer Patients. Y.-C. LEE, C.-T. TANG, J.-Y. KAN, C.-P. CHIANG, H.-T. LI, J.-N. SUNG, W.-C. CHIU *(Kaohsiung, Taiwan, ROC)*........................... 3455

Establishment and Characterization of a *TFE3*-rearranged Renal Cell Carcinoma Cell Line (FU-UR-2) With the *PRCC-TFE3* Fusion Transcript. M. ISHIGURO, T. FUKUSHIGE, H. IWASAKI *(Fukuoka, Japan)*...................... 3463

GlyH-101 and $CaCC_{inh}$-A01 Inhibited HT-29 Proliferation by Activating the Mitochondrial Apoptosis Pathway and Arresting the Cell Cycle. S. GUO, H. YAN, L. WANG, Y. LIU, B. YU *(Dalian, PR China)* 3471

SSNA1 Promotes Hepatocellular Carcinoma Metastasis *Via* STAT3/EMT Induction. L.-W. WU, X. HU *(Hangzhou, PR China)*.. 3479

Intravenous Delivery of miR-21 Inhibitor in Mice With Head and Neck Squamous Cell Carcinoma. H. ISHINAGA, T. YASUMA, C.N. D'ALESSANDRO-GABAZZA, V. FRIDMAN D'ALESSANDRO, M. TODA, E.C. GABAZZA, K. TAKEUCHI *(Mie, Japan)* 3487

CD44 Is a Prognostic Biomarker Correlated With Immune Infiltrates and Metastasis in Clear Cell Renal Cell Carcinoma. J. MA, R. WU, Z. CHEN, Y. ZHANG, W. ZHAI, R. ZHU, J. ZHENG *(Shanghai, PR China)* 3493

Clinical Studies

Long-lasting Limb Salvage After Malignant Femoral-Bone Tumor Resection Reconstructed With a Thin-mantle Titanium Stem Fixated With Cement. Y. AOKI, Y. TOME, H. OSHIRO, K. MIZUTA, R. KATSUKI, R.M. HOFFMAN, K. NISHIDA *(Okinawa, Japan; San Diego, CA, USA)* 3507

Targeted Muscle Reinnervation to Reduce Postoperative Pain in Patients Undergoing Hindquarter Resections. M.H. SULLIVAN, G.L. MILLS, H. SAIFUDDIN, E.J. BRINKMAN, B.T. CARLSEN, S.L. MORAN, M.T. HOUDEK *(Rochester, MN; New Orleans, LA; Seattle, WA, USA)* 3513

Fecal Immunochemical Test (FIT) in Triage of Bleed-positive (Crab+) and Bleed-negative Colorectal Adenoma (Crab–) Patients in Colorectal Neoplasia Screening. M. ESKELINEN, J. MEKLIN, D.P. GUIMARÃES, T. SELANDER, K. SYRJÄNEN, M. ESKELINEN *(Kuopio; Kaarina, Finland; Barretos, Brazil)* 3517

Outcomes for Colorectal Cancer Cases With Peritoneal Metastases Treated With Cytoreductive Surgery With or Without Hyperthermic Intraperitoneal Chemotherapy: A Comparative Analysis of Survival Between Peritoneal Carcinomatosis Scores – PCI in a Single Centre. S. BARAT, R. WIJAYAWARDANA, D. MORRIS *(Sydney, Australia)* 3529

Radiation Pneumonitis, Really? A Case of Pulmonary Toxicity from CDK4/6 Inhibitor. A. HUNT, W. HAQUE, R. PINO, A. FARACH, E.B. BUTLER, B.S. TEH *(Galveston; Houston, TX, USA)* 3539

Prognostic Impact of Central Nervous System Recurrence After Surgery in Patients With Epidermal Growth Factor Receptor Mutation-positive Non-small-cell Lung Cancer. T. OKAMOTO, T. TAKENAKA, K. YAMAZAKI, M. HAMATAKE, N. MIURA, M. TAKENOYAMA, T. KOMETANI, H. UEDA, H. KOUSO, T. YANO *(Fukuoka; Beppu; Kitakyushu; Matsuyama; Hiroshima; Oita, Japan)* 3543

Challenges During Esophagectomy in Presence of Thoracic Anatomical Anomalies: A Report of Three Cases. R. DEN BOER, L. FOURIE, B. WEUSTEN, L. MOONS, R. BLEYS, M. CUESTA, J. RUURDA, R. VAN HILLEGERSBERG *(Utrecht; Amsterdam, the Netherlands)* 3553

Association Between Preoperative Pancreatic Exocrine Function and Pathological Evaluation With Postoperative Pancreatic Fistulas Following Pancreaticoduodenectomy. T. TAKEBAYASHI, J. WATANABE, K. SAKAMOTO, K. OGAWA, R. KITAZAWA, Y. TAKADA *(Ehime, Japan)* 3563

Recent Postoperative Radiotherapy for Left-sided Breast Cancer Does Not Increase Mortality of Heart Disease in Asians or Pacific Islanders: SEER Database Analysis. K. JINGU, R. UMEZAWA, T. YAMAMOTO, N. TAKAHASHI, Y. SUZUKI, K. KISHIDA, S. OMATA, H. OGAWA, Y. SATO, H. HARADA, Y. SEKI *(Sendai, Japan)* 3571

Henoch-Schonlein Purpura, an Unusual Presentation of Acute Myeloid Leukemia. M.A. BUTT, S. AAMER, A. KAPETANOS *(Pittsburgh, PA, USA)* 3579

Post-resection Cavity Lavage of High Grade Glioma With a Novel Drug Combination: A Case Report. S. GANAPATHY, N.K. VENKATARAMANA, A. NAGARAJ, G. PANAYOTOU, C. PANOTOPOULOS, G. RONQUIST *(Bangalore, India; Vari, Greece; Uppsala, Sweden)* 3583

Impact of Long-term Adjuvant Hormonal Therapy in High-dose IMRT for Unfavorable Locally Advanced Prostate Cancer. T. OGATA, R. AIZAWA, K. NAKAMURA, T. KOBAYASHI, S. AKAMATSU, E. NAKAMURA, O. OGAWA, T. MIZOWAKI *(Kyoto; Nagoya; Tokyo; Shiga, Japan)* 3589

Transanal Total Mesorectal Excision Considering the Embryology Along the Fascia in Rectal Cancer Patients. K. YOSHIMITSU, S. MORI, K. TANABE, M. WADA, Y. HAMADA, R. YASUDOME, H. KURAHARA, T. ARIGAMI, K. SASAKI, C. KORIYAMA, M. HIGASHI, A. NAKAJO, T. OHTSUKA *(Kagoshima, Japan)* 3597

Factors Related to Overactive Bladder-like Symptoms in Bladder Cancer. M. TACHIBANA, K. TSUBOUCHI, Y. FUKUHARA, C. AOYAGI, K. TOMINAGA, N. GUNGE, Y. OKABE, T. MIYAZAKI, T. EMOTO, C. NAKAGAWA, F. YAMAZAKI, H. MATSUZAKI, N. NAKAMURA, N. HAGA *(Fukuoka, Japan)* 3607

Investigation on the Usefulness of Photodynamic Diagnosis-assisted Targeted Bladder Biopsy: A Japanese Real-world Study. T. ARAI, T. SAZUKA, R. OKA, R. TSUKAMOTO, H. SATO, Y. GOTO, Y. IMAMURA, S. SAKAMOTO, T. ICHIKAWA *(Chiba, Japan)* 3615

Positive Circumferential Resection Margin in Rectal Cancer Is a Robust Predictor of Poor Long-term Prognosis With Clinicopathological Bias Between Groups Compensated by Propensity-score Matching Analysis. K. SUGIMOTO, H. TAKAHASHI, Y. II, T. IRIE, M. KAWAGUCHI, A. KOBARI, K. AMEMIYA, Y. TSUCHIYA, S. MOTEGI, R. TSUKAMOTO, K. HONJO, Y. OKAZAWA, M. KAWAI, S. ISHIYAMA, M. TAKAHASHI, R.M. HOFFMAN, K. SAKAMOTO *(Tokyo, Japan; San Diego, CA, USA)* 3623

End-of-life Decision-making Differs Between a Cancer and a Dementia Patient: Influences of the Physician's Background Factors. S. HAAPASALMI, J.T. LEHTO, R. METSÄNOJA, P.-L.I. KELLOKUMPU-LEHTINEN, R.P. PIILI *(Tampere; Espoo, Finland)* 3631

Stent Graft of Pseudoaneurysm Rupture After Subtotal Stomach-preserving Pancreaticoduodenectomy. K. KIMURA, R. MINAGAWA, T. YAMAOKA, T. IZUMI, Y. TAKAHASHI, M. NAKANISHI, T. TOKUNAGA, D. MATSUDA, K. HONMA, S. NAGATA, K. MINAMI, T. NISHIZAKI *(Matsuyama, Japan)* 3639

Prognostic Value of TACE With Irinotecan-loaded Drug-eluting Beads (DEBIRI) in Patients With Liver Metastases from Unresectable Colorectal Cancer. T. ISHIKAWA, M. IMAI, R. SATO, R. JIMBO, Y. KOBAYASHI, T. SATO, A. IWANAGA, T. SANO, J. YOKOYAMA, T. HONMA *(Niigata, Japan)* 3647

Relationship Between Hematological Toxicities During Maintenance Treatment and During Chemotherapy Before Maintenance Treatment in Patients With Platinum-sensitive Relapsed Ovarian Cancer. H. MATSUOKA, K. NAKAMURA, M. YORIMITSU, M. OGAWA, M. KANEMORI, K. SUEOKA, A. KOZAI, H. NAKAMURA, T. HARUMA, Y. SHIROYAMA, Y. HAYATA, H. SUGII, A. UEDA, S. KURIHARA, S. URAYAMA, M. SHIMIZU, H. MASUYAMA *(Okayama; Hiroshima; Yamaguchi; Kagawa; Ehime, Japan)* 3653

Is the Preoperative Prognostic Nutritional Index a Useful Marker for the Decision to Perform Limited Resection in High-risk Patients With Stage I Non-small Cell Lung Cancer? N. MIYAHARA, M. HIRATSUKA, Y. OKAMOTO, T. TEISHIKATA, K. KAMOHARA *(Saga; Fukuoka, Japan)* 3659

Preoperative Osteopenia Is a Risk Factor for Death in Patients Undergoing Gastrectomy for Gastric Cancer. S. SHIMIZU, T. MATSUNAGA, S. SAWATA, Y. SAKANO, M. MAKINOYA, Y. SHISHIDO, K. MIYATANI, Y. KONO, Y. MURAKAMI, T. HANAKI, K. KIHARA, M. YAMAMOTO, N. TOKUYASU, S. TAKANO, T. SAKAMOTO, T. HASEGAWA, Y. FUJIWARA *(Yonago, Japan)* 3665

Outcome of Hypofractionated Radiotherapy for Localized Gastric Mucosa-associated Lymphoid Tissue Lymphoma. M. OCHI, Y. MURAKAMI, I. NISHIBUCHI, N. IMANO, T. KATSUTA, I. TAKAHASHI *(Hiroshima, Japan)* 3673

Efficacy of Nivolumab and Pembrolizumab in Platinum-sensitive Recurrent or Metastatic Head and Neck Squamous Cell Carcinoma. G. YAMASHITA, I. OKAMOTO, T. ITO, K. TOKASHIKI, T. OKADA, K. TSUKAHARA *(Tokyo, Japan)* 3679

Proximal Resection Line Determination Using Intraoperative Radiography in Laparoscopic Distal Gastrectomy for Gastric Cancer. S. ENDO, T. YAMADA, J. KAWADA, M. HIGASHIDA, Y. FUJIWARA, T. UENO *(Kurashiki; Higashiosaka; Yao, Japan)* 3685

Medroxyprogesterone as the Initial Systemic Treatment of Recurrent Endometrial Cancer: A Single Institutional Study. M. KOROSUE, K. NAKAGAWA, K. YOSHIYASU, S. NARITA, R. ISONO-TANIGUCHI, Y. TAKIMOTO, T. UEDA, M. OMOTE, Y. WAKIMOTO, H. TSUBAMOTO, S. HIROTA, H. SHIBAHARA *(Hyogo, Japan)* 3693

Gastric and Bone Metastases Arising from Invasive Lobular Carcinoma With Ductal Carcinoma Occurring in one Breast Synchronously. T. NAMIKAWA, K. YOKOTA, H. MAEDA, H. KITAGAWA, M. TAMURA, H. SATAKE, T. SUGIMOTO, M. KOBAYASHI, K. HANAZAKI, S. SEO *(Kochi, Japan)* 3701

Treatment Challenges in Soft Tissue Reconstruction in Patients With MRONJ - The Nasolabial Flap. F. DUDDE, F. BARBAREWICZ, K.-O. HENKEL *(Hamburg, Germany)* 3709

PROCEEDINGS OF THE 26TH ANNUAL MEETING OF THE JAPANESE ASSOCIATION FOR BIOTHERAPEUTICS. 10 December, 2022 *(Osaka, Japan)* 3715-3822

Preface 3715

Experimental Studies

Inhibitory Effect of Pyra–Metho–Carnil on Cancer Spheroid Growth Through Decrease in Glycolysis-associated Molecules. K. YOSHIDA, K. NISHI, S. ISHIKURA, T. MATSUMOTO, K. NAKABAYASHI, R. YAZAKI, T. OHSHIMA, M. SUENAGA, S. SHIRASAWA, T. TSUNODA *(Fukuoka; Tokyo, Japan)* 3717

Significance of Desmoplastic Histopathological Growth Pattern for Colorectal Liver Metastases Treated With Preoperative Chemotherapy. H. HIRAKAWA, H. SAKAI, H. KANNO, Y. GOTO, M. AKASHI, S. FUKUTOMI, S. ARAI, T. SATO, T. SUDO, S. NAGASU, K. MIWA, Y. NAITO, J. AKIBA, H. YANO, F. FUJITA, T. HISAKA *(Kurume, Japan)* 3727

MMP-2 Regulation of Emmprin on Tumour Cells and CD73 on Fibroblasts During Tumour-Stromal Interaction. M. AOKI, T. TSUNODA, K. KOGA, K. NABESHIMA, M. HAMASAKI *(Fukuoka, Japan)* 3735

Molecular Aspects of *C*-glycosides: Interactive Analysis of C-linked Compounds With the SGLT2 Molecular Model. K. OHKURA, A. TABATA *(Suzuka; Tokushima, Japan)* 3747

Deep Learning-based Image Cytometry Using a Bit-pattern Kernel-filtering Algorithm to Avoid Multi-counted Cell Determination. T. ABE, K. YAMASHITA, T. NAGASAKA, M. FUJITA, K. AGAWA, M. ANDO, T. MUKOYAMA, K. YAMADA, S. MIYAKE, M. SAITO, R. SAWADA, H. HASEGAWA, T. MATSUDA, T. KATO, H. HARADA, N. URAKAWA, H. GOTO, S. KANAJI, H. YANAGIMOTO, T. OSHIKIRI, T. AJIKI, T. FUKUMOTO, Y. KAKEJI *(Kobe; Nagoya; Osaka, Japan)* 3755

CDX2 Is a Prognostic Biomarker for Unresectable Metastatic Colorectal Cancer. J. MUKOHYAMA, K. AGAWA, K. YAMASHITA, T. MATSUDA, M. SHINODA, O. ITANO, Y. KAKEJI *(Tokyo; Narita; Kobe, Japan)*............ 3763

Antitumor Effect of Galectin-9 on Cell Proliferation and Tumor Growth of Human Duodenal Adenocarcinoma Cells. T. KONO, S. FUJIHARA, K. OURA, H. IWAMA, K. FUJITA, N. FUJITA, K. TAKUMA, M. ONO, D. NAMIMA, H. YAMANA, T. CHIYO, K. KOBAYASHI, H. KAMADA, H. KOBARA, M. ONO, T. NIKI, M. HIRASHIMA, T. MASAKI *(Miki-cho, Japan)* 3769

Clinical Studies

Impact of Skeletal Muscle Mass Reduction on Long-term Survival After Radical Resection of Gastric Cancer. Y. TANAKA, K. AOYAGI, Y. UMETANI, Y. TANAKA, H. KAKU, T. MINAMI, T. ISOBE, N. MURAKAMI, F. FUJITA, Y. AKAGI *(Kurume, Japan)* 3779

Association of UBE2L6 and ABCB6 Expression With Platinum Resistance in Serous Ovarian Carcinoma. M. SHIBAHARA, T. KURITA, M. MURAKAMI, H. HARADA, C. KOI, H. IZUMI, K. YOSHINO *(Kitakyushu, Japan)* 3787

Simplified and Optimized Immune Score for Colorectal Cancer Microenvironment. H. NAKANE, T. SUDO, A. KAWAHARA, T. YOMODA, T. SHIGAKI, K. FUJIYOSHI, T. OHCHI, K. KOUSHI, T. YOSHIDA, T. OGATA, F. FUJITA, Y. AKAGI *(Kurume, Japan)*............ 3793

Positive Ascites Cytology, Postoperative Chemotherapy and Prognosis of Stage I Ovarian Clear Cell Carcinoma. M. KUBO-KANEDA, E. KONDO, T. OKUGAWA, T. YAMAWAKI, T. HIRATA, M. TSUJI, K. NAGAO, M. KATO, K. YOSHIMURA, T. IKEDA *(Tsu; Ise; Kuwana; Matsusaka; Yokkaichi, Japan)*............ 3799

Development of an Algorithm to Predict Recurrences After Resection of Liver Metastases in Patients With Metastatic Colorectal Cancer. M. KATAGIRI, T. SUDO, T. TOUNANN, T. KAKUMA, S. SHIMOMURA, S. NAGASU, K. TAJIRI, S. FUJINO, K. YUGE, H. MURAKAMI, K. MIWA, T. HISAKA, F. FUJITA, Y. AKAGI *(Kurume, Japan)* 3807

Preliminary Results of Deep Learning Approach for Preoperative Diagnosis of Ovarian Cancer Based on Pelvic MRI Scans. M. AKAZAWA, K. HASHIMOTO *(Tokyo, Japan)* 3817

Book Reviews 3823

Number 9, September

Reviews

New Approaches Towards Targeted Therapy for Childhood Neuroblastoma. T. DALIANIS, M. LUKOSEVICIUTE, S. HOLZHAUSER, O.N. KOSTOPOULOU *(Stockholm, Sweden)* 3829

Second-Line Systemic Therapy for Highly Aggressive Neuroendocrine Prostate Cancer. N. FUJIMOTO, Y. TSUBONUMA, Y. NAGATA, A. MINATO, I. TOMISAKI, K. HARADA, H. MIYAMOTO *(Kitakyushu, Japan; Rochester, NY, USA)* 3841

Clinical Impact of Nutrition and Inflammation Assessment Tools in Pancreatic Cancer Treatment. T. AOYAMA, Y. MAEZAWA, I. HASHIMOTO, Y. RINO, T. OSHIMA *(Yokohama, Japan)* 3849

Liver Cancer and Pregnancy: A Review of the Literature. I. PSILOPATIS, N. GARMPIS, A. GARMPI, K. VRETTOU, P. SARANTIS, E. KOUSTAS, K. NIKOLETTOS, E.A. ANTONIOU, D. DIMITROULIS, G. KOURAKLIS, M.V. KARAMOUZIS, N. NIKOLETTOS, K. KONTZOGLOU, C. DAMASKOS *(Berlin, Germany; Athens; Alexandroupolis, Greece)* 3861

Gestational Renal Cell Cancer – An Update. A. CAGLAYAN, R.D. RABBANI, E. SANCHEZ, S. CHOI, A. ISMAIL, V. PAPADOPOULOS, S. ADELEKE, A. GHOSE, S. BOUSSIOS *(Kent; London; Gillingham, UK; Thessaloniki, Greece)* 3871

Tonsillectomy as Prevention of Tonsil and Base of Tongue Cancer: Systematic Review and Meta-analysis on the Immuno-Oncological Effect of One Among the Most Common Surgeries in the World. E. VIRGILIO, D. BONFILI, S. BETTONI, L. VONA, J. MERCURI, F. D'AGOSTINO, M. BALDINU, C. SALVEMINI, F. MONTALI, R. COSTI *(Parma; Fidenza, Italy)* 3881

Experimental Studies

Comparative Morphological Analysis of MCF10A and MCF7 Cells Using Holographic Time-lapse Microscopy. A.J. MCLAUGHLIN, A.J. KANISKI, D.I. MATTI, B. XHABIJA *(Dearborn, MI, USA)* 3891

Development of Genetically Engineered Feeder Cells for Natural Killer Cell Expansion. D.Y. LEE, Y. KIM, J.S. PARK, J.U CHOI, H.G. JEONG, C.H. PARK *(Daejeon, Republic of Korea)* 3897

Transcriptome of Oral Cancer Cells Adapted to Suspension Culture Is Potentially Related to Cancer Progressive Phenotypes. K. SAKURAI, T. ANDO, Y. IDETA, Y. HAYASHI, J. BABA, K. MITSUDO, H. ITO *(Aichi; Kanagawa, Japan)* 3905

The Clinical Potential of FBPA-PET/CT Imaging for Colorectal Cancer and its Liver Metastases Expressing LAT1. T. MINOJI, H. TAKAHASHI, T. WATABE, S. ISHIKAWA, H. KATO, R. OHGAKI, Y. KANAI, Y. SEKIDO, T. HATA, A. HAMABE, T. OGINO, N. MIYOSHI, M. UEMURA, H. YAMAMOTO, Y. DOKI, H. EGUCHI *(Osaka, Japan)* 3913

Claudin-10 in the Blood Brain Barrier Function of Cerebral Endothelial Cells and Transendothelial Invasion of Breast Cancer Cells. X. ZHUANG, W. JI, Z. FANG, Y. YANG, F. RUGE, Q.P. DOU, X. LI, B. XU, W.G. JIANG, T.A. MARTIN *(Xiamen, PR China; Cardiff, UK; Detroit, MI, USA)* 3923

Apoptosis-related Prognostic Factors in Advanced Colorectal Cancer Determined Using Tissue Microarrays. K. OZAKI, K. SASAKI, H. ABE, H. NOZAWA, K. MURONO, S. EMOTO, T. USHIKU, S. ISHIHARA *(Tokyo, Japan)* 3935

Determination of Cuproptosis-related Subtypes, Development of a Prognostic Model, and Characterization of Tumor Microenvironment Infiltration in Acute Myeloid Leukemia. Y. TAO, J. REN, T. XUE, Y. WANG, H. XU, H. ZHANG, J. LU *(Shanghai, PR China)* 3943

FOXM1 Promotes Mesothelioma Cell Migration and Invasion *via* Activation of SMAD Signaling. I. ENDO, V.J. AMATYA, K. KUSHITANI, T. KAMBARA, T. NAKAGIRI, K. AOE, Y. TAKESHIMA *(Hiroshima, Japan)* 3961

Clinical Significance of Phosphorylated Sphingosine Kinase 1 Expression in Pancreatic Ductal Adenocarcinoma. H. NAGARO, H. ICHIKAWA, K. TAKIZAWA, M. NAGAHASHI, S. ABE, Y. HIROSE, K. MORO, K. MIURA, M. NAKANO, Y. SHIMADA, J. SAKATA, T. WAKAI *(Niigata; Hyogo, Japan)* 3969

Impact of Matrix Metalloproteinase-8 Genotypes on Colorectal Cancer Risk in Taiwan. Y. DENG, T.-W. KE, Y.-C. WANG, Y.-T. CHIN, T.-C. YUEH, Y.-C. HUNG, M.-C. MONG, Y.-C. YANG, W.-S. CHANG, T.-C. SHEN, D.-T. BAU, C.-W. TSAI *(Wuxi; Shanghai, PR China; Taichung; Taipei, Taiwan, ROC)* 3979

Imipramine Suppresses Tumor Growth and Induces Apoptosis in Oral Squamous Cell Carcinoma: Targeting Multiple Processes and Signaling Pathways. L.-C. HSU, C.N. LIN, F.-T. HSU, Y.-T. CHEN, P.-L. CHANG, L.-L. HSIEH, H.-Y. WANG, K.-H. LIN, H.-C. HSIAO, H.-F. TU *(Yilan; Changhua; Taichung; Taipei, Taiwan, ROC)* 3987

Correlation Between Serum ESPL1 and Hepatitis B Virus-related Hepatocellular Carcinoma Histological Grade: A Chinese Single-center Case-control Study. B. HU, L. WEI, H. LIANG, M. SU, R. WANG, T. SU, Q. LI, Q. YIN, Y. FENG, J. JIANG *(Nanning, PR China)* 3997

Anti-tumor Effect of Activated Canine B Cells With Interleukin-21 and Anti-B Cell Receptor. S.-Y. SUR, G.-H. LIM, S.-M. PARK, J.-H. AN, K.-W. SEO, H.-Y. YOUN *(Seoul; Chuncheon-si, Republic of Korea)* 4007

Fucoidan Enhances Cisplatin-induced Effects on SCC-25 Human Oral Cancer Cells by Inhibiting the PI3K/AKT Pathway. C.-H. YANG, Y.-C. CHANG, C.-C. HSU, C.-H. LIN, I-J. CHEN, Y.-T. WU, Y.-Y. LAN *(Pingtung; Kaohsiung, Taiwan, ROC)* 4015

Clinical Studies

GNRH2 Polymorphism in Men With Prostate Cancer Treated With Androgen Deprivation Therapy. T.M. SISSUNG, S. LOCHRIN, T. LIU, K. SCHMIDT, J. STROPE, E. RISDON, H. CHOO-WOSOBA, D.J. VENZON, W. LASSOUED, H.A. SATER, B. WALTER-RODRIGUEZ, D.K. PRICE, W.D. FIGG *(Bethesda, MD, USA)* 4023

Estrogen Receptor-negative Ductal Carcinoma *In Situ* (DCIS) of the Breast – an Institutional Review of Outcomes. E. ZABROCKA, B. NEWMAN, G. LEVEY, K. SWEENEY, J. OENTORO, S. RYU, A. STESSIN *(Stony Brook, NY; San Diego, CA; Charlottesville, VA; Houston, TX, USA)* 4031

Immunological Markers of *Chlamydia trachomatis* Infection in Epithelial Ovarian Cancer. T. HOLSTER, E. URPILAINEN, J. PAAVONEN, U. PUISTOLA, M. PUOLAKKAINEN *(Helsinki; Oulu, Finland)* 4037

Ganglioside GD2 Expression Is Associated With Unfavorable Prognosis in Early Triple-negative Breast Cancer. C. HIGASHI, K. SAITO, Y. KOZUKA, H. YUASA, K. NAKAMURA, M. ISHITOBI, M. ISHIHARA, T. MIZUNO, I. TAWARA, H. FUJIWARA, T. OGAWA *(Mie, Japan)* 4045

Efficacy and Tolerability of Enfortumab Vedotin for Metastatic Urothelial Carcinoma: Early Experience in the Real World. A. MINATO, R. KIMURO, D. OHNO, K. TANIGAWA, K. KURETAKE, T. MATSUKAWA, T. TAKABA, K. JOJIMA, M. HARADA, K. HIGASHIJIMA, Y. NAGATA, I. TOMISAKI, K. HARADA, N. FUJIMOTO, H. MIYAMOTO *(Kitakyushu, Japan; Rochester, NY, USA)* 4055

T1a Renal Cell Carcinoma With Metastasis: Japanese Society of Renal Cancer Retrospective Multi-institute Results. T. KATO, C. WANG, N. MASUMORI, T. YAMASAKI, H. MATSUMOTO, M. BABA, K. ITO, T. KIMURA, H. KITAMURA, M. TAKAHASHI, F. HONGO, K. HASINE, M. ETO, J.-I. IKEDA, N. NONOMURA, N. SHINOHARA *(Osaka; Sapporo; Kyoto; Kobe; Yamaguchi; Kumamoto; Saitama; Tokyo; Toyama; Tokushima; Ehime; Fukuoka; Chiba, Japan)* 4061

Improvement of Medication Guidance Sheet for Total Body Irradiation/Cyclophosphamide Followed by Allogeneic Hematopoietic Stem Cell Transplantation Based on Real Monitoring Data. M. UCHIDA, S. ISHIDA, E. MOCHIZUKI, N. OZAWA, H. YONEMITSU, H. OCHIAI, H. NAKAMURA, T. KAWASHIRI, K. KATO, N. EGASHIRA, K. AKASHI, I. IEIRI *(Kyoto; Fukuoka, Japan)* 4067

Towards Personalization of Planning Target Volume Margins Fitted to the Abdominal Adiposity in Localized Prostate Cancer Patients Receiving Definitive or Adjuvant/Salvage Radiotherapy: Suggestive Data from an ExacTrac *vs*. CBCT Comparison. G. FERINI, V. ZAGARDO, V. VALENTI, D. AIELLO, M. FEDERICO, I. FAZIO, M.M. HARIKAR, V.A. MARCHESE, S.I. ILLARI, A. VIOLA, E. MARTORANA *(Viagrande; Palermo; Catania, Italy)* 4077

Gastrointestinal Follicular Lymphoma: A Single-institutional Experience of 22 Cases With Emphasis on the Comprehensive Clinicopathological Analysis and Diagnostic Re-classification. C.H. OH, H.-S. KIM, S.-I. DO, K. NA *(Seoul, Republic of Korea)* 4089

Preoperative Therapy for Unresectable Locally Advanced Pancreatic Cancer for ≥6 Months Improves Prognosis After Pancreatectomy. M. MATSUMOTO, Y. SHIRAI, T. UWAGAWA, M. TSUNEMATSU, T. SAKAMOTO, S. FUJIOKA, K. TAKAHASHI, S. ONDA, K. FURUKAWA, K. HARUKI, R. HAMURA, T. GOCHO, T. IKEGAMI *(Tokyo; Nagano; Chiba, Japan)* 4097

Melanoma of the Lower Limbs and Hips: A Surveillance, Epidemiology, and End Results Analysis of Epidemiology and Survival 2000-2019. S.N. WALZ, J. MARTINEAU, M. SCAMPA, S. MADDURI, D.F. KALBERMATTEN, C.M. ORANGES *(Geneva, Switzerland)* 4105

FOLFIRINOX in Pancreatic Cancer: Risk Factors for Febrile Neutropenia and Severe Neutropenia — Nationwide Study Analysis. A. TODAKA, M. SASAKI, H. UENO, T. GOTO, G. MUROHISA, N. MIZUNO, M. OZAKA, S. KOBAYASHI, K. UESUGI, N. KOBAYASHI, H. HAYASHI, K. SUDO, N. OKANO, Y. HORITA, K. KAMEI, S. NANAMI, N. BOKU *(Shizuoka; Tokyo; Chiba; Hokkaido; Aichi; Kanagawa; Ehime; Toyama; Osaka, Japan)* 4115

Efficacy and Toxicity of Robotic Stereotactic Body Radiotherapy of Lung Metastases in Patients With Oligometastatic Disease. J. ROSENBROCK, A. LIESER, J. OSTERMANN-MYRAU, M. JUDGE, P. LINDE, K. CLAUS, S. MARNITZ, M. KOCHER, C. BAUES, E. CELIK *(Cologne; Berlin, Germany)* 4125

Dual-energy Computed Tomography Iodine Map for Breast Cancer: Comparison With Dynamic Contrast-enhanced Magnetic Resonance Imaging. N. GODA, M. FUNAKOSHI, C. ONO, H. MUKAIDA, M. KANEKO *(Hiroshima, Japan)* 4133

Final Results of a Study Evaluating the Course of Distress Scores During Radiotherapy for Malignant Diseases. C. DELIKANLI, S. JANSSEN, S. TVILSTED, N.Y. YU, D. RADES *(Lübeck; Hannover, Germany; Køge, Denmark; Phoenix, AZ, USA)* 4143

Development of Distress During a Radiotherapy Course for Head-and-neck Cancer. D. RADES, C. DELIKANLI, N.Y. YU, S. JANSSEN *(Lübeck; Hannover, Germany; Phoenix, AZ, USA)* 4149

Anti-CTLA-4 Antibody Might Be Effective Against Non-small Cell Lung Cancer With Large Size Tumor. H. SAIJO, Y. HIROHASHI, O. HONJO, T. SAIKAI, N. SHIJUBO, H. TAKABATAKE, A. FUJITA, Y. HONDA, H. KOBA, H. CHIBA, T. TORIGOE *(Sapporo, Japan)* 4155

Pemetrexed and Erlotinib as a Salvage Treatment in Patients With Metastatic Biliary Tract Cancer Who Failed Gemcitabine-containing Chemotherapy: A Phase II Single-arm Prospective Study. S.H. LIM, J.Y. HONG, J.O. PARK, Y.S. PARK, S.T. KIM *(Seoul, Republic of Korea)* 4161

The Significance of Skip Lymph Node Metastasis in Colorectal Cancer. B. SONG, L. WANG, Y. CHEN, Y. HIRANO *(Shenzhen, PR China; Hidaka, Japan)* 4169

Perioperative Fluid Balance and the Risk of Postoperative Pancreatic Fistula After Pancreaticoduodenectomy: A Propensity Score-adjusted Analysis. S. IKUTA, T. NAKAJIMA, M. KASAI, M. FUJIKAWA, T. AIHARA, N. YAMANAKA *(Hyogo, Japan)* 4179

Surgical Techniques and Stoma-related Complications Associated With Emergency Stoma Creation. T. SHIRAISHI, H. OGAWA, S. NAOMI, I. SHIOI, Y. SHIBASAKI, N. OZAWA, K. OSONE, T. OKADA, A. SANO, M. SAKAI, M. SOHDA, K. SHIRABE, H. SAEKI *(Maebashi, Japan)* 4189

Clinical Impact of Enhanced Recovery After Esophagectomy in Patients With Esophageal Cancer. T. SUGASE, T. KANEMURA, T. TAKEOKA, S. URAKAWA, K. SUGIMURA, Y. MASUIKE, N. SHINNO, H. HARA, T. OMORI, M. KITAKAZE, M. KUBO, Y. MUKAI, T. SUEDA, S. HASEGAWA, H. AKITA, J. NISHIMURA, H. WADA, M. YASUI, H. MIYATA *(Osaka; Amagasaki, Japan)* 4197

Risk Factor of Sarcopenia After Gastrectomy in Elderly Patients With Gastric Cancer. H. IWASAKI, E. HARAGUCHI, T. IHASHI, H. YOKOMIZO *(Kumamoto, Japan)* 4207

Prognosis of Inferior Mesenteric and Para-aortic Lymph Node Metastases in Rectal Cancer: A Multicenter Study. R. KIKUCHI, K. SASAKI, H. NOZAWA, K. MURONO, S. EMOTO, S. YAMAUCHI, K. SUGIHARA, S. ISHIHARA *(Tokyo, Japan)* 4213

Prediction of Early-stage Liver Fibrosis Using FDG-PET/CT. R. SHINZATO, A. NISHIE, T. TAMAKI, N. WADA, M. TAKATSUKI, G. IIDA *(Okinawa, Japan)* 4221

Pre-operative Plasma Fibrinogen Level as a Potential Predictor of Pathological T3 Upstaging in Clinically Localized Renal Cell Carcinoma. S. SEKITO, S. TANAKA, G. KITANO, M. KATO, Y. OGURA, T. KOJIMA *(Nagoya; Tsu, Japan)* 4229

The ‘Starburst’ Sign: A Novel Description of PET Images in Carcinoma of Unknown Primary. A.T. CRISTAUDO, D.L. MORRIS, S. BARAT *(Sydney; Kogarah, Australia)* 4237

Primary Synovial Sarcoma of the Bone: A Case Report and Literature Review. J. ICHIKAWA, T. KAWASAKI, H. IMADA, S. KANNO, G. OOKITA, N. TANIGUCHI, T. ASHIZAWA, R. TATSUNO, T. JYUBASHI, H. HARO *(Yamanashi; Saitama, Japan)* 4241

Comparison of Testosterone Level of Seminal Vesicle Fluid in Patients With Prostate Cancer *Versus* Other Malignancies. E. KASHIWAGI, M. SHIOTA, J. INOKUCHI, S. TSUKAHARA, K. IMADA, K. MONJI, S. GOTO, T. MATSUMOTO, M. ETO *(Fukuoka, Japan)* 4249

Corrigenda 4255

Number 10, October

Letter to the Editor

From Mendel to Gene Therapy. S.L. JEFFREY, D.A. BRIGHAM, S.P. CHAWLA, N. FEDERMAN, F.L. HALL, E.M. GORDON *(Los Angeles; Santa Monica, CA, USA)* 4257

Reviews

The Influence of Statin Use on Chemotherapeutic Efficacy in Studies of Mouse Models: A Systematic Review. A. TULK, R. WATSON, J. ERDRICH *(Tucson, AZ; Kirksville, MO, USA)* 4263

High Clinical Concordance of Drug Resistance in Patient-derived Orthotopic Xenograft (PDOX) Mouse Models: First Step to Validated Precise Individualized Cancer Chemotherapy. T. HIGUCHI, N. YAMAMOTO, K. HAYASHI, S. MIWA, K. IGARASHI, H. TSUCHIYA, R.M. HOFFMAN *(San Diego, CA, USA; Kanazawa, Japan)* 4277

Surgery for Hepatocellular Carcinoma With Macroscopic Vascular Invasion in the Era of Modern Molecular Therapy. K. YAMAMURA, T. BEPPU, T. MIYATA, K. MIMA, H. OKABE, H. NITTA, K. IMAI, H. HAYASHI, E. ODA, R. KARASHIMA, N. OZAKI, T. ISIKO *(Yamaga; Kumamoto, Japan)* 4285

Biology and Management of Deep-seated Atypical Lipomatous Tumor of the Extremities. J. NISHIO, S. NAKAYAMA, Y. CHIJIIWA, M. AOKI *(Fukuoka, Japan)* 4295

Prognostic Value of HER2-low Status in ER+ Early Breast Cancer: A Systematic Review and Meta-Analysis. F. PETRELLI, C. REA, M.C. PARATI, K. BORGONOVO, M. GHILARDI, L. DOTTORINI, A. LUCIANI, M. GHIDINI, F. RUATTA, O. GARRONE, G. TOMASELLO *(Treviglio; Milan, Italy)* 4303

Vascular Endothelial Growth Factor Family and Head and Neck Squamous Cell Carcinoma. C.-S. DUMITRU, M. RAICA *(Timisoara, Romania)* 4315

Circulating Tumor Cells and Tumor Progression, Metastasis, and Poor Prognosis in Patients With Neuroblastoma. M. KOJIMA, E. HIYAMA *(Hiroshima, Japan)* 4327

Experimental Studies

Oleuropein Induces Cytotoxicity and Peroxiredoxin Over-expression in MCF-7 Human Breast Cancer Cells. K. JUNKINS, M. RODGERS, S.A. PHELAN *(Boston, MA; Fairfield, CT, USA)* 4333

Cetuximab Enhances the Efficacy of MRTX1133, a Novel $KRAS^{G12D}$ Inhibitor, in Colorectal Cancer Treatment. M. KATAOKA, M. KITAZAWA, S. NAKAMURA, M. KOYAMA, Y. YAMAMOTO, S. MIYAZAKI, N. HONDO, H. TANAKA, Y. SOEJIMA *(Matsumoto, Japan)* 4341

Molecular Characteristics of Everolimus-resistant Renal Cell Carcinoma Cells Generated by Continuous Exposure to Everolimus. Y. NAKAYAMA, D. ENOMOTO, K. YAMAMOTO, K. TAKARA *(Himeji; Kobe, Japan)* 4349

Impact of *SMAD2* and *MET* Expression on Lymph Node Metastasis of HER2-positive Gastric Cancer Cells. G. TSUJIO, M. YASHIRO, T. SAKUMA, R. AOYAMA, K. MARUO, Y. YAMAMOTO, K. MAEDA *(Osaka, Japan)* 4359

PD-L1 mRNA Detection in Immunohistochemically Negative Patients: A Complementary Method for a Better Treatment Selection? U. SOMMER, M. GROSSER, D. AUST, K. JOEHRENS, K. BOEHM, C. THOMAS, P. HOENSCHEID, H.H.H. ERB, G.B. BARETTON *(Dresden, Germany)* 4365

Development of Polyethylene Glycol-based Hydrogels Optimized for *In Vitro* 3D Culture of HepG2 Hepatocarcinoma Cells. Y.J. LEE, K.C. KIM, J.M. LEE, J.M. LIM, S.T. LEE *(Seoul; Chuncheon, Republic of Korea; Columbia, MO, USA)* 4373

miR-122-5p Restrains Pancreatic Cancer Cell Growth and Causes Apoptosis by Negatively Regulating ASCT2. P. REN, N. WU, S. FU, W. WANG, Q. LI, Q. CHENG *(Wuhan; Jingzhou; Xianning, PR China)* 4379

Targeting SALL4 by Entinostat Inhibits the Malignant Phenotype of Gastric Cancer Cells by Reducing EMT Signaling. L. DU, F. XIE, H. HAN, L. ZHANG *(Beijing, PR China)* 4389

Unlocking Synergistic Potential: Enhancing Regorafenib Efficacy in Hepatocellular Carcinoma Through Combination Therapy With 18β-Glycyrrhetinic Acid. J.-D. YANG, P.-F. YUEH, T.L. LIAO, Y.-T. CHEN, F.-T. HSU, I-T. CHIANG, C.M. CHANG, W.-S. WANG *(Yilan; Taipei; Taichung; Changhua, Taiwan, ROC)* 4403

Melatonin Inhibits Gastric Cancer Cell Proliferation by Suppressing Exosome miR-27b-3p Expression. Y.-Q. ZHANG, S.-S. SHI, Y.-F. LI, Y. YANG, P. BAI, C.-H. QIAO *(Changzhi, PR China)* 4413

The Effect of Respiratory Motion in Breast Intensity-modulated Radiation Therapy: 3D-Printed Dynamic Phantom Study. Y.E. CHOI, K. SUNG, K.S. DONG, H.-B. SHIN, H.J. KIM, Y.-K. LIM *(Incheon; Seongnam, Republic of Korea)* 4425

High-throughput Sequencing Analysis of Differentially Expressed microRNAs Associated With SREBP1 in Differentiated Thyroid Carcinoma. J. ZHOU, J. LIU, K. ZHANG, J. LV, X. PENG, J. LIU, Z. LI *(Changsha; Shandong; Zhengzhou, PR China)* 4435

Estrogen Effects Differ Between Medium Maintenance and Replacement from Transcriptional and Clinical Perspectives in T47D Breast Cancer Cells. S.-H. JANG, S.H. PAEK, J.-K. KIM, J.K. SEONG, W. LIM *(Seoul, Republic of Korea)* 4447

Vitamin C Improves the Inhibitory Effects of Oxaliplatin on HCT-116 Colorectal Cancer Growth and Progression Through Cellular Oxidant Function-associated Cadherin Molecules. P. CHUSANGNIN, T. MUANGTHONG, W. PAYUHAKRIT, S. PALIPOCH, P. SUWANNALERT *(Bangkok; Nakhon Si Thammarat, Thailand)* 4461

Immune Cell Infiltration and Clinical Significance of Angiogenesis-related Genes in Lung Adenocarcinoma. Q. ZHAO, W. REN, S. GAO, N. MU *(Shijiazhuang, PR China)* 4473

Comprehensive Analysis of *KREMEN2* as an Immunotherapeutic and Prognostic Biomarker in Pan-Cancer. J. LIU, B. ZHU, J. CHEN, Y. CAO *(Fujian, PR China)* 4491

Clinical Studies

The Integrated i31-GEP Test Outperforms the MSKCC Nomogram at Predicting SLN Status in Melanoma Patients. M. TASSAVOR, B.J. MARTIN, A.M. GLAZER *(Cincinnati, OH; Friendswood, TX; Buffalo Grove, IL, USA)* 4511

Clinicopathological Characteristics, Survival Outcomes, and Prognostic Factors in Adult Patients With Sinonasal Rhabdomyosarcoma: Insights from a Retrospective Cohort Study. M. DURZYNSKA, F.L.C. DOS SANTOS, I.M. MICHALEK *(Warsaw, Poland; Boston, MA, USA)* 4517

Threshold Optimization for Tumor Markers S100b and MIA in Uveal Melanoma – A Single Center Analysis. N. GLASER, A. PETZOLD, A. WESSELY, M.D. KAUFMANN, E.A.T. KOCH, H. KNORR, C. VOSKENS, M.V. HEPPT, C. BERKING, M. ERDMANN *(Erlangen, Germany)* 4525

Serum Creatinine Elevation as a Risk Factor for Niraparib-induced Hematologic Toxicity. K. HASHIMOTO, K. KAWAKAMI, T. YOKOKAWA, N. SHIBATA, A. SOEJIMA, T. SUGISAKI, Y. MORI, H. SHIMIZU, M. YUNOKAWA, H. KANAO, M. YAMAGUCHI *(Tokyo, Japan)* 4533

Outcomes of 30 Gy/5 Fr Hypofractionated Stereotactic Radiation Therapy for Small Brain Metastases (≤2 cm). Y. KAWAI, S. ARAMAKI, T. ISHIHARA, K. SUZUKI, T. OKAWA, E. SATO, N. OTA, T. KOSUGI, M. AMANO, K. KONISHI *(Shizuoka; Aichi, Japan)* 4543

Prognostic Implications of PRAME Expression and Clinicopathological Factors in Sinonasal Mucosal Melanoma: A Single-center Cohort Study of 30 Cases. M. DURZYNSKA, F.L.C. DOS SANTOS, A. MATUSZCZYK, E. DEREZINSKA-WOLEK, I.M. MICHALEK *(Warsaw, Poland; Boston, MA, USA)* 4551

Mesonephric-like Adenocarcinoma of the Uterine Corpus: Clinicopathological and Prognostic Significance of L1 Cell Adhesion Molecule (L1CAM) Over-expression. S. PARK, Y. CHO, H.-S. KIM *(Seoul, Republic of Korea)* 4559

Initial-to-nadir Prostate-specific Antigen Ratio Predicts Response to First-line Enzalutamide in Metastatic Castration-resistant Prostate Cancer. Y. NAGATA, K. JOJIMA, T. MATSUKAWA, I. TOMISAKI, N. FUJIMOTO *(Kitakyushu, Japan)* 4573

Atezolizumab for EGFR-mutated Non-small Cell Lung Cancer Patients: An Observation Study in Ibaraki Group (ATTENTION-IBARAKI). T. TAMURA, T. NUMATA, H. YANAI, R. NAKAMURA, T. SHIOZAWA, H. WATANABE, S. OKAUCHI, N. KIKUCHI, K. MIYAZAKI, S. HAYASHI, T. YAMASHITA, K. KURISHIMA, M. INAGAKI, H. SATOH, H. ISHIKAWA, T. KABURAGI, T. ENDO, T. SAKAMOTO, N. HIZAWA *(Kasama; Ibarakimachi; Tsukuba; Mito; Tsuchiura; Ryugasaki; Sakai; Toride, Japan)* 4583

Interval Cytoreductive Surgery and Heated Intraperitoneal Chemotherapy for Ovarian Cancer: Report of a Single-center Experience. C. LIAKOU, A. PANDRAKLAKIS, M.-C. LA RUSSA, H. TURNBULL, J. NIETO, T. DUNCAN, A. STEARNS, N. BURBOS *(Norwich, UK)* 4593

Importance of Atezolizumab Plus Bevacizumab Combination Treatment as First-line Therapy for Immunological Changes in Patients With Unresectable Hepatocellular Carcinoma. K. KOBAYASHI, H. NAGAI, T. MATSUI, T. MATSUDA, K. HIGAI *(Tokyo; Chiba, Japan)* 4601

The Efficacy and Safety of a Low Relative Dose Intensity of Cabazitaxel in Patients With Metastatic Castration-resistant Prostate Cancer. F. URABE, D. KOBAYASHI, K. IWATANI, Y. IMAI, H. ONUMA, K. AIKAWA, T. YANAGISAWA, K. TASHIRO, H. SASAKI, J. MIKI, K. MIKI, T. KIMURA *(Tokyo; Chiba, Japan)* 4611

Role of Positive Biopsy Core Ratio in Prostate Cancer Patients. H. KANO, K. IZUMI, R. NAKAGAWA, R. TORIUMI, S. AOYAMA, T. KAMIJIMA, T. SHIMADA, R. NAITO, S. KADOMOTO, H. IWAMOTO, H. YAEGASHI, S. KAWAGUCHI, T. NOHARA, K. SHIGEHARA, Y. KADONO, A. MIZOKAMI *(Kanazawa, Japan)* 4619

Effect of Positive Biopsy Core Rate on Low-dose-rate Brachytherapy Outcomes in Intermediate-risk Prostate Cancer. Y. KUSUHARA, T. FUKAWA, T. FUKUMORI, Y. UENO, K. DAIZUMOTO, Y. SASAKI, R. TOMIDA, Y. YAMAMOTO, K. YAMAGUCHI, C. TONOISO, A. KUBO, T. KAWANAKA, S. FURUTANI, H. IKUSHIMA, H.-O. KANAYAMA, M. TAKAHASHI *(Tokushima, Japan)* 4627

Correlation Between Colposcopic Patterns and Histological Grade of Vaginal Intraepithelial Neoplasia: A Retrospective Cohort Study. E. MONTI, C.M.M. MATOZZO, G.E. CETERA, E. DI LORETO, G. LIBUTTI, V. BOERO, C. CAIA, D. ALBERICO, G. BARBARA *(Milan, Italy)* 4637

Outcomes of Sentinel Lymph Node Biopsy for Patients With Node-positive Breast Cancer Treated With Neoadjuvant Chemotherapy. C. CIPOLLA, S. VIENI, E. D'AGATI, N. GRASSI, P. GENOVA, G. GRACEFFA, P. VIGNERI, V. GEBBIA, M.R. VALERIO *(Palermo; Catania; Enna, Italy; Boulogne-Billancourt, France)* 4643

Simultaneous *vs*. Sequential Boost for Adjuvant Breast Radiotherapy. M.C. EGGERT, S. JANSSEN, N.Y. YU, D. RADES *(Lübeck, Germany; Phoenix, AZ, USA)* 4651

Increased Incidence of Liver Metastases in Colorectal *Versus* Appendiceal Adenocarcinoma Peritonectomy Patients Despite Equivocal Survival. C. GARRETT, A. CRISTAUDO, S. BARAT, D.L. MORRIS *(Kogarah; Sydney, NSW, Australia)* 4657

RBM17 Expression Is Associated With the Efficacy of ICI Monotherapy in NSCLC With Low PD-L1 Expression. H. NAGAMINE, M. YASHIRO, N. YOSHIMOTO, M. IZUMI, A. SUGIMOTO, K. NAKAHAMA, K. OGAWA, Y. MATSUMOTO, K. SAWA, Y. TANI, H. KANEDA, S. MITSUOKA, K. YAMADA, T. WATANABE, K. AASAI, K. FUKUMURA, A. MAYEDA, T. KAWAGUCHI *(Osaka; Higashiosaka; Sakai; Toyoake, Japan)* 4663

Clinical Outcomes With Lenvatinib in Patients Previously Treated With Atezolizumab/Bevacizumab for Advanced Hepatocellular Carcinoma. H. MUTO, T. KUZUYA, N. KAWABE, E. OHNO, K. FUNASAKA, M. NAGASAKA, Y. NAKAGAWA, R. MIYAHARA, T. SHIBATA, S. HASHIMOTO, Y. KATANO, Y. HIROOKA *(Toyoake; Nagoya, Japan)* 4673

A Novel Filtration Membrane for Clustered Circulating Tumor Cell Extraction: A Prospective Feasibility Study. N. SAWABATA, K. MORITA, S. TATSUMI, T. FUJII, T. NISHIKAWA, T. KAWAGUCHI, T. ARAKANE, Y. TOMINAGA, H. SAKAGUCHI, T. KOBAYASHI, S. HONTSU, Y. YAMAMOTO, N. FUJIOKA, N. OUJI-SAGESHIMA, T. ITO, C. OHBAYASHI *(Kashihara; Nara; Tokyo, Japan)* 4683

Immunological Responses Associated With Neoadjuvant Therapy in the Tumor Microenvironment of Esophageal Squamous Cell Carcinoma. Y. TAKEHARA, T. TAMAKI, K. MIMURA, K. SAITO, P. NEUPANE, T. TADA, Y. WATANABE, S. HAYASE, Z. SAZE, Y. YOSHIMOTO, H. SATO, K. KONO, Y. SUZUKI *(Fukushima, Japan)* 4691

Early Phase Persistent Changes in the White Blood Cell Fraction in Patients With Advanced Urothelial Carcinoma Treated With Pembrolizumab: A Multicenter Retrospective Study. N. FURUBAYASHI, A. MINATO, T. NEGISHI, N. SAKAMOTO, Y. SONG, Y. HORI, T. TOMODA, H. MASAOKA, M. HARADA, S. TAMURA, H. KOBAYASHI, K. MORIHARA, K. KUROIWA, N. SEKI, N. FUJIMOTO, M. NAKAMURA *(Fukuoka; Kitakyushu; Miyazaki; Oita, Japan)* 4701

Impact of Genomic Alterations on the Clinical Outcome of Patients With Hepatitis B-related Hepatocellular Carcinoma Receiving Curative Surgery: A Retrospective Cohort Study. C.-C. WANG, W.-L. FAN, T.-T. LIU, S.-T. PANG, J.-H. WANG, C.-C. HUANG, E.-Y. HUANG, Y.-H. CHEN *(Kaohsiung; Taoyuan; Taichung, Taiwan, ROC)* 4709

A Case of Anti-3-hydroxy-3-methylglutaryl-coenzyme A Reductase Myopathy Associated With Advanced Cervical Carcinoma. A. SAILLANT, M. RASCLARD, J.-B. GAUME, O. SOUCHAUD, M. BAINAUD *(Poitiers, France)* 4723

Microsatellite Instability-high Signet Ring Cell Carcinoma of the Colon Treated With Immunotherapy: Report of a Case. K. ARIMA, N. UEMURA, K. TSUNEYOSHI, H. FUJITA, H. KUROKI, S. UEMURA, N. HANADA, H. BABA, Y. KOMOHARA *(Kagoshima; Kumamoto, Japan)* 4729

Effective Use of Bromelain and Acetylcysteine (BromAc®) for Treatment of Perigastric Pseudomyxoma Peritonei: A Case Report. E. SKALKOS, K.L. CHEN, R. WIJAYAWARDANA, D.L. MORRIS *(Kogarah; Sydney, NSW, Australia)* 4735

Pediatric Spinal Giant Cell-rich Osteosarcoma: Case Report and Brief Literature Review. H. SUZUKI, H. IKEDA, N. NISHIDA, M. FUNABA, K. FUJIMOTO, R. IWANAGA, T. SAKAI *(Yamaguchi, Japan)* 4739

ABSTRACTS OF THE 33rd ANNUAL MEETING OF THE ITALIAN SOCIETY OF URO-ONCOLOGY (SIUrO). 5-7 October 2023 *(Parma, Italy)* 4747

Corrigenda 4779

Retraction 4780

Number 11, November

Review

Renal Cell Cancer – Insights in Drug Resistance Mechanisms. H. AWEYS, D. LEWIS, M. SHERIFF, R.D. RABBANI, P. LAPITAN, E. SANCHEZ, V. PAPADOPOULOS, A. GHOSE, S. BOUSSIOS *(Kent; Manchester; London; Surrey, UK; Thessaloniki, Greece)* 4781

Experimental Studies

Non-thermal Acoustic Enhancement of Chemotherapeutic Effects of Cisplatin on Xenografted Cervical Cancer in Mice. S.-S. YOO, P. KATSARAKES, J. GASHI, E. KIM, H.-C. KIM, M. BÖHLKE *(Boston, MA, USA; Daegu, Republic of Korea)* 4793

Exploring *TBL1XR1* and *NCOR1* Expression in B-cell Lymphoma Subtypes: Interaction With DNA Damage Repair Genes. A. MANSOOR, A. AKHTER, M. HAMIDI, T.M. ROSHAN, M.-T. SHABANI-RAD, D. STEWART *(Calgary, Alberta, Canada)* 4801

Intraperitoneal Administration of p53-armed Oncolytic Adenovirus Inhibits Peritoneal Metastasis of Diffuse-type Gastric Cancer Cells. N. HORI, H. TAZAWA, Y. LI, T. OKURA, S. KIKUCHI, S. KURODA, T. OHARA, K. NOMA, M. NISHIZAKI, Y. URATA, S. KAGAWA, T. FUJIWARA *(Okayama; Tokyo, Japan)* 4809

Usefulness of Biopsy Specimens for Evaluating CD103+ Tumor-resident Memory T Cells in Esophageal Cancer. S. NATSUKI, Y. MIKI, H. TANAKA, M. NISHIYAMA, H. KASASHIMA, T. FUKUOKA, M. YOSHII, T. TAMURA, M. SHIBUTANI, T. TOYOKAWA, S. LEE, K. MAEDA *(Osaka, Japan)* 4823

Interaction of Integrin αvβ8 With Type I Collagen Promotes Squamous Cell Carcinoma Cell Motility *via* RAC1 Activation. Y. ISHIDA, T. SHINTANI, T. NOBUMOTO, S. SAKURAI, T. HAMANA, S. YANAMOTO, Y. HAYASHIDO *(Hiroshima, Japan)* 4833

High Glucose-stimulated aPKC Activation Promotes Pancreatic Cancer Cell Progression Through YAP Signaling. T. SUNAGUCHI, Y. HORIKOSHI, T. HANAKI, T. SAKAMOTO, K. NAKASO, C. SAKAI, K. YAMASHITA, S. OHNO, Y. FUJIWARA, T. MATSURA *(Yonago; Tokyo; Hiroshima, Japan)* 4843

Cancer Stem Cells of Hepatocellular Carcinoma Are Suppressed by the Voltage-gated Calcium Channel Inhibitor Amlodipine. A. SHIOZAKI, K. KURASHIMA, M. KUDOU, H. SHIMIZU, T. KOSUGA, K. TAKEMOTO, T. ARITA, H. KONISHI, Y. YAMAMOTO, R. MORIMURA, S. KOMATSU, H. IKOMA, T. KUBOTA, H. FUJIWARA, E. OTSUJI *(Kyoto, Japan)* 4855

Antitumor Activity of Symmetrical Selenoesters in Doxorubicin Resistant Breast Cancer. B. RACZ, E. KRISTOF, A. KINCSES, E. DOMINGUEZ-ALVAREZ, G. SPENGLER *(Szeged, Hungary; Madrid, Spain)*.. 4865

Dose Distribution Degradation of Carbon-ion Radiotherapy Caused by Tumor Cell-specific Relative Biological Effectiveness of Osteosarcoma: A Simulation Study Using *In Vitro* Experimental Results. S. SHIBA, M. KAWASHIMA, M. OKAMOTO, T. OHNO *(Kamakura; Maebashi, Japan)* 4873

NAD(P)H:quinone Oxidoreductase 1 Is Involved in AZ-1-induced Apoptotic Effects in Nasopharyngeal Carcinoma TW01 Cells. C.-C. HSU, Y.-T. WU, S.-J. YU, P.-J. CHEN, S.-C. LIN, F.-Q. LIU, S.-C. LO, Y.-L. LIN, Y.-Y. LAN *(Kaohsiung; Pingtung; New Taipei, Taiwan, ROC)* 4879

The Oncological Effect of Mutant p53 on the Metastatic Phenotype of Gastric Cancer Cells. H. KITAGAWA, M. HIRAKI, T. NAMBA, K. BABA, S. MIYAKE, K. ITO, T. TANAKA, H. NOSHIRO *(Saga; Nankoku, Japan)* 4887

Over-expression of cFos by the Transcription Factors NFATc2 and Sp1 in Pancreatic Cancer Cells. M. MALSY, B. GRAF, E. BRUENDL, C. MAIER-STOCKER, A. BUNDSCHERER *(Regensburg, Germany)* 4897

E2F7/RAD51AP1 Axis Inhibits Endometrial Cancer Sensitivity to 5-FU *via* the Fatty Acid Metabolic Pathway. X. HUANG, Z. WU, C. XIAO, X. CHEN *(Fuzhou, PR China)* 4905

Cytochrome P450 Family 46 Subfamily A Member 1 Promotes the Progression of Colorectal Cancer by Inducing Tumor Cell Proliferation and Angiogenesis. D.-S. MYUNG, H.-H. OH, J.-S. KIM, J.-W. LIM, C.-J. LIM, S.-E. GIM, Y.-E. SEO, K.-Y. MA, G.-R. YOU, C.M. IM, B. HAN, Y.-J. SEO, S.-Y. PARK, Y.-L. PARK, Y.-E. JOO *(Gwangju, Republic of Korea)* 4915

Novel Biomarker *miRNA-625-3p* Promotes Cell Proliferation and Metastasis of Lung Adenocarcinoma by Targeting *KLF9*. T. YANG, Q. SI, M. LIU, R. DU, L. JI, X. ZHANG, J. SU, H. SUN, L. WANG, C. ZHAO, J. LIU, S. OUYANG, L. DAI *(Zhengzhou; Xi'an, PR China)* 4923

Implication of TIPE2 Expression on the Malignant Transformation of Oral Leukoplakia. H. CHEN, M. PEI, S.W. SHIN, S. MOON, W. NAM, Z. ZHENG *(Yanji, PR China; Seoul; Daejeon, Republic of Korea)* 4937

Clinical Studies

Sporadic Colorectal Tubular Adenomas Thrive in Symbiosis With Underlying Nondysplastic Branching Crypts. C.A. RUBIO, C. MATEK, M. VIETH, C. LANG-SCHWARZ *(Stockholm, Sweden; Bayreuth, Germany)* 4947

Post-Mastectomy Implant Complications in the Hispanic Breast Cancer Patient Population. B. CONTE, C. SHERMOEN, M. LUBARSKY, C.K. FISER, S.N. LIU, S.B. KESMODEL, N. GOEL, D. CERBON, L. WANG *(Miami, FL, USA)* 4953

Awareness and Acceptance of Nicotine-free Smoking Intervention Methods (Acetium® Lozenge) Increased Among Health Care Professionals by Targeted E-training as Confirmed by Post-training Surveys. K. SYRJÄNEN, I. PATRAKKA, E. PALONIEMI, A. SOPPI, P. HENDOLIN, O. SUOVANIEMI *(Kaarina; Helsinki, Finland)* 4961

Sociodemographic Barriers to the Timely Treatment of Pancreatic Cancer. P.B. JIMENEZ, R. POPP, S. SHARAN, H.K. MANAISE, S.H. AHMED, S. BANSAL, G. KOWKABANY, S. RAIKOT, K.B.S. DO, A. GEORGE, E. GABRIEL *(San Juan, Puerto Rico; Gainesville; Jacksonville, FL; Tuscaloosa, AL; Rochester, MN; Durham, NC; Buffalo, NY, USA; Chandigarh, India; Karachi, Pakistan)* 4969

Osteosarcoma Arising After Ewing Sarcoma or *Vice Versa*: A Report of 20 Affected Patients from the Cooperative Osteosarcoma Study Group (COSS). S.S. BIELACK, C. BLATTMANN, W. HASSENPFLUG, L. KAGER, T. KUHNE, M. KEVRIC, P.-G. SCHLEGEL, V. METTMANN, B. SORG, S. HECKER-NOLTING *(Stuttgart; Münster; Hamburg; Würzburg, Germany; Vienna, Austria; Basel, Switzerland)* 4975

Oncological Outcome After Laparoscopic 'No-touch' RAMPS *Versus* 'Touch' Left Pancreatectomy for Pancreatic Adenocarcinoma. A.D. MAZZOTTA, E.A. VAN BODEGRAVEN, N. PETRUCCIANI, S. USAI, A.C. CARNEIRO, E. TRIBILLON, J.M. FERRAZ, O.R. BUSCH, B. GAYET, M.G. BESSELINK, O. SOUBRANE *(Paris, France; Amsterdam, the Netherlands; Rome, Italy)* 4983

Multimodal Prediction of Cervical Lymph Node Metastasis and Recurrence in Oral Squamous Cell Carcinoma. H. KANEMOTO, K. OBATA, K. UMEMORI, K. HASEGAWA, S. ONO, K. ONO, H. YUTORI, S. IBARAGI *(Okayama; Kagawa, Japan)* 4993

Combination of Clinical Factors and Radiomics Can Predict Local Recurrence and Metastasis After Stereotactic Body Radiotherapy for Non-small Cell Lung Cancer. Y. ISOYAMA-SHIRAKAWA, T. YOSHITAKE, K. NINOMIYA, K. ASAI, K. MATSUMOTO, Y. SHIOYAMA, T. KODAMA, K. ISHIGAMI, H. ARIMURA *(Fukuoka; Saga, Japan; La Jolla, CA, USA)* 5003

Adjuvant Chemotherapy With S-1 Plus Docetaxel *Versus* S-1 Plus Oxaliplatin in Stage III Gastric Cancer. M. YAMAMOTO, T. OMORI, N. SHINNO, H. HARA, Y. MUKAI, T. SUGASE, T. TAKEOKA, M. MIKAMORI, T. KANEMURA, S. HASEGAWA, H. AKITA, N. HARAGUCHI, J. NISHIMURA, H. WADA, C. MATSUDA, A. YASUI, H. MIYATA, M. OHUE *(Osaka, Japan)* 5015

Inequities in Time to Treat Thyroid Cancer. G. KOWKABANY, P.B. JIMENEZ, S. SHARAN, S. BANSAL, S.H. AHMED, S. RAIKOT, H.K. MANAISE, R. POPP, K. POPP, K.B. SUKNIAM, E. GABRIEL *(Tuscaloosa, AL; Rochester, MN; Gainesville; Tallahassee; Jacksonville, FL; Durham, NC, USA; San Juan, Puerto Rico; Chandigarh, India; Karachi, Pakistan)* 5025

Multi-gene Liquid Biopsy to Detect Resistance to First-line Osimertinib in Patients With *EGFR*-mutated Lung Adenocarcinoma. S. ITO, K. TSURUMI, N. SHINDO, S. SOMA, K. YAMAGUCHI, K. TAMAI, M. MOCHIZUKI, H. FUJIMORI, M. MORITA, K. WATANABE, A. SUZUKI, T. FUKUHARA, J. YASUDA *(Natori, Japan)* 5031

Second-line Pembrolizumab for Metastatic Urothelial Carcinoma: Differences in Treatment Outcomes According to the Primary Site. N. NISHIYAMA, Y. KITA, K. ITO, M. KATO, S. HATAKEYAMA, Y. MATSUSHITA, S. NAITO, M. MIYAKE, S. NAKANISHI, Y. KATO, T. SHIBUYA, T. HAYASHI, H. YASUMOTO, T. YOSHIDA, M. UEMURA, R. TAOKA, H. NISHIYAMA, T. KOBAYASHI, H. KITAMURA *(Toyama; Kyoto; Osaka; Aomori; Shizuoka; Yamagata; Nara; Okinawa; Iwate; Oita; Hiroshima; Shimane; Kagawa; Tsukuba, Japan)* 5041

Skeletal Muscle Mass Before Second-line Chemotherapy Correlates With Subsequent Prognosis and Rate of Late-line Chemotherapy in Patients With Unresectable Gastric Cancer. T. MATSUNAGA, H. SATIO, Y. SAKANO, M. MAKINOYA, S. SHIMIZU, Y. SHISHIDO, K. MIYATANI, Y. KONO, Y. MURAKAMI, T. HANAKI, K. KIHARA, M. YAMAMOTO, N. TOKUYASU, S. TAKANO, T. SAKAMOTO, T. HASEGAWA, Y. FUJIWARA *(Yonago; Tottori, Japan)* 5051

High Level Sacral Bone Resection for Locally Recurrent Rectal Cancer. N. TAKIGUCHI, M. UEMURA, M. KITAKAZE, M. PAKU, M. TAKEDA, Y. SEKIDO, T. HATA, A. HAMABE, T. OGINO, N. MIYOSHI, M. TEI, Y. KAGAWA, H. YAMAMOTO, Y. DOKI, H. EGUCHI *(Osaka; Sakai, Japan)* 5061

Target-Oriented Classification of Triple-negative Breast Cancer. S. MIZUMOTO, S. INUBUSHI, M. MIKI, H. NAKAMURA, M. BABA, Y. YAMASHITA, M. YAMAMOTO, S. INOUE, H. TANINO, T. KUNIHISA *(Kobe; Sunagawa; Kashiwa; Wakayama, Japan)* 5067

Elucidating the Cancer Phenotype in Turner Syndrome: A 20-Year Observational Cohort Study. Y.-N. HUANG, S.-C. CHEN, J.-C. CHEN, K.-W. LIU, S.-L. CHIANG, D.-T. BAU, P.-H. SU, C.-H. WANG *(Taichung; Kaohsiung, Taiwan, ROC)* 5073

HPV16 E6 Gene Transcripts in Primary Type II Endometrial Carcinomas. W. SZEWCZUK, O. SZEWCZUK, K. CZAJKOWSKI, M. WAŁĘDZIAK, B. GORNICKA, T. ILCZUK, W. KAWECKA, A. SEMCZUK *(Warsaw; Lublin, Poland)* 5083

CT Texture Analysis and Node-RADS CT Score of Lymph Nodes in Patients With Perihilar Cholangiocarcinoma. J. LEONHARDI, A. SABANOV, B. SCHNARKOWSKI, A.-K. HOEHN, R. SUCHER, D. SEEHOFER, T. DENECKE, H.-J. MEYER *(Leipzig, Germany)* 5089

Efficacy and Safety of Oxaliplatin-based Regimens as First-line Chemotherapy in Elderly Patients With Metastatic Colorectal Cancer. S. YAMAMOTO, H. FUJII, K. MURAYAMA, H. IIHARA, D. WATANABE, Y. YAMADA, R. KOBAYASHI, S. KIYAMA, A. MAKIYAMA, K. URANO, N. MATSUHASHI, A. SUZUKI, K. MATSUURA *(Aichi; Gifu, Japan)* 5099

Impact of Locoregional Therapies for Brain Lesions on Survival in Patients With Non-small Cell Lung Cancer With Multiple Extrathoracic Metastases. K. SAKAI, J. KURAMOTO, T. TAKAHASHI, Y. KAWANO, H. NISHIMURA, Y. KUWABARA, A. KOJIMA, M. SASAKI-TODA, Y. OGAWA-KOBAYASHI, S. KIKUCHI, Y. HIRATA, Y. MIKAMI-SAITO, S. MIKAMI, H. KYOYAMA, G. MORIYAMA, N. KOYAMA, K. UEMATSU *(Saitama, Japan)* 5107

The Impact of Pathological Grade Group 3 on Relapse-free Survival After Salvage Radiotherapy for Postoperative Prostate Cancer. T. YAMAMOTO, R. UMEZAWA, S. SHIMADA, N. TAKAHASHI, K. TAKEDA, Y. SUZUKI, K. KISHIDA, S. OMATA, Y. SATO, H. HARADA, A. ITO, K. JINGU *(Sendai, Japan)* 5115

Comparative Effectiveness of Cetuximab *Versus* Panitumumab in Patients With Metastatic Colorectal Cancer: A Nationwide Database Study. C.-C. WU, C.-C. SU, Y.-H. CHEN, C.-W. HSU, M.-C. HSIEH, Y.-C. CHANG, Y.-C. WANG, Y.-C. SU *(Kaohsiung; Taipei; Tainan, Taiwan, ROC)* 5127

Preoperative and Postoperative C-Reactive Protein to Albumin Ratio (CAR) as a Prognostic Marker for Survival of Esophageal Squamous Cell Carcinoma Patients After Surgery. S. ASAKA, T. SHIMAKAWA, R. NISHIGUCHI, K. YAMAGUCHI, M. MURAYAMA, T. USUI, H. YOKOMIZO, S. SHIOZAWA *(Tokyo, Japan)* 5139

Novel Ureteral Stent Catheterization Technique for Treating Hyperchloremic Metabolic Acidosis After Total Pelvic Exenteration. K. KOMORI, T. TANAKA, Y. INABA, T. KINOSHITA, Y. SATO, A. OUCHI, S. ITO, T. ABE, K. MISAWA, Y. ITO, S. NATSUME, E. HIGAKI, T. ASANO, M. OKUNO, H. FUJIEDA, S. AKAZA, H. SAITO, K. NARITA, T. KITAHARA, T. HANAZAWA, H. OJIO, M. NEGITA, Y. SHIMIZU *(Nagoya, Japan)* 5149

Extranodal Extension and Epithelial Cell Adhesion Molecule Overexpression in Oral Squamous Cell Carcinoma. H. FUKUSHIMA, T. NARUSE, K. FURUKAWA, K. OMORI, T. MIYOSHI, K.-I. MIURA, M. OTSURU, M. UMEDA *(Nagasaki, Japan)* 5155

Revisiting the Prognostic Impact of Family History in Colorectal Cancer by Retrospective Propensity Score Matching. Y. MIZUUCHI, Y. TANABE, K. NAGAYOSHI, K. TAMURA, T. FUJIMOTO, K. HISANO, J. ZHANG, S. NAGAI, K. NAKATA, K. OHUCHIDA, M. NAKAMURA *(Fukuoka; Kitakyushu, Japan)* 5167

Intraoperative Blood Loss Impacts Recurrence and Survival in Patients With Locally Advanced Esophageal Cancer. H. WATANABE, K. KANO, I. HASHIMOTO, M. TANABE, S. ONUMA, J. MORITA, S. NAGASAWA, K. KANEMATSU, T. AOYAMA, T. YAMADA, T. OGATA, Y. RINO, A. SAITO, T. OSHIMA *(Yokohama, Japan)* 5173

The C-reactive Protein to Prealbumin Ratio Is an Independent Prognostic Factor for Patients With Gastric Cancer Who Receive Curative Surgery. T. AOYAMA, I. HASHIMOTO, Y. MAEZAWA, K. HARA, K. KOMORI, K. OTANI, K. KAZAMA, S. SAWAZAKI, M. NUMATA, N. KAMIYA, A. KATO, T. YAMADA, S. NAGASAWA, S. KAWAHARA, H. CHO, J. MORITA, M. TANABE, N. YUKAWA, A. SAITO, Y. RINO, T. OGATA, T. OSHIMA *(Yokohama; Tokyo, Japan)* 5181

Outcomes and Prognostic Analysis of Surgical Resection for Oligometastasis from Hepatocellular Carcinoma. K. OSHITA, T. KOBAYASHI, T. TADOKORO, Y. NAMBA, S. FUKUHARA, K. MATSUBARA, D. TAKEI, N. HONMYO, S. KURODA, T. KAWAOKA, H. AIKATA, H. OHDAN *(Hiroshima, Japan)* 5189

Clinicopathological and Molecular Characteristics Promoting PD-L1 Expression in Early-stage Lung Adenocarcinoma and Squamous Cell Carcinoma. A. ITO, T. TARUKAWA, Y. SUZUKI, T. SAKAGUCHI, K. ITO, K. FUJIWARA, Y. NISHII, O. TAGUCHI, H. YASUI, M. TAKAO, O. HATAJI *(Matsusaka; Tsu, Japan)* 5197

Importance of Progression-free Survival in Second-line Chemotherapy in Patients With Advanced or Recurrent Gastric Cancer. A. SANO, M. SOHDA, N. HOSOI, K. TATENO, T. WATANABE, S. UCHIDA, N. NAKAZAWA, K. OSONE, T. OKADA, T. SHIRAISHI, M. SAKAI, H. OGAWA, K. SHIRABE, H. SAEKI *(Maebashi, Japan)* 5205

Impact of Chronic Obstructive Pulmonary Disease on the Long-term Prognosis of Patients Undergoing Lobectomy for Non-small-cell Lung Cancer: A Propensity Score-matched Analysis. K. MATSUDO, T. TAKENAKA, A. HASHINOKUCHI, T. NAGANO, F. KINOSHITA, S. TAKAMORI, T. AKAMINE, M. KOHNO, N. MIURA, T. YOSHIZUMI *(Fukuoka, Japan)* 5215

CA19-9 With Two-stage Resection Is Useful for Conversion Surgery in PDAC With Synchronous Oligometastases. K. INOUE, M. MIZUMA, F. MOTOI, T. KOKUMAI, H. SATO, A. KUSAKA, S. AOKI, M. ISEKI, D. DOUCHI, T. MIURA, S. MAEDA, M. ISHIDA, H. OHTSUKA, K. NAKAGAWA, T. KAMEI, M. UNNO *(Sendai; Saitama; Yamagata, Japan)* 5223

Development of a Novel Artificial Intelligence System for Laparoscopic Hepatectomy. K. TOMIOKA, T. AOKI, N. KOBAYASHI, Y. TASHIRO, Y. KUMAZU, H. SHIBATA, T. HIRAI, T. YAMAZAKI, K. SAITO, K. YAMAZAKI, M. WATANABE, K. MATSUDA, T. KUSANO, A. FUJIMORI, Y. ENAMI *(Tokyo, Japan)* 5235

Feasibility of Laparoscopic and Robotic Total Proctocolectomy for Ulcerative Colitis-related Colorectal Cancer. T. YOSHIDA, S. HOMMA, N. ICHIKAWA, S. FUJIYOSHI, K. SHIBATA, K. IMAIZUMI, A. TAKETOMI *(Sapporo, Japan)* 5245

Relationship Between Daily Dose of Everolimus and Treatment Effect in Patients With Luminal HER2-negative Metastatic Breast Cancer. Y. USHIYAMA, Y. HORIMOTO, F. MURAKAMI, Y. ISHIZUKA, M. OKAZAKI, J. WATANABE *(Tokyo, Japan)* 5253

Inflammatory and Nutritional Indices as Prognostic Markers in Elderly Patients With Gastric Cancer. R. OTSUKA, H. HAYASHI, M. UESATO, K. HAYANO, K. MURAKAMI, T. TOYOZUMI, Y. MATSUMOTO, Y. KURATA, A. NAKANO, Y. TAKAHASHI, T. ARASAWA, H. MATSUBARA *(Chiba, Japan)* 5261

Book Reviews 5269

Corrigenda 5273

Number 12, December

Reviews

Suppression of Kynurenine 3-Monooxygenase as a Treatment for Triple-negative Breast Carcinoma. L.A. SORDILLO, P.P. SORDILLO *(New York, NY, USA)* 5275

Mechanism of CDK4/6 Inhibitor Resistance in Hormone Receptor-positive Breast Cancer and Alternative Treatment Strategies. C.-M. CHANG, H.Y.P. LAM *(Hualien, Taiwan, ROC)* 5283

Experimental Studies

Potential Roles of Activin in Head and Neck Squamous Cell Carcinoma Progression and Mortality. S. BURYSKA, K. PATEL, B. WUERTZ, P. M. GAFFNEY, F. ONDREY *(Minneapolis, MN; Oklahoma, OK, USA)* 5299

Therapeutic Efficacy of Prodrug Activator Gene Therapy Using Retroviral Replicating Vectors for Human Ovarian Cancer. L. ISODA, E. SONODA-FUKUDA, H. FUJINO, T. TAKARADA, K. HASEGAWA, N. KASAHARA, S. KUBO *(Nishinomiya; Sanda; Kobe; Hidaka, Japan; San Francisco, CA, USA)* 5311

In Vitro Characterization of the Bacteria-derived Hypoxia-selective Cytotoxin BE-43547. M. BUSK, P.P. EGGERTSEN, J. OVERGAARD, M.R. HORSMAN, T. TØRRING, K.M. JACOBSEN, T.B. POULSEN *(Aarhus; Hammel, Denmark)* 5319

PDIA6 and *Maspin* in Prostate Cancer. T.K. SMULDERS-SRINIVASAN, S.E. JENKINSON, L.J. BROWN, V.P. LENIS, R. BASS *(Newcastle upon Tyne; Middlesbrough; Darlington, UK)* 5331

Association Between High Expression of Phosphorylated-STMN1 and Mesenchymal Marker Expression and Cancer Stemness in Breast Cancer. T. HANDA, T. YOKOBORI, S. OBAYASHI, T. FUJII, K. SHIRABE, T. OYAMA *(Maebashi; Takasaki, Japan)* 5341

Correlation of Intra-tumoral and Peripheral PD-1/PD-L1 Immunity in Head and Neck Cancer. C. IDEL, J. RIBBAT-IDEL, A. VON BERNUTH, J. FLECKNER, D. RADES, J. KIRFEL, V. SAILER, K. PLÖTZE-MARTIN, K.-L. BRUCHHAGE, R. PRIES *(Lübeck, Germany)* 5349

Interleukin-8 Rs4073 Genotypes as Prognostic Predictors for Childhood Acute Lymphocytic Leukemia. P.-C. HSU, C.-C. CHEN, Y.-C. YANG, H.-Y. SHIH, Y.-T. CHIN, J.-S. PEI, W.-S. CHANG, C.-W. TSAI, C.-C. KUO, D.-T. BAU *(Taoyuan; Taichung, Taiwan, ROC)* 5359

Long Non-coding RNA *LINC00152* Requires *EZH2* to Promote Mesothelioma Cell Proliferation, Migration, and Invasion. I. ENDO, V.J. AMATYA, K. KUSHITANI, T. NAKAGIRI, K. AOE, Y. TAKESHIMA *(Hiroshima, Japan)* 5367

Simvastatin Induces Autophagy and Inhibits Proliferation in Prostate Cancer Cells. Y. MIYAZAWA, Y. SEKINE, D. OKA, S. NAKAZAWA, Y. TSUJI, H. NAKAYAMA, K. SUZUKI *(Maebashi; Takasaki; Isesaki, Japan)* 5377

Genistein Induces Antiproliferative Activity and Apoptosis in Human Osteosarcoma Saos-2 Cells. H. HAGIWARA, H. WAKO, K. NAKATA, R. AIDA *(Yokohama, Japan)* 5387

Prognostic Value and the Immune Microenvironment-associated Role of *SMAD4* in Pancreatic Adenocarcinoma. Y. SONG, Y. WANG, T. YU, Y. HE, C. WANG, F. WANG, Y. ZHOU *(Shanghai, PR China)* 5393

Terpyridine Functionalized Cyclodextrin Nanoparticles as Carriers for Doxorubicin: Analysis of *In Vitro* Antiproliferative Activity. M. VIALE, N. BERTOLA, R. PANEBIANCO, G. VECCHIO *(Genoa; Catania, Italy)* 5409

Ketamine Promoted Breast Cancer Invasion and Metastasis Through Up-regulating Wnt, BMP, and EGFR Signaling. L.-K. CHEN, S.-S. CHEN, C.-H. SHIH, Z.-X. HUANG, L. CHEN, K.-B. CHEN *(Taichung; Hsinchu; Taipei; Miaoli, Taiwan, ROC)* 5415

8-Chloroadenosine Induces ER Stress and Apoptotic Cell Death in Cholangiocarcinoma Cells. J. LERTSUWAN, J. SVASTI, J. SATAYAVIVAD *(Bangkok, Thailand)* 5425

PHRF1 Promotes Cell Invasion by Modulating SOX4 Expression in Colorectal Cancer HCT116-p53$^{-/-}$ Cells. H.-W. LIN, T.-W. SHIH, A. AMANNA, M.-S. CHANG *(Taipei, Taiwan, ROC; San Francisco, CA, USA)* 5437

Inhibiting miR-33b-5p Enhances Chemoresistance in Lung Adenocarcinoma by Targeting YWHAH to Regulate Epithelial-mesenchymal Transition. B. LIU, Z.-Y. PU, L. WANG, J. FANG, T. XUE *(Nanjing City, PR China)* 5447

Disclosing Potential Therapeutic Targets Associated With Osimertinib Resistance in the Non-small Cell Lung Cancer Cell Line H1975. X. TONG, R. ZHANG, R. SUN, W. YANG, J. SUN, J. CHEN, F. LI *(Ningxia, PR China)* 5459

lncRNA SEMA3B-AS1 Inhibits miR-513c-5p to Regulate the Progression of Triple-negative Breast Cancer. H. YU, Y. WU, J. HUANG, S. LI *(Zhucheng; Neijiang, PR China)* 5475

YTHDF3 Modulates EGFR/ATK/ERK/p21 Signaling Axis to Promote Cancer Progression and Osimertinib Resistance of Glioblastoma Cells. H.-H. LEE, C.-C. HSIEH, C.-C. CHANG, W.-T. LIAO, H.-C. CHI *(Taipei; New Taipei; Chiayi; Changhua; Taichung, Taiwan, ROC)* 5485

Relationship Between Mediterranean Diet, Cardiovascular Risk Factors, and Meningiomas: A Retrospective Study. R. COSTANZO, R. MAUGERI, I. SIMONETTA, S. MUSSO, U.E. BENIGNO, V. ABRIGNANI, I. BAGLIO, L.M. CUSIMANO, K. GIARDINA, A. SCIORTINO, G. CIPOLLINA, L. BONOSI, L. BRUNASSO, G.E. UMANA, R. DI BONAVENTURA, C.L. STURIALE, D.G. IACOPINO, A. ALBANESE, A. TUTTOLOMONDO *(Palermo; Catania; Rome, Italy)* 5499

Low-dose Cisplatin Induces Tumor Growth *via* Mobilization of Proangiogenic Bone Marrow-derived Cells in Mouse Models. K. CHENG, F. TANG, X. LIU, J. WEI, H. YOU, Q. DU, Y. LIN, W. FENG *(Xi’an, PR China)* 5509

PARP Inhibitor Sensitizes *BRCA*-mutant Pancreatic Cancer to Oxaliplatin by Suppressing the CDK1/BRCA1 Axis. C. KIM, D. KIM, D.S. LEE, S. LEE, C. YOO, K.-P. KIM *(Seoul; Gangwon-do, Republic of Korea)* 5523

Clinical Studies

Triage Process at Endoscopy With ColonView Fecal Immunochemical Test (FIT) Will Enhance Diagnostic Accuracy (DA) of Colorectal Cancer Screening. M. ESKELINEN, J. MEKLIN, D.P. GUIMARAES, T. SELANDER, K. SYRJÄNEN, M. ESKELINEN *(Kuopio; Kaarina, Finland; Barretos, Brazil)* 5535

Oxidative Stress-regulating Enzymes and Endometrial Cancer Survival in Relation to Metformin Intake in Diabetic Patients. E. KUUSINIEMI, P. KARIHTALA, U. PUISTOLA, A. AHTIKOSKI, E. URPILAINEN *(Oulu; Helsinki; Tampere, Finland)* 5545

Disparities in Time to Treatment for Skin Cancer. S.H. AHMED, H.K. MANAISE, R. POPP, S. SHARAN, S. BANSAL, K.B. SUKNIAM, S.R. RAIKOT, G. KOWKABANY, P.B. JIMENEZ, K. POPP, F. MUBARAK, A. GEORGE, E. GABRIEL *(Karachi, Pakistan; Chandigarh, India; Gainesville; Tallahassee; Jacksonville, FL; Durham, NC; Rochester; Tuscaloosa, AL; Buffalo, NY, USA; San Juan, Puerto Rico)* 5555

Prediction of Oncotype DX Recurrence Score by Evaluating the Peritumoral Tumor Budding in Early-stage Breast Carcinoma. J. CHU, J. DO, S.-I. DO, H.-S. KIM *(Seoul, Republic of Korea; Lexington, KY, USA)* 5563

Dosimetric Parameters After VMAT Adaptive Radiotherapy in Patients With Locally Advanced NSCLC Undergoing 4DCT. L. AGOLLI, Z. EROGLU, L. NICOSIA, D. HABERMEHL *(Giessen; Wuppertal, Germany; Verona, Italy)* 5573

Laparoscopic Anatomical Liver Resection Using Liver Mapping of Incidental Indocyanine Green Fluorescence due to Cholestasis. K. TOMIOKA, T. AOKI, Y. TASHIRO, T. KUSANO, K. MATSUDA, K. YAMADA, K. NOGAKI, Y. WADA, H. SHIBATA, T. HIRAI, T. YAMAZAKI, K. SAITO, M. UCHIDA, S. NAGAISHI, A. FUJIMORI, Y. ENAMI *(Tokyo, Japan)* 5583

Analysis of an Unselected Patient Cohort With Advanced Colorectal Carcinoma from a Maximum Care Center. X.-W. ZHANG, J. MOHR, N. HALAMA, R. KOSCHNY *(Heidelberg, Germany)* 5589

Clinical Impact of Prehabilitation on Elective Laparoscopic Surgery in Frail Octogenarians With Colorectal Cancer. F. TERAISHI, K. SHIGEYASU, Y. KONDO, S. KAGAWA, R. TAMURA, Y. MATSUOKA, H. MORIMATSU, T. FUJIWARA *(Okayama, Japan)* 5597

The Clinical Influence of Geriatric Nutritional Risk Index in Patients With Gastric Cancer Who Receive Curative Treatment. T. AOYAMA, Y. MAEZAWA, I. HASHIMOTO, K. HARA, K. KAZAMA, M. NUMATA, S. SAWAZAKI, H. TAMAGAWA, A. TAMAGAWA, M. NAKAZONO, K. SEGAMI, H. CHO, M. TATEISHI, T. MINAMI, S. NAGASAWA, K. KOMORI, A. KATO, K. OTANI, S. KAWAHARA, T. OSHIMA, N. YUKAWA, A. SAITO, Y. RINO *(Yokohama; Tokyo, Japan)* 5605

Proton Pump Inhibitors Ameliorate Oxaliplatin-induced Peripheral Neuropathy: Retrospective Analysis of Two Real-world Clinical Databases. A. KOBAYASHI, K. IKEMURA, E. WAKAI, M. KONDO, M. OKUDA *(Suita, Japan)* ... 5613

Three-dimensional Computed Tomography Evaluation of the Vasculature of Right-side Colon Cancer. Y. KUBOYAMA, T. ISHIZAKI, J. MAZAKI, K. KASAHARA, T. TAGO, R. UDO, Y. NAGAKAWA *(Tokyo, Japan)* 5621

Angiotensin II Receptor Blockers Cause Changes in Prostate-specific Antigen Levels: A Retrospective Cohort Study. A. MAEDA-MINAMI, T. NISHIKAWA, H. ISHIKAWA, M. MUTOH, Y. MAKISHIMA, Y. MATSUYAMA, K. AKIMOTO, Y. MANO, H. UEMURA *(Chiba; Kyoto; Tokyo; Yokohama, Japan)* 5629

Laparoscopic Surgery for Elderly Colorectal Cancer Patients With High American Society of Anesthesiologists Scores. D. MATSUBARA, K. SOGA, J. IKEDA, T. KONISHI, Y. UOZUMI, R. TAKEDA, H. KANAZAWA, S. KOMATSU, K. SHIMOMURA, F. TANIGUCHI, Y. SHIOAKI, E. OTSUJI *(Kyoto, Japan)* 5637

Laparoscopic Colorectal Cancer Surgery for Patients With Severe Chronic Heart Failure. S. NAKAJO, M. UEMURA, Y. SEKIDO, T. HATA, A. HAMABE, T. OGINO, N. MIYOSHI, H. YAMAMOTO, Y. DOKI, H. EGUCHI *(Osaka, Japan)* 5645

Safety and Efficacy of Neoadjuvant Chemotherapy for Advanced Gastric Cancer in Elderly Patients. T. MUKOYAMA, S. KANAJI, R. SAWADA, H. HARADA, N. URAKAWA, H. GOTO, H. HASEGAWA, K. YAMASHITA, T. MATSUDA, T. OSHIKIRI, Y. KAKEJI *(Kobe, Japan)* 5649

Carotid Artery Stenosis on Panoramic Radiographs and CT Scans in Patients With Malignancies After Radiotherapy. W. SAMARA, O. MOZTARZADEH, J. PERNICKY, N. BAGHALIPOUR, M.N. SAMARA, J. GENCUR, L. HAUER *(Pilsen, Czech Republic; New York, NY, USA)* 5657

Ramucirumab Plus Paclitaxel as a Second-line Chemotherapy in Older Adults With Advanced Gastric Cancer (YCOG1601). S. SATO, C. KUNISAKI, Y. TAMURA, A. YAGO, K. KASAHARA, T. SATO, H. KONDO, T. KOSAKA, H. AKIYAMA, I. ENDO *(Yokohama, Japan)* 5663

(Pro)renin Receptor Down-regulation Is Associated With a Higher Risk of Recurrence in Lung Adenocarcinoma. N. KIMURA, K. KADOTA, E. IBUKI, R. ISHIKAWA, T. IKEDA, C. YOSHIDA, T. YAJIMA, A. NISHIYAMA, R. HABA *(Kagawa; Kochi, Japan)* 5671

Should pT2N+ Colorectal Cancer Be Downstaged from IIIA to IIA? L. WANG, X. CAI, Y. CHEN, Y. HIRANO *(Shenzhen, PR China; Hidaka, Japan)* 5681

Organ-specific Tumor Response to Avelumab Maintenance Therapy for Advanced Urothelial Carcinoma: A Multicenter Retrospective Study. N. FURUBAYASHI, A. MINATO, T. TOMODA, Y. HORI, K. KIYOSHIMA, T. NEGISHI, Y. HARAGUCHI, T. KOGA, K. KUROIWA, N. FUJIMOTO, M. NAKAMURA *(Fukuoka; Kitakyushu; Oita; Miyazaki; Fukuoka, Japan)* 5689

FOLFIRI Chemotherapy for Patients With Metastatic Urachal Carcinoma. S.H. TANIGUCHI, K. KOMINE, N. TAKENAGA, Y. YOSHIDA, K. SASAKI, Y. KAWAMURA, Y. KASAHARA, K. OUCHI, H. IMAI, K. SAIJO, H. SHIROTA, M. TAKAHASHI, C. ISHIOKA *(Sendai, Japan)* 5699

Preoperative PI-RADS v2.1 Scoring System Improves Risk Classification in Patients Undergoing Radical Prostatectomy. Y. FUKUI, Y. YAMADA, S. SAKAMOTO, T. HORIKOSHI, X. ZHAO, K. SATO, S. NANBA, Y. KUBOTA, M. KANESAKA, A. FUJIMOTO, H. SHIBATA, Y. GOTO, T. SAZUKA, Y. IMAMURA, T. UNO, T. ICHIKAWA *(Chiba, Japan)* 5705

Neoadjuvant Chemotherapy With/Without Radiotherapy for Locally Advanced Rectal Cancer: A Nationwide Retrospective Cohort Study. T.-W. KE, S.-C. CHANG, Y.-M. LIAO, C.-H. LIN, W.T.-L. CHEN, J.-A. LIANG, C.-C. LI, C.-R. CHIEN *(Taichung; Hsinchu, Taiwan, ROC)* 5713

Peptide Receptor Radionuclide Therapy for Recurrent Olfactory Neuroblastoma After Cranioplasty for Surgical Infection: A Case Report. H. SUZUKI, S. HAIMOTO, Y. INABA, H. TACHIBANA, K. TAKANARI, M. ANDO, K. YOSHIZAWA, N. HANAI *(Nagoya, Japan)* 5723

Indolent Multinodular Synovial Sarcoma of Peripheral Nerves Mimicking Schwannoma: A Case Report and Literature Review. T. KAWASAKI, J. ICHIKAWA, H. IMADA, S. KANNO, K. ONOHARA, Y. YAZAWA, R. TATSUNO, T. JYUBASHI, T. TORIGOE *(Saitama; Yamanashi, Japan)* 5729

Histological Assessment of Synovial Sarcoma Before and After TCR-T Cell Therapy and Cryoablation: A Case Report. K. ASANUMA, M. ISHIHARA, T. NAKAMURA, K. UCHIDA, T. HAGI, S. KAGEYAMA, H. SHIKU, A. SUDO *(Tsu, Japan)* 5737

Corrigenda 5749

Index 5751

Subject Index

(Figures refer to page numbers)

Δ9-tetrahydrocannabinol, malignant melanoma, *Cannabis sativa* extract, cannabidiol, nanostring nCounter assay, 1221

11-epi-sinulariolide acetate, oral squamous cell carcinoma, *Sinularia flexibilis*, PI3K/AKT/FOXO, apoptosis, 2625

18F-fluorodeoxyglucose uptake, mutation status of epidermoid growth factor receptor, metabolic tumor volume, sinonasal tract, squamous cell carcinoma, 3247

18β-glycyrrhetinic acid, hepatocellular carcinoma, regorafenib, apoptosis, mTOR, 4403

^{198}Au grain, brachytherapy, buccal mucosa, complication, osteoradionecrosis, 2265

31-GEP, cutaneous melanoma, sentinel lymph node biopsy, gene expression profiling, prognosis, prognostic testing, 4511

4-diarylcoumarin, 7, 8-diacetoxy-3, cell cycle, *in vitro* cytotoxicity, mitochondrial membrane potential, MMP, reactive oxygen species, ROS, apoptosis, 1001

5-5-500 rule, hepatocellular carcinoma, systemic inflammatory response, prognosis, hepatic resection, 1623

5-azacytidine, cell death, cancer, p53, DNA methylation, 639

5-fluorouracil and irinotecan (FOLFIRI), urachal carcinoma, systemic chemotherapy, 5699

5-fluorouracil, febrile neutropenia, nedaplatin, predictive factor, modified Glasgow prognostic score, 2309

5-fluorouracil, glypican-1, shRNA, chemo-sensitization, drug resistance, esophageal adenocarcinoma, 3411

5-FU, cholangiocarcinoma, 8-chloroadenosine, apoptosis, ER stress, gemcitabine, cisplatin, CX-4945, paclitaxel, hydroxychloroquine, 5425

5-FU, colon cancer, peritoneal metastasis, HCT-116, GFP, methionine addiction, Hoffman effect, methioninase, oral administration, oxaliplatinum, combination, synergy, Hoffman protocol, 19

5-FU, E2F7, RAD51AP1, endometrial cancer, fatty acid metabolism, 4905

68Ga-PSMA-11, prostatic carcinoma, PET/MRI, tumor aggressiveness, 449

7, 8-Diacetoxy-3, 4-diarylcoumarin, cell cycle, *in vitro* cytotoxicity, mitochondrial membrane potential, MMP, reactive oxygen species, ROS, apoptosis, 1001

8-Chloroadenosine, cholangiocarcinoma, apoptosis, ER stress, gemcitabine, 5-FU, cisplatin, CX-4945, paclitaxel, hydroxychloroquine, 5425

8-Diacetoxy-3, 7, 4-diarylcoumarin, cell cycle, *in vitro* cytotoxicity, mitochondrial membrane potential, MMP, reactive oxygen species, ROS, apoptosis, 1001

95-Gene classifier, recurrence, eR-positive node-negative breast cancer, prediction model, 707

ABC transporter, cK2α, oxaliplatin, anti-tumor drug resistance, colorectal cancer cells, 2519

ABC transporter, drug resistance, endometrial cancer, triciribine, 2501

ABC-transporters, biometals, copper chelate, multidrug resistance, 1031

ABCB1, abemaciclib, *ABCG2*, metabolites, polymorphisms, 1283

ABCB6, serous ovarian carcinoma, UBE2L6, platinum resistance, chemotherapy, 3787

ABCG2, abemaciclib, ABCB1, metabolites, polymorphisms, 1283

ABCG2, osimertinib, polymorphism, *STAT3*, *CYP3A5*, adverse event, non-small cell lung cancer, 1775

ABCP therapy, iMpower150 study, atezolizumab, programmed death ligand 1, NSCLC, 713

ABE index, advanced hepatocellular carcinoma, atezolizumab plus bevacizumab, recursive partitioning analysis, 1599

Abemaciclib, ABCB1, *ABCG2*, metabolites, polymorphisms, 1283

Abemaciclib, CDK4/6 inhibitors-resistance, breast cancer, palbociclib, ribociclib, review, 5283

Abemaciclib, diarrhea, age, diet, comorbidities, polypharmacy, 1291

Abiraterone acetate, enzalutamide, metastatic, castration-resistant prostate cancer, real-life practice, 463

Acceptance, acetium® lozenge, e-Training, smoking intervention, nicotine-free, nicotine replacement therapy (NRT), post-training survey, health care professionals, medical doctor, nurse, pharmacy staff, awareness, interest, 4961

Accessory middle colic artery, colorectal cancer, splenic flexure colon cancer, laparoscopic surgery, vascular anatomy, splenic flexure, 3295

ºAcetylcysteine, bromelain, novel therapy, pseudomyxoma peritonei, 4735

Activin, head and neck cancer, epithelial-to-mesenchymal transition, survival, TGF-β, 5299

Acute myeloid leukemia, chemotherapy, medication instruction sheet, adverse events, high-dose cytarabine consolidation therapy, 3321

Acute myeloid leukemia, Henoch-Schonlein Purpura, cutaneous presentation of acute myeloid leukemia, 3579

ADAM9, MICA, NKG2D, HCC, CCL347, 1043

ADAMTS5, melatonin, gastric cancer, exosomes, miR-27b-3p, 4413

Adaptive radiotherapy, NSCLC, cardiac substructures, parameters, 5573

Adenoassociated vector, Gregor Mendel, Watson & Crick, human genome project, deltaRex-G, targeted gene delivery, holy Grail of Gene Therapy, gene therapy, retroviral vector, CAR-T cell therapy, 4257

Adenocarcinoma, cutaneous metastasis, lung cancer, 2367
Adenocarcinoma, esophageal cancer, esophagectomy, toll-like receptors, outcomes, prognosis, 3183
Adenocarcinoma, gastric cancer, stomach, lower gastroesophageal junction, treatment algorithm, review, 2889
Adenocarcinoma, lung cancer, (Pro)renin receptor, 5671
Adenoid cystic carcinoma, *MYB*, *NTRK*, *HER-2*, *Ki-67*, 1709
Adenoma, blood in stool, fecal immunochemical test, FIT, screening, 3517
Adherence to guidelines, prostate cancer, multidisciplinary tumor boards, virtualization, 501
Adhesion molecules, immunotherapy, anti-PD-1/PD-L1 checkpoint inhibitors, monocytes, cytokines, 2445
Adhesion molecules, mast cells, melanoma, spheroids, transcriptome, 1415
Adjuvant chemotherapy, colorectal cancer, chronic kidney disease, 3089
Adjuvant chemotherapy, gastric cancer, conversion surgery, recurrence, 3305
Adjuvant irradiation, breast cancer, simultaneous integrated boost, sequential boost, toxicities, treatment outcomes, 4651
Adjuvant surgery, unresectable locally advanced pancreatic cancer, conversion surgery, neoadjuvant chemotherapy, overall survival, 4097
Adjuvant systemic chemotherapy, intravesical recurrence, radical nephroureterectomy, upper urinary tract urothelial carcinoma, 1725
Adjuvant therapy, gastric cancer, S-1, docetaxel, oxaliplatin, 5015
Adjuvant treatment, melanoma, liquid biopsy, microRNA, miRNA, prognosis, 695
Adult T-cell leukemia, dimethyl fumarate, CBM complex, NF-κB, 1901
Advanced centrally located lung cancer, prognostic factor, neutrophil-to-lymphocyte ratio, 1631
Advanced dementia, decision-making, end-of-life care, advanced prostate cancer, physicians, medical students, special competence in palliative medicine, 3631
Advanced gastric cancer, laparoscopic gastrectomy, doublet adjuvant chemotherapy, 2203
Advanced gastric cancer, laparoscopic gastrectomy, t4a, t4b, 3145
Advanced gastric cancer, progression-free survival in second-line chemotherapy, malnutrition, inflammation, 5205
Advanced hepatocellular carcinoma, ABE index, atezolizumab plus bevacizumab, recursive partitioning analysis, 1599
Advanced prostate cancer, decision-making, end-of-life care, advanced dementia, physicians, medical students, special competence in palliative medicine, 3631
Adverse event, atezolizumab/bevacizumab, lenvatinib, hepatocellular carcinoma, liver function, post-progression treatment, anorexia, general fatigue, 4673
Adverse event, immune checkpoint blockade, lung cancer, progression-free survival, 3241
Adverse event, osimertinib, polymorphism, *STAT3*, *CYP3A5*, *ABCG2*, non-small cell lung cancer, 1775
Adverse event, pancreatic cancer, resectable, neoadjuvant chemotherapy, venous thromboembolism, d-dimer, risk factor, predictive factor, 1741
Adverse events, chemotherapy, medication guidance sheet, TBI/CY conditioning regimens, allogeneic hematopoietic cell transplantation 4067
Adverse events, chemotherapy, medication instruction sheet, acute myeloid leukemia, high-dose cytarabine consolidation therapy, 3321
Adverse events, colorectal cancer, long-term treatment, cumulative dose, proteinuria, hypertension, bleeding, thromboembolic events, bevacizumab, 2085
Age, abemaciclib, diarrhea, diet, comorbidities, polypharmacy, 1291
Aggressive cancer, prostate cancer, neuroendocrine cancer, second-line therapy, review, 3841
AHCC®, cortactin, prostate cancer, 1159
AHCC®, COX-2, malignant progression, inflammation, fibrosarcoma, 1239
AI, artificial intelligence, laparoscopic hepatectomy, 5235
Airway emergency, radioactive iodine, thyroid carcinoma, 1853
AKT, breast cancer, combination therapy, FGFR, nebivolol, 1973
Akt, pterocarpanquinone, MMP-9, prostate cancer, 359
AKT1, cold atmospheric plasma, cold atmosphere pressure plasma, tissue tolerable plasma, microRNA-1, 7
ALBI grade, lenvatinib, hepatocellular carcinoma, treatment discontinuation, 1317
Albumin level, BCLC stage B, intermediate stage, platelet count, prognosis, hepatocellular carcinoma, 1835
Albumin-bilirubin grade, hepatocellular carcinoma, lenvatinib, α-fetoprotein, 911
ALCAM, CD166, gastric cancer, neoadjuvant chemotherapy, survival, drug resistance, gastric cell model, 1463
Alcohol, head and neck cancer, chemoradiation, smoking, treatment outcomes, 823
ALK, neuroblastoma, MYCN, targeted therapy, immunotherapy, review, 3829
Alkylation, DM-CHOC-PEN, melanoma, melanin, 1407
All-trans retinoic acid, metronomic chemotherapy, angiogenesis, cisplatin, bone marrow-derived cells, 5509
Alpha blocker, benign prostate hyperplasia, five-alpha reductase inhibitor, prostate cancer, prostate specific antigen, 485

Alpha enolase, ENO1, MBP-1, c-MYC binding protein, cutaneous melanoma, 2527
Alpha-fetoprotein, hepatocellular carcinoma, ramucirumab, angiogenesis, 3203
ALX3, lung cancer, promoter methylation, COBRA, biomarker, 3029
Alzheimer’s disease, neurodegeneration, prostate cancer, androgen deprivation therapy, 437
Ambulation recovery, metastatic spinal cord compression (MSCC), decompressive surgery, survival rate, 1767
Amino acid transporter, colorectal cancer, positron emission tomography, 3913
Amino acids, glioma, diaminobutyric acid, prazosin, drug combination, 3583
AML, cuproptosis, tumor microenvironment, immunotherapy, molecular subtypes, 3943
Amlodipine, hepatocellular carcinoma, cancer stem cell, voltage-gated calcium channel, 4855
Amputation, LigaSure™ , blood loss, musculoskeletal tumors, 2127
Anal canal, anatomy, indocyanine green, lymphatic system, rectum, robotic surgery, 1591
Analgesic doses, laparoscopy, minilaparotomy, IL-18BP, NRS pain score, 3113
Analgesics, radiotherapy, bone metastasis, asymptomatic states, observational study, 865
Anamorelin hydrochloride, cancer cachexia, review, 511
Anaplastic thyroid carcinoma, EZH2 inhibitor, dZNep, thyroid differentiation marker, TP53 mutation, 1073
Anastomotic leak, esophageal cancer, totally minimally invasive esophagectomy, hand-sewn esophago-gastric anastomosis, outcomes, 2749
Anastomotic leakage, esophageal cancer, esophagogastric anastomosis, orofacial dyskinesia, refractory fistula, 2873
Anatomical anomalies, esophageal cancer, azygos lobe, arteria lusoria, right aortic arch, esophagectomy, 3553
Anatomical change, head and neck cancer, image guided radiotherapy (IGRT), volumetric-modulated arc therapy (VMAT), intensity-modulated proton therapy (IMPT), image registration, positioning error, patient positioning, 1827
Anatomical liver resection, cholestasis, hepatocellular carcinoma, colorectal liver metastasis, ICG, 5583
Anatomy, anal canal, indocyanine green, lymphatic system, rectum, robotic surgery, 1591
Anchorage-independent survival, oral cancer cells, suspension culture, transcriptome, 3905
Androgen deprivation therapy, GNRH2, prostate cancer, survival, 4023
Androgen deprivation therapy, life expectancy, overall survival, prostate cancer, radiation therapy, radical prostatectomy, 473
Androgen deprivation therapy, neurodegeneration, alzheimer’s disease, prostate cancer, 437
Androgen deprivation therapy, non-metastatic prostate cancer, radiotherapy, cancer treatment-induced bone loss, 493
Androgen deprivation therapy, renal impairment, prostate cancer, estimated glomerular filtration rate, review, 305
Androgen receptor-axis-targeted agent, prostate cancer, castration-resistant prostate cancer, hormone therapy, 1351
Androgen receptor, prostate cancer, α-trifluoromethyl chalcone, YS71, 2433
Androgen-deprivation therapy, castration-resistant prostate cancer, initial-to-nadir prostate-specific antigen ratio, enzalutamide, 4573
Androgen-deprivation therapy, prostate biopsy, positive biopsy core, prostate cancer, 4619
Androgen-deprivation therapy, prostate cancer, enzalutamide, initial prostate-specific antigen level, nadir prostate-specific antigen level, 429
Anemia, maintenance treatment, platinum-sensitive relapsed ovarian cancer, chemotherapy before maintenance treatment, 3653
Anemia, olaparib, FDA Adverse Events Reporting System, Japanese Adverse Drug Event Report database, 883
Angiogenesis-associated genes, lung adenocarcinoma, immune infiltration, prognosis, 4473
Angiogenesis, cytochrome P450 family 46 subfamily A member 1, colon neoplasm, proliferation, 4915
Angiogenesis, fluoxetine, osteosarcoma, *STAT3*, metastasis, 1193
Angiogenesis, hepatocellular carcinoma, ramucirumab, alpha-fetoprotein, 3203
Angiogenesis, metronomic chemotherapy, cisplatin, all-trans retinoic acid, bone marrow-derived cells, 5509
Angiogenesis, VEGF family, head and neck squamous cell carcinoma, review, 4315
Angiosarcoma of the scalp, hyperArc, helical tomotherapy, volumetric-modulated arc therapy, total scalp irradiation, 3079
Angiotensin receptor blockers, prostate-specific antigen, prostate cancer, real-world data, medical history, 5629
Animal models, mice, prostate carcinogenesis, rats, rodents, review, 323
Animal models, prostate cancer, review, 275
Anorexia, atezolizumab/bevacizumab, lenvatinib, hepatocellular carcinoma, liver function, post-progression treatment, adverse event, general fatigue, 4673
Antagonist/modulators, non-small cell lung cancer, small cell lung cancer, platinum-based chemotherapy, check-point inhibitor, tyrosine kinase inhibitor, progesterone receptor, review, 951

Anti-adenovirus antibody, oncolytic virus, oncolytic adenovirus, pancreatic cancer, CD46, 537
Anti-BCR, canine, B cell, anti-tumor effect, interleukin 21, granzyme B, TRAIL, apoptosis, 4007
Anti-CTLA-4 antibody, NSCLC, treg cells, tumor size, biomarker, 4155
Anti-depressants, imipramine, oral squamous cell carcinoma, sAS-bearing mice, drug repurposing, 3987
Anti-*EGFR*, anti-VEGF, metastatic colorectal cancer, TCR, tumor-infiltrating lymphocytes, 613
Anti-GD2-antibody, drug delivery, immunotherapy, mesenchymal stem cell, neuroblastoma, 2417
Anti-PD-1/PD-L1 checkpoint inhibitors, immunotherapy, monocytes, adhesion molecules, cytokines, 2445
Anti-PD-L1, atezolizumab, immune checkpoint inhibitors, pembrolizumab, bevacizumab, inhalation therapy, 1065
Anti-tumor drug resistance, cK2α, oxaliplatin, colorectal cancer cells, ABC transporter, 2519
Anti-tumor effect, canine, B cell, interleukin 21, anti-BCR, granzyme B, TRAIL, apoptosis, 4007
Anti-tumor therapy, feeder cell, mbIL2, mbIL13, NK cell expansion, 3897
Anti-VEGF, anti-*EGFR*, metastatic colorectal cancer, TCR, tumor-infiltrating lymphocytes, 613
Antibiotic, schwannoma, *Salmonella typhimurium* (VNP20009), bacterial cancer therapy, 1
Antibody microarray, diallyl trisulfide, DATS, cell cycle, caspase, apoptosis, flow cytometry, triple negative breast cancer, breast cancer, 2393
Antibody-drug conjugate, enfortumab vedotin, urothelial carcinoma, bladder cancer, upper urinary tract cancer, 4055
Anticancer, *Flammulina velutipes*, antioxidant, prostate cancer, 3057
Anticancer, statins, chemotherapy, chemoprevention, metastasis, review, 4263
Antidepressant, imipramine, mainserin, moclobemide, tianeptine, hepatocellular carcinoma, 1201
Antineoplastic protocols, neoadjuvant therapy, rectal neoplasms, ras genes, watchful waiting, 2015
Antioxidant, *Flammulina velutipes*, anticancer, prostate cancer, 3057
Antiproliferative activity, nanoparticles, cyclodextrins, terpyridine, doxorubicin, tumor cells, 5409
Antitumor antibody, glypican 1, cpG oligodeoxy-nucleotides, macrophage, natural killer cell, 2425
Antitumor effects, apoptosis, deep ultraviolet, light-emitting diode, pancreatic cancer, 621
Antitumor effects, α-Bisabolol, cyclodextrin, FAK, pancreatic cancer, apoptosis, 1009
Anxiety, breast neoplasm, COVID-19, SARS-SOV-2, breast cancer, decision-making process, surgery, surgery refusal, 3255
Apoptosis, 11-epi-sinulariolide acetate, oral squamous cell carcinoma, *Sinularia flexibilis*, PI3K/AKT/FOXO, 2625
Apoptosis, 7, 8-diacetoxy-3, 4-diarylcoumarin, cell cycle, *in vitro* cytotoxicity, mitochondrial membrane potential, MMP, reactive oxygen species, ROS, 1001
Apoptosis, antitumor effects, deep ultraviolet, light-emitting diode, pancreatic cancer, 621
Apoptosis, AZ-1, nAD(P)H:quinone oxidoreductase 1, nasopharyngeal carcinoma, 4879
Apoptosis, breast cancer, dendropanax morbiferus H. Lév., MAPK pathway, MDA-MB-231, 3047
Apoptosis, canine, B cell, anti-tumor effect, interleukin 21, anti-BCR, granzyme B, TRAIL, 4007
Apoptosis, cholangiocarcinoma, 8-chloroadenosine, ER stress, gemcitabine, 5-FU, cisplatin, CX-4945, paclitaxel, hydroxychloroquine, 5425
Apoptosis, clear cell renal cell carcinoma, KIBRA, cell proliferation, LATS-2, 45
Apoptosis, colorectal cancer, invasive front, tissue microarray, CD163, p53, 3935
Apoptosis, diallyl trisulfide, DATS, cell cycle, antibody microarray, caspase, flow cytometry, triple negative breast cancer, breast cancer, 2393
Apoptosis, fucoidan, oral cancer, cisplatin, 4015
Apoptosis, galectin-9, duodenal adenocarcinoma, cell cycle, microRNA, 3769
Apoptosis, genistein, human osteosarcoma cell Saos-2, p21, p27, caspase, 5387
Apoptosis, glyH-101, caCCinh-A01, cell cycle, HT-29, 3471
Apoptosis, hepatocellular carcinoma, regorafenib, 18β-glycyrrhetinic acid, mTOR, 4403
Apoptosis, hinokitiol, OSCC, autophagy, 1167
Apoptosis, imipramine, metastasis, triple-negative breast cancer, 2985
Apoptosis, leukemia, solanaceae, *Aureliana fasciculata*, var. *fasciculata*, withanolides, aurelianolides, 1245
Apoptosis, multidrug resistance, breast cancer, doxorubicin, selenoester, p-glycoprotein (ABCB1, p-gp), 4865
Apoptosis, primary effusion lymphoma, dihydroartemisinin, reactive oxygen species, 1139
Apoptosis, α-Bisabolol, cyclodextrin, FAK, pancreatic cancer, antitumor effects, 1009
Appendiceal adenocarcinoma, overall survival, liver metastases, colorectal adenocarcinoma, peritonectomy, 4657
Aptamer, ceramic, surface functionalization, click chemistry, confocal microscopy, 1053
Araneoplastic syndromes/diagnosis, muscular diseases/diagnosis, hydroxymethylglutaryl CoA reductases/ immunology, neoplasm, immunoglobulins, intravenous/administration & dosage, 4723
Arsenic trioxide, betulin, cytotoxicity, neuroblastoma, 2467

Arsenite, glioma, radiosensitization, heavy ion beam, p53, 2551

Arteria lusoria, esophageal cancer, anatomical anomalies, azygos lobe, right aortic arch, esophagectomy, 3553

Artesunate, urothelial carcinoma, ROS, synergy, cisplatin, 1175

Artificial intelligence, AI, laparoscopic hepatectomy, 5235

ASCT2, pancreatic cancer, miR-122-5p, glutamine metabolism, cell apoptosis, 4379

Ashkenazi and Sephardic Jews, chemotherapy, toxicity, colon cancer, 239

Asian, breast cancer, radiotherapy, heart mortality, SEER, 3571

Asymmetric dimethylarginine, mammary cancer, n-methyl-N-nitrosourea, 97

Asymptomatic states, radiotherapy, bone metastasis, analgesics, observational study, 865

Atezolizumab plus bevacizumab, ABE index, advanced hepatocellular carcinoma, recursive partitioning analysis, 1599

Atezolizumab, ABCP therapy, iMpower150 study, programmed death ligand 1, NSCLC, 713

Atezolizumab, bevacizumab, hepatocellular carcinoma, immunity, regulatory T cells, programed cell death-ligand 1, interleukin-6, tumor necrosis factor-alpha, interleukin-2 receptor, membrane-bound class I-related chain A, 4601

Atezolizumab, bevacizumab, hepatocellular carcinoma, lenvatinib, 1377

Atezolizumab, epidermal growth factor receptor, progression-free survival, overall survival, immune-related adverse events, 4583

Atezolizumab, hepatocellular carcinoma, conversion surgery, bevacizumab, peritoneal metastasis, 943

Atezolizumab, immune check point inhibitors, urothelial carcinoma, cisplatin, pembrolizumab, 1331

Atezolizumab, immune checkpoint inhibitors, anti-PD-L1, pembrolizumab, bevacizumab, inhalation therapy, 1065

Atezolizumab/bevacizumab, lenvatinib, hepatocellular carcinoma, liver function, post-progression treatment, adverse event, anorexia, general fatigue, 4673

ATG7, prostate cancer, P53, VIM3, miRNA, *miR-371a-3p*, 2407

Atorvastatin, monocarboxylate transporter, l-lactate, *Xenopus laevis* oocyte, 3015

ATP, docosahexaenoic acid, menadione/ascorbate, mitochondrial superoxide, leukemia, 1213

Atypical lipomatous tumor, well-differentiated liposarcoma, dedifferentiation, ordinary lipoma, treatment, MDM2, ring chromosome, review, 4295

Atypical protein kinase C, high-glucose stimulation, yes-associated protein, partitioning defective 3, pancreatic cancer, diabetes mellitus, 4843

Aureliana fasciculata, leukemia, apoptosis, solanaceae, var. *fasciculata*, withanolides, aurelianolides, 1245

Aurelianolides, leukemia, apoptosis, solanaceae, *Aureliana fasciculata*, var. *fasciculata*, withanolides, 1245

Autocrine factor, breast cancer, endocrine resistance, medium replacement, estrogen-responsive gene, RNA sequencing, 4447

Automated gown handling system, automatic recycling machine, infection control, radiotherapy, soiled hospital gowns, 3213

Automatic recycling machine, automated gown handling system, infection control, radiotherapy, soiled hospital gowns, 3213

Autophagy, colonic neoplasms, chromosomal instability, tumor microenvironment, immune evasion, 1943

Autophagy, hinokitiol, OSCC, apoptosis, 1167

Autophagy, prostate cancer, statin, rapamycin, 5377

Autophagy, static magnetic stimulation, cancer, proliferation, mitochondria, 1427

Avelumab, urothelial carcinoma, organ-specific response rate, maintenance therapy, platinum-based chemotherapy, 5689

Awareness, acetium® lozenge, e-Training, smoking intervention, nicotine-free, nicotine replacement therapy (NRT), post-training survey, health care professionals, medical doctor, nurse, pharmacy staff, interest, acceptance, 4961

Axillary dissection, axillary staging, micrometastasis, regional lymphatic recurrence, operative time, re-operation rate, 2161

Axillary imaging, sentinel lymph node, sentinel lymph node biopsy, breast neoplasm, ultrasound, mammary, ultrasonography, contrast-enhanced ultrasound, lymphoscintigraphy, 557

Axillary staging, axillary dissection, micrometastasis, regional lymphatic recurrence, operative time, re-operation rate, 2161

AZ-1, nAD(P)H:quinone oxidoreductase 1, apoptosis, nasopharyngeal carcinoma, 4879

Azoles, spontaneous reporting database, bortezomib, japanese, 1341

Azygos lobe, esophageal cancer, anatomical anomalies, arteria lusoria, right aortic arch, esophagectomy, 3553

B cell, canine, anti-tumor effect, interleukin 21, anti-BCR, granzyme B, TRAIL, apoptosis, 4007

Bacterial cancer therapy, schwannoma, *Salmonella typhimurium* (VNP20009), antibiotic, 1

Base of tongue cancer, tonsil cancer, oropharyngeal cancer, tonsillectomy, prevention, review, 3881

BCLC stage B, intermediate stage, albumin level, platelet count, prognosis, hepatocellular carcinoma, 1835

Benign prostate hyperplasia, alpha blocker, five-alpha reductase inhibitor, prostate cancer, prostate specific antigen, 485

BEREP4, pleural effusions, cell block, immunohistochemistry, malignant cells, CEA, 669
Beta-catenin, synovial sarcoma, metastasis; cryoablation, t-cell receptor-engineered T-cell therapy, immune checkpoint protein, 5737
Betulin, arsenic trioxide, cytotoxicity, neuroblastoma, 2467
Bevacizumab, atezolizumab, hepatocellular carcinoma, immunity, regulatory T cells, programed cell death-ligand 1, interleukin-6, tumor necrosis factor-alpha, interleukin-2 receptor, membrane-bound class I-related chain A, 4601
Bevacizumab, atezolizumab, hepatocellular carcinoma, lenvatinib, 1377
Bevacizumab, atezolizumab, immune checkpoint inhibitors, anti-PD-L1, pembrolizumab, inhalation therapy, 1065
Bevacizumab, breast cancer, smoking, chemotherapy, prognosis, 849
Bevacizumab, colorectal cancer, long-term treatment, cumulative dose, adverse events, proteinuria, hypertension, bleeding, thromboembolic events, 2085
Bevacizumab, hepatocellular carcinoma, conversion surgery, atezolizumab, peritoneal metastasis, 943
Bevacizumab, non-small cell lung cancer, nab-paclitaxel, interstitial lung disease, 1325
Bevacizumab, ovarian cancer, platinum-sensitive recurrence, chemotherapy, PARP inhibitors, 1265
Bevacizumab, ovarian cancer, safety, efficacy, real-world, chemotherapy, molecular-targeting agents, 3097
Bevacizumab, unresectable colorectal cancer, chemotherapy-induced nausea and vomiting, trifluridine/tipiracil, 2351
Biliary tract cancer, efficacy, second-line treatment, pemetrexed, erlotinib, 4161
Biliary tract cancer, epithelial-mesenchymal transition, tumor microenvironment, regulatory T-cell, 645
Biochemical recurrence, salvage radiotherapy, postoperative prostate cancer, 5115
Bioinformatic analysis, prolyl 4-hydroxylase subunit alpha 1, hypopharyngeal squamous cell carcinoma, biomarker, extracellular matrix, 2571
Biologically effective dose, fractionated stereotactic radiotherapy, brain metastases, local control, overall survival, radiation necrosis, 2757
Biologically effective dose, local radiation dose, low-dose-rate brachytherapy, prostate cancer, radiation therapy, 3159
Biomarker, CCL7, metastatic colorectal cancer, prognosis, serum, 105
Biomarker, *Chlamydia trachomatis*, ovarian cancer, prognosis, 4037
Biomarker, CTHRC1, gastric cancer, immune escape, TCGA, 115
Biomarker, lung cancer, *ALX3*, promoter methylation, COBRA, 3029
Biomarker, NADPH oxidase 2, colon cancer, immunohistochemistry, transfection, 2601
Biomarker, non-small cell lung cancer, DNA damage repair, immune checkpoint inhibitor, immunotherapy, 2343
Biomarker, NSCLC, treg cells, anti-CTLA-4 antibody, tumor size, 4155
Biomarker, oral leukoplakia, malignant transformation, TIPE2, dormancy, 4937
Biomarker, oral potentially malignant disorder, oral cancer, polycomb group proteins, immune cells, 1533
Biomarker, pan-cancer, KREMEN2, immune, therapeutic, 4491
Biomarker, prolyl 4-hydroxylase subunit alpha 1, hypopharyngeal squamous cell carcinoma, bioinformatic analysis, extracellular matrix, 2571
Biomarker, SIRT1, sirtuin 1, gastric cancer, enzyme-linked immunosorbent assay, 1485
Biomarkers, ovarian cancer, chemokine CXCL12, CXCR4 receptor, prognosis, immunohistochemistry, 3331
Biomarkers, prognosis, disease-free survival, localized prostate cancer, integrins, 417
Biomarkers, prostate cancer, genetic polymorphisms, diagnosis, review, 317
Biometals, ABC-transporters, copper chelate, multidrug resistance, 1031
Biopsy, CD103, tissue-resident memory T cells, esophageal cancer, 4823
Biopsy, chondrosarcoma, local recurrence, sarcoma, 3069
Biopsy, non-small-cell lung cancer, *EGFR*-tyrosine kinase inhibitor, epidermal growth factor receptor, T790M mutation, 2243
Biphenotypic sinonasal sarcoma, case report, clinical management, 1581
Birth, liver, cancer, carcinoma, hepatocellular, cholangio-carcinoma, pregnancy, fertility, review, 3861
Bivalent mRNA vaccine, omicron, COVID-19, hematological neoplasms, 3129
Bladder cancer, enfortumab vedotin, urothelial carcinoma, upper urinary tract cancer, antibody-drug conjugate, 4055
Bladder cancer, NMIBC, photodynamic diagnosis, transurethral resection of bladder tumor, PDD-TURBT, pDD-assisted targeted biopsy, 3615
Bladder cancer, nuclear respiratory factor 1, NRF1, mitochondrial biogenesis, epithelial–mesenchymal transition, EMT, high-mobility group box-1, HMGB1, receptor for advanced glycation end-products, RAGE, 1521
Bladder cancer, overactive bladder, non-muscle invasive, carcinoma *in situ*, 3607
Bladder cancer, PD-L1, immune checkpoint inhibitors, immune cells, 4365
Bladder cancer, translation, initiation, eukaryotic initiation factors (eIFs), urothelial carcinoma, 1437

Bladder cancer, urothelial carcinoma, upper tract urothelial cancer, immune checkpoint inhibitor, radiation therapy, 2119
Bleeding, breast cancer, surgery, chemotherapy, prognosis, 191
Bleeding, colorectal cancer, long-term treatment, cumulative dose, adverse events, proteinuria, hypertension, thromboembolic events, bevacizumab, 2085
Blood brain barrier, claudin-10, CLDN10, brain endothelial, tight junction, breast cancer, metastasis, 3923
Blood in stool, adenoma, fecal immunochemical test, FIT, screening, 3517
Blood in stool, fecal immunochemical test, FIT, screening, sensitivity, specificity, false negative, false positive, ROC, 1569
Blood loss, LigaSure™ , musculoskeletal tumors, amputation, 2127
Blood-brain barrier, differentiation, epigenetic modulator, tumor-initiating cells, 1131
BMP, ketamine, genes, breast cancer, wnt, *EGFR*, 5415
BNCT, neutron, carcinogenesis, spleen, malignant lymphoma, 1455
Body composition, enhanced recovery after surgery, ERAS, length of stay, postoperative body weight loss, 4197
Body composition, pancreatic fistula, gastric cancer, surgery, dorsal subcutaneous fat, postoperative infectious complications, 2171
Body mass index, pembrolizumab, obesity, urothelial carcinoma, 269
Bone and soft tissue tumors, intensity-modulated, carbon-ion radiotherapy, sarcoma, clinical outcome, 2777
Bone marrow-derived cells, metronomic chemotherapy, angiogenesis, cisplatin, all-trans retinoic acid, 5509
Bone metastases, irradiation, very elderly patients, individualized treatment, survival prognosis, prognostic tools, 801
Bone metastasis, gastric metastasis, breast cancer, invasive lobular carcinoma, invasive ductal carcinoma, 3701
Bone metastasis, prostate cancer, bone turnover markers, diagnosis, liquid biopsy, review, 283
Bone metastasis, radiotherapy, asymptomatic states, analgesics, observational study, 865
Bone sarcoma, particle beam therapy, protons, carbon ions, qualitative research, 2031
Bone tumor, femur, endoprosthesis, kyocera Modular Limb Salvage System, femoral-bone tumor, cemented stem, reconstruction, outcome, 3507
Bone turnover markers, prostate cancer, bone metastasis, diagnosis, liquid biopsy, review, 283
Bone, synovial sarcoma, diagnosis, chemotherapy, immunohistochemistry, fluorescence *in situ* hybridization, 4241
Bortezomib, spontaneous reporting database, azoles, japanese, 1341
Bowel decompression, colorectal cancer, malignant large bowel obstruction, nutritional status, prognosis, 259
Brachytherapy, ^{198}Au grain, buccal mucosa, complication, osteoradionecrosis, 2265
Brachytherapy, endometrial cancer, substantial lymph-vascular space, p53, 149
BRAF, lung cancer, stroke, thromboembolism, oncogenic driver, 935
Brain endothelial, claudin-10, CLDN10, blood brain barrier, tight junction, breast cancer, metastasis, 3923
Brain metastases, fractionated stereotactic radiotherapy, biologically effective dose, local control, overall survival, radiation necrosis, 2757
Brain metastases, hypofractionated stereotactic radiation therapy, local control, radiation oncology, radiation necrosis, 4543
Brain metastases, prognostic model, overall survival, metastatic cancer, spine metastases, radiotherapy, 3167
Brain metastases, prostate, WBRT, SRS, FSRT, review, 311
Brain metastases, resection, post-operative radiotherapy, fractionated stereotactic radiotherapy, whole-brain irradiation, simultaneous integrated boost, 2763
Brain tumor, temporal, resection, herniation, neuro-oncological, 663
BRCA mutation, ovarian cancer, olaparib, routine clinical practice, pARPi, platinum, BRCA, relapsed ovarian cancer, 653
BRCA, ovarian cancer, olaparib, BRCA mutation, routine clinical practice, pARPi, platinum, relapsed ovarian cancer, 653
BRCA2, pancreatic cancer, olaparib, oxaliplatin, synthetic lethality, 5523
BRCAness, triple-negative breast cancer, classification, targeted therapy, hER2-low, 5067
Breaking bad news, COVID-19 pandemic, communication, oncology, telemedicine, 773
Breast cancer stem cells, isophysalin A, stat3, IL-6, 1091
Breast cancer, adjuvant irradiation, simultaneous integrated boost, sequential boost, toxicities, treatment outcomes, 4651
Breast cancer, AKT, combination therapy, FGFR, nebivolol, 1973
Breast cancer, apoptosis, dendropanax morbiferus H. Lév., MAPK pathway, MDA-MB-231, 3047
Breast cancer, bleeding, surgery, chemotherapy, prognosis, 191
Breast cancer, breast hematoma, ultrasound-guided vacuum-assisted breast biopsy, ultrasound-guided vacuum-assisted evacuation, hematoma evacuation, 2135
Breast cancer, breast neoplasm, COVID-19, SARS-SOV-2, anxiety, decision-making process, surgery, surgery refusal, 3255

Breast cancer, cancer stem cell marker, CD133, 2145
Breast cancer, CDK16 inhibitor, rebastinib, triple negative breast cancer, luminal cancer, kinase inhibitor, 2609
Breast cancer, CDK4/6 inhibitors-resistance, palbociclib, ribociclib, abemaciclib, review, 5283
Breast cancer, chemotherapy-induced nausea and vomiting, single nucleotide polymorphism, 2671
Breast cancer, claudin-10, CLDN10, brain endothelial, blood brain barrier, tight junction, metastasis, 3923
Breast cancer, diallyl trisulfide, DATS, cell cycle, antibody microarray, caspase, apoptosis, flow cytometry, triple negative breast cancer, 2393
Breast cancer, dual-energy computed tomography, iodine map, magnetic resonance imaging, tumor extent, 4133
Breast cancer, ductal carcinoma *in situ*, DCIS, estrogen receptors, ER, 4031
Breast cancer, endocrine resistance, medium replacement, estrogen-responsive gene, RNA sequencing, autocrine factor, 4447
Breast cancer, febrile neutropenia, neoadjuvant chemotherapy, risk factors, 247
Breast cancer, febrile neutropenia, pegfilgrastim, 1373
Breast cancer, fenbendazole, cytotoxicity, reactive oxygen species, 1207
Breast cancer, FOXJ3, migration, invasion, snail, 2995
Breast cancer, gastric metastasis, bone metastasis, invasive lobular carcinoma, invasive ductal carcinoma, 3701
Breast cancer, hispanic patients, post-mastectomy radiation, implant reconstruction, complications, 4953
Breast cancer, HLA-A, HLA-B/C, cut-off, prognosticator, 1449
Breast cancer, holomonitor, digital holographic microscopy, 3891
Breast cancer, in-breast-tumor-recurrence, IBTR, mastectomy, TARGIT-IORT, BREAST-Q, qoL, 733
Breast cancer, ketamine, genes, wnt, BMP, *EGFR*, 5415
Breast cancer, kynurenines, tryptophan, IDO/TDO, KMO inhibitors, kynurenic acid, cytokines, review, 5275
Breast cancer, MCF-7, oleuropein, olive leaf, peroxiredoxin, 4333
Breast cancer, multidrug resistance, doxorubicin, selenoester, p-glycoprotein (ABCB1, p-gp), apoptosis, 4865
Breast cancer, node positive, neoadjuvant chemotherapy, sentinel lymph node biopsy, 4643
Breast cancer, palbociclib, japanese, older patients, dose reduction, drug holiday, 2783
Breast cancer, PFKP, VEGF, hIF-1α, *EGFR*, 75
Breast cancer, prostate cancer, charity, funding, burden of disease, google Trends, 409
Breast cancer, radiation pneumonitis, CDK4/6 inhibitors, 3539
Breast cancer, radiotherapy, heart mortality, asian, SEER, 3571
Breast cancer, radiotherapy, helical IMRT, tomotherapy, lymph node negative, secondary malignoma, lymphedema, long-term results, 2041
Breast cancer, sARS-CoV-2, COVID 19, breast screening programs, quality of care, 2235
Breast cancer, smoking, bevacizumab, chemotherapy, prognosis, 849
Breast cancer, survival, hER2-low, prognosis, meta-analysis, review, 4303
Breast cancer, tamoxifen, monocarboxylate transporter, oxidative stress, 1113
Breast cancer, three-dimensional (3D)-printing, motion phantom, intensity-modulated radiation therapy (IMRT), 4425
Breast cancer, tumour lysis syndrome, liver metastasis, disseminated intravascular coagulation, 2371
Breast cancer, turner syndrome, gonadoblastoma, ovarian cancer, colon cancer, 5073
Breast cancer, unique cartilage matrix-associated protein, vitamin K-dependent protein, γ-carboxylation, 1959
Breast cancer, β2-GPI, tumor prognosis, overall survival, disease-free survival, 3455
Breast carcinoma, epithelial mesenchymal transition, mammographic breast density, prognosis, 2281
Breast carcinoma, tumor budding, neoadjuvant chemotherapy, pathological complete response, 2323
Breast hematoma, ultrasound-guided vacuum-assisted breast biopsy, ultrasound-guided vacuum-assisted evacuation, hematoma evacuation, breast cancer, 2135
Breast neoplasm, COVID-19, SARS-SOV-2, anxiety, breast cancer, decision-making process, surgery, surgery refusal, 3255
Breast neoplasm, sentinel lymph node, sentinel lymph node biopsy, ultrasound, mammary, ultrasonography, contrast-enhanced ultrasound, axillary imaging, lymphoscintigraphy, 557
Breast neoplasms, everolimus, combination drug therapy, drug dose-response relationship, 5253
Breast screening programs, breast cancer, sARS-CoV-2, COVID 19, quality of care, 2235
Breast surgery, ductal carcinoma *in situ*, DCIS, elderly, older, 1555
BREAST-Q, breast cancer, in-breast-tumor-recurrence, IBTR, mastectomy, TARGIT-IORT, qoL, 733
Breast, early-stage breast carcinoma, oncotype DX Recurrence Score, tumor budding, 5563
Breast, metastasis, spine, intramedullary, radiosurgery, review, 523
Breast, phyllode tumor, local recurrence, histological risk factors, 143
Bromelain, acetylcysteine, novel therapy, pseudomyxoma peritonei, 4735
Bronchoplasty, primary lung cancer, surgical outcome, 1719

BT-PABA test, pancreatic exocrine function, postoperative pancreatic fistula, pancreaticoduodenectomy, fibrosis, 3563
BTLA, CAR T cell therapy, melanoma, solid tumor, HVEM, immunology, 3419
Buccal mucosa, brachytherapy, ^{198}Au grain, complication, osteoradionecrosis, 2265
Burden of disease, prostate cancer, breast cancer, charity, funding, google Trends, 409
C-C chemokine receptor type 2, chemokine (C-C motif) ligand 2, epidermal growth factor receptor, human epidermal growth factor receptor 2, src, 1079
C-glycoside, SGLT2, interactive analysis, 3747
C-MYC binding protein, alpha enolase, ENO1, MBP-1, cutaneous melanoma, 2527
C-reactive protein to albumin ratio (CAR), esophageal cancer, prognostic marker, 5139
C-reactive protein, prealbumin, gastric cancer, 5181
C4orf47, gallbladder cancer, hypoxia, EMT, stem-like phenotype, 1925
Cabazitaxel, metastatic castration-resistant prostate cancer, relative dose intensity, 4611
Cabazitaxel, migration, CCL2, chemo-resistance, prostate cancer, 2561
CaCCinh-A01, glyH-101, apoptosis, cell cycle, HT-29, 3471
Cachexia, lung cancer, TCF4, TWIST1, PTHLH, streptonigrin, 1149
Cadherins, colorectal cancer, oxidative stress, vitamin C, oxaliplatin, 4461
Calcineurin inhibitor, p-gp, pimecrolimus, tacrolimus, 1103
Cancer cachexia, anamorelin hydrochloride, review, 511
Cancer chemotherapy, preclinical pharmacokinetics, pharmacometrics, therapeutic drug monitoring, prodrug(s), 1121
Cancer immunotherapy, hepatic intrasinusoidal, γδ T cells, phospho-antigen, NK receptors, 63
Cancer metastasis, LINC01480, clear cell renal cell carcinoma, prognosis, 3037
Cancer of unknown primary, renal cell carcinoma, immune checkpoint inhibitors, tyrosine kinase inhibitors, 2359
Cancer patients, malnutrition, large extracellular vesicles, metabolomics profiling, 2593
Cancer spheroids, PMC, glycolysis, HIF1, GLUT1, 3717
Cancer stem cell marker, breast cancer, CD133, 2145
Cancer stem cell, hepatocellular carcinoma, voltage-gated calcium channel, amlodipine, 4855
Cancer stem cells, gastric cancer, CD44, peritoneal metastasis, monoclonal antibody, 2491
Cancer therapeutics, prostate cancer, *PDIA6*, maspin, tumor, serpin family, *PDI-P5*, *SERPIN B5*, *ERP5*, *TXNDC7*, 5331
Cancer therapy, prostate cancer, chemically modified microRNA, nucleic acid-based drug, cell growth inhibition, 1909
Cancer treatment-induced bone loss, non-metastatic prostate cancer, radiotherapy, androgen deprivation therapy, 493
Cancer virotherapy, ovarian cancer, retroviral replicating vectors, prodrug activator gene therapy, amphotropic murine leukemia virus, gibbon ape leukemia virus, 5311
Cancer-associated fibroblasts, malignant melanoma, exosomes, CD9, 25
Cancer-specific survival, circumferential resection margin (CRM), rectal cancer, propensity-score matching analysis, recurrence-free survival, local recurrence-free survival, prognosis, 3623
Cancer, cell death, 5-azacytidine, p53, DNA methylation, 639
Cancer, colorectal, pulmonary metastasis, thermal ablation, microwave ablation, review, 2899
Cancer, immunotherapy, tissue vaccine, matrisome, lobund-Wistar rat, melanoma, prostate cancer, 335
Cancer, liver, carcinoma, hepatocellular, cholangio-carcinoma, pregnancy, birth, fertility, review, 3861
Cancer, malnutrition, chronic inflammation, cytokine, nutritional support, 2821
Cancer, propofol, nFATc2, sp1, cFos, pancreatic cancer, proliferation, cell cycle, 4897
Cancer, static magnetic stimulation, proliferation, autophagy, mitochondria, 1427
Canine, B cell, anti-tumor effect, interleukin 21, anti-BCR, granzyme B, TRAIL, apoptosis, 4007
Cannabidiol, *Cannabis sativa*, cannabinoids, triple-negative breast cancer, delta-9-tetrahydrocannabinol, 993
Cannabidiol, malignant melanoma, *Cannabis sativa* extract, Δ9-tetrahydrocannabinol, nanostring nCounter assay, 1221
Cannabinoids, *Cannabis sativa*, triple-negative breast cancer, cannabidiol, delta-9-tetrahydrocannabinol, 993
Cannabis sativa extract, malignant melanoma, Δ9-tetrahydrocannabinol, cannabidiol, nanostring nCounter assay, 1221
Cannabis sativa, cannabinoids, triple-negative breast cancer, cannabidiol, delta-9-tetrahydrocannabinol, 993
CAR T cell therapy, melanoma, solid tumor, HVEM, BTLA, immunology, 3419
CAR-T cell therapy, Gregor Mendel, Watson & Crick, human genome project, deltaRex-G, targeted gene delivery, holy Grail of Gene Therapy, gene therapy, retroviral vector, adenoassociated vector, 4257
Carbon ion radiotherapy, linear energy transfer, estimation, relative biological effectiveness, treatment planning, 2975
Carbon ion radiotherapy, pancreatic cancer, perioperative adjuvant chemotherapy, 809
Carbon ions, bone sarcoma, particle beam therapy, protons, qualitative research, 2031

Carbon-ion beam, flash, ultra-high dose-rate, 581
Carbon-ion radiotherapy, intensity-modulated, bone and soft tissue tumors, sarcoma, clinical outcome, 2777
Carbon-ion radiotherapy, osteosarcoma, dose distribution, relative biological effectiveness, 4873
Carbon-ion radiotherapy, prostate cancer, rectal cancer surgery, toxicity, 2691
Carcinogenesis, neutron, BNCT, spleen, malignant lymphoma, 1455
Carcinoma *in situ*, bladder cancer, overactive bladder, non-muscle invasive, 3607
Carcinoma of unknown primary, starburst, positron emission tomography, 4237
Carcinoma, liver, cancer, hepatocellular, cholangio-carcinoma, pregnancy, birth, fertility, review, 3861
Carcinoma, nutrition, malnutrition, head and neck cancer, narrative interview, weight trajectory, nutrition impact symptom, patient reported outcome, PRO, self-help group, 1663
Carcinoma, patient-derived orthotopic xenograft, PDOX, concordance, clinical, drug resistance, chemotherapy, sarcoma, precise individualized therapy, review, 4277
Cardiac substructures, adaptive radiotherapy, NSCLC, parameters, 5573
Cardiovascular disease, mediterranean diet, lifestyle, meningioma, 5499
Carfilzomib, multiple myeloma, next-generation flow, measurable residual disease, relapsed and refractory, lenalidomide, dexamethasone (KRD), 157
Carotid artery stenosis, radiotherapy, head and neck tumors, CT scans, 5657
Case report, biphenotypic sinonasal sarcoma, clinical management, 1581
Caspase, diallyl trisulfide, DATS, cell cycle, antibody microarray, apoptosis, flow cytometry, triple negative breast cancer, breast cancer, 2393
Caspase, genistein, human osteosarcoma cell Saos-2, p21, p27, apoptosis, 5387
Castration-resistant prostate cancer, enzalutamide, abiraterone acetate, metastatic, real-life practice, 463
Castration-resistant prostate cancer, focal adhesion kinase, chalcone derivative, DNA damage, proliferation, migration, 389
Castration-resistant prostate cancer, initial-to-nadir prostate-specific antigen ratio, enzalutamide, androgen-deprivation therapy, 4573
Castration-resistant prostate cancer, prostate cancer, hormone therapy, androgen receptor-axis-targeted agent, 1351
Caudal-related homeobox transcription factor 2 (CDX2), CRC, chemotherapy, metastatic spinal tumor, spinal cord compression, cetuximab, manual muscle testing, 2879
CBM complex, dimethyl fumarate, NF-κB, adult T-cell leukemia, 1901
CCL2, migration, cabazitaxel, chemo-resistance, prostate cancer, 2561
CCL347, ADAM9, MICA, NKG2D, HCC, 1043
CCL7, biomarker, metastatic colorectal cancer, prognosis, serum, 105
CCNG1+, gene therapy, HR+, HER2+, early-stage breast cancer, deltaRex-G, trastuzumab, letrozole, review, 2383
CcRCC, CD44, immune infiltration, SPP1, metastasis, 3493
CD103, tissue-resident memory T cells, esophageal cancer, biopsy, 4823
CD133, breast cancer, cancer stem cell marker, 2145
CD163, colorectal cancer, apoptosis, invasive front, tissue microarray, p53, 3935
CD166, ALCAM, gastric cancer, neoadjuvant chemotherapy, survival, drug resistance, gastric cell model, 1463
CD44, ccRCC, immune infiltration, SPP1, metastasis, 3493
CD44, gastric cancer, cancer stem cells, peritoneal metastasis, monoclonal antibody, 2491
CD46, oncolytic virus, oncolytic adenovirus, pancreatic cancer, anti-adenovirus antibody, 537
CD73, MMP, emmprin, tumour invasion, fibroblasts, 3735
CD8, cervical cancer, squamous cell carcinoma, radiotherapy, tumor-infiltrating lymphocytes, 2077
CD8, esophageal cancer, neoadjuvant treatment, HLA class I, 4691
CD8/forkhead box P3 ratio, triple-negative breast cancer, tumor-infiltrating lymphocyte, positron emission tomography, neoadjuvant chemotherapy, 127
CD9, malignant melanoma, exosomes, cancer-associated fibroblasts, 25
CDK16 inhibitor, breast cancer, rebastinib, triple negative breast cancer, luminal cancer, kinase inhibitor, 2609
CDK2, cranberry, lung adenocarcinoma, cyclin E, CDK4, FLIP, 2933
CDK4, cranberry, lung adenocarcinoma, cyclin E, CDK2, FLIP, 2933
CDK4/6 inhibitors-resistance, breast cancer, palbociclib, ribociclib, abemaciclib, review, 5283
CDK4/6 inhibitors, radiation pneumonitis, breast cancer, 3539
CDX2, unresectable colon cancer, primary tumor resection, 3763
CEA, pleural effusions, cell block, immunohistochemistry, malignant cells, BEREP4, 669
Cell adhesion, TNBC, protein–protein interaction, miRNA, lncRNA, 2951
Cell apoptosis, pancreatic cancer, miR-122-5p, ASCT2, glutamine metabolism, 4379
Cell block, pleural effusions, immunohistochemistry, malignant cells, BEREP4, CEA, 669

Cell culture, tFE3-rearranged renal cell carcinomas, PRCC, *TFE3*, 3463
Cell cycle, 7, 8-diacetoxy-3, 4-diarylcoumarin, *in vitro* cytotoxicity, mitochondrial membrane potential, MMP, reactive oxygen species, ROS, apoptosis, 1001
Cell cycle, diallyl trisulfide, DATS, antibody microarray, caspase, apoptosis, flow cytometry, triple negative breast cancer, breast cancer, 2393
Cell cycle, galectin-9, duodenal adenocarcinoma, apoptosis, microRNA, 3769
Cell cycle, glyH-101, caCCinh-A01, apoptosis, HT-29, 3471
Cell cycle, propofol, nFATc2, sp1, cFos, pancreatic cancer, cancer, proliferation, 4897
Cell death, 5-azacytidine, cancer, p53, DNA methylation, 639
Cell growth inhibition, prostate cancer, cancer therapy, chemically modified microRNA, nucleic acid-based drug, 1909
Cell invasion, serum starvation, nasopharyngeal carcinoma, matrix metalloproteinase 9, 2583
Cell motility, integrin αvβ8, squamous cell carcinoma, invasion, RAC1 signaling pathway, 4833
Cell proliferation, clear cell renal cell carcinoma, KIBRA, apoptosis, LATS-2, 45
Cell proliferation, epigallocatechin gallate, EGCG, rhabdomyosarcoma, transwell migration assay, clonal cell growth, Hedgehog pathway, 1025
Cell proliferation, l-type amino acid transporter 1, ovarian clear cell carcinoma, nanvuranlat, mammalian target of rapamycin, leucine, 2509
Cell proliferation, mesothelioma, LINC00152, CYTOR, EZH2, long non-coding RNA, migration, invasion, 5367
Cellular processes, triple-negative breast cancer, lncRNA SEMA3B-AS1, prognosis, disease development, miR-513c-5p, 5475
Cemented stem, bone tumor, femur, endoprosthesis, kyocera Modular Limb Salvage System, femoral-bone tumor, reconstruction, outcome, 3507
Central nervous system, non-small cell lung cancer, postoperative recurrence, post-recurrence survival, epidermal growth factor receptor mutation, 3543
Centrally located, proton beam therapy, non-small cell lung cancer, moderate hypofractionation, radiation pneumonitis, dose volume histogram, 2003
Ceramic, surface functionalization, click chemistry, aptamer, confocal microscopy, 1053
Cerebral metastases, prognostic model, overall survival, metastatic cancer, geriatric patients, octogenarians, radiotherapy, 749
Cervical adenocarcinoma, mMR-deficiency, MSI, PDL-1, lymphovascular invasion, 53
Cervical cancer, small cell neuroendocrine carcinoma, chemotherapy, etoposide, platinum, review, 1397
Cervical cancer, squamous cell carcinoma, radiotherapy, CD8, tumor-infiltrating lymphocytes, 2077
Cervical cancer, TAM, M2 macrophage, repolarization, itraconazole, 569
Cervical dysplasia, high-grade squamous intraepithelial lesion (HSIL), pregnancy, treatment, mode of delivery, 3153
Cetuximab, caudal-related homeobox transcription factor 2 (CDX2), CRC, chemotherapy, metastatic spinal tumor, spinal cord compression, manual muscle testing, 2879
Cetuximab, nivolumab, head and neck cancer, squamous cell carcinoma, prognostic factor, immunotherapy, oral cancer, 1681
Cetuximab, panitumumab, overall survival, conversion surgery, metastatic colorectal cancer, 5127
CFos, propofol, nFATc2, sp1, pancreatic cancer, cancer, proliferation, cell cycle, 4897
Chalcone derivative, castration-resistant prostate cancer, focal adhesion kinase, DNA damage, proliferation, migration, 389
Charity, prostate cancer, breast cancer, funding, burden of disease, google Trends, 409
Check-point inhibitor, non-small cell lung cancer, small cell lung cancer, platinum-based chemotherapy, tyrosine kinase inhibitor, progesterone receptor, antagonist/modulators, review, 951
Checkpoint inhibitor, head and neck cancer, pembrolizumab, immunotherapy, real-world data, 1273
Chemically modified microRNA, prostate cancer, cancer therapy, nucleic acid-based drug, cell growth inhibition, 1909
Chemo-radiotherapy, locally advanced rectal cancer, radiomics, magnetic resonance imaging, 781
Chemo-resistance, migration, cabazitaxel, CCL2, prostate cancer, 2561
Chemo-resistant urothelial carcinoma, pembrolizumab, upper tract urothelial carcinoma, lower tract urothelial carcinoma, 5041
Chemo-sensitization, glypican-1, shRNA, drug resistance, esophageal adenocarcinoma, 5-fluorouracil, 3411
Chemokine (C-C motif) ligand 2, C-C chemokine receptor type 2, epidermal growth factor receptor, human epidermal growth factor receptor 2, src, 1079
Chemokine CXCL12, ovarian cancer, CXCR4 receptor, biomarkers, prognosis, immunohistochemistry, 3331
Chemoprevention, statins, chemotherapy, metastasis, anticancer, review, 4263
Chemoradiation, head and neck cancer, smoking, alcohol, treatment outcomes, 823
Chemoradiation, head and neck squamous-cell carcinoma, cisplatin regimens, toxicity, loco-regional control, survival, 795

Chemoradiotherapy, hypofractionated radiotherapy, glioblastoma, relapse, high-grade glioma, 2155
Chemoradiotherapy, locally advanced non-small cell lung cancer, N3 lymph node metastasis, durvalumab, 675
Chemoradiotherapy, lung cancer, radiotherapy, pre-treatment emotional distress, 2111
Chemoradiotherapy, non-small-cell lung cancer, lung diseases, interstitial, radiation pneumonitis, 1797
Chemoresistance, miR-33b-5p, YWHAH, lung adenocarcinoma, 5447
Chemosensitivity, splicing factor, RBM17/SPF45, non-small cell lung cancer, immune checkpoint inhibitor, chemotherapy, predictive marker, 4663
Chemotherapy before maintenance treatment, maintenance treatment, platinum-sensitive relapsed ovarian cancer, anemia, 3653
Chemotherapy response evaluation, colorectal cancer liver metastasis, morphologic response, cTv⊿, 3807
Chemotherapy-induced nausea and vomiting, breast cancer, single nucleotide polymorphism, 2671
Chemotherapy-induced nausea and vomiting, unresectable colorectal cancer, trifluridine/tipiracil, bevacizumab, 2351
Chemotherapy-induced peripheral neuropathy, drug repositioning, oxaliplatin, proton pump inhibitors, 5613
Chemotherapy, breast cancer, bleeding, surgery, prognosis, 191
Chemotherapy, breast cancer, smoking, bevacizumab, prognosis, 849
Chemotherapy, caudal-related homeobox transcription factor 2 (CDX2), CRC, metastatic spinal tumor, spinal cord compression, cetuximab, manual muscle testing, 2879
Chemotherapy, cervical cancer, small cell neuroendocrine carcinoma, etoposide, platinum, review, 1397
Chemotherapy, colorectal cancer, time-to-next-treatment, secondary surgery, tumor sidedness, metastases, colorectal liver metastases, 5589
Chemotherapy, Ewing sarcoma, osteosarcoma, surgery, radiotherapy, outcome, 4975
Chemotherapy, low intensity pulsed ultrasound, therapeutic ultrasound, uterine cervical neoplasms, cisplatin, 4793
Chemotherapy, medication guidance sheet, adverse events, TBI/CY conditioning regimens, allogeneic hematopoietic cell transplantation 4067
Chemotherapy, medication instruction sheet, adverse events, acute myeloid leukemia, high-dose cytarabine consolidation therapy, 3321
Chemotherapy, ovarian cancer, bevacizumab, safety, efficacy, real-world, molecular-targeting agents, 3097
Chemotherapy, ovarian cancer, platinum-sensitive recurrence, bevacizumab, PARP inhibitors, 1265
Chemotherapy, pancreatic cancer, conversion surgery, FOLFIRINOX, gemcitabine, nab-paclitaxel, 1611
Chemotherapy, patient-derived orthotopic xenograft, PDOX, concordance, clinical, drug resistance, sarcoma, carcinoma, precise individualized therapy, review, 4277
Chemotherapy, serous ovarian carcinoma, UBE2L6, ABCB6, platinum resistance, 3787
Chemotherapy, splicing factor, RBM17/SPF45, non-small cell lung cancer, immune checkpoint inhibitor, predictive marker, chemosensitivity, 4663
Chemotherapy, statins, chemoprevention, metastasis, anticancer, review, 4263
Chemotherapy, synovial sarcoma, bone, diagnosis, immunohistochemistry, fluorescence *in situ* hybridization, 4241
Chemotherapy, toxicity, colon cancer, Ashkenazi and Sephardic Jews, 239
Child, clear-cell variant, mucoepidermoid carcinoma, minor salivary gland, MAML2 rearrangement, and fluorescence *in situ* hybridization, 939
Childhood acute lymphocytic leukemia, genotypes, interleukin-8, polymorphism, 5359
Chlamydia trachomatis, ovarian cancer, biomarker, prognosis, 4037
Cholangio-carcinoma, liver, cancer, carcinoma, hepatocellular, pregnancy, birth, fertility, review, 3861
Cholangiocarcinoma, 8-chloroadenosine, apoptosis, ER stress, gemcitabine, 5-FU, cisplatin, CX-4945, paclitaxel, hydroxychloroquine, 5425
Cholangiocarcinoma, computed tomography, lymph node, texture, 5089
Cholestasis, hepatocellular carcinoma, colorectal liver metastasis, ICG, anatomical liver resection, 5583
Chondrosarcoma, biopsy, local recurrence, sarcoma, 3069
Chromone derivatives, oral squamous cell carcinoma, mild hyperthermia, G_2/M blocker, synergism, 3429
Chromosomal instability, autophagy, colonic neoplasms, tumor microenvironment, immune evasion, 1943
Chronic heart failure, laparoscopic, colorectal cancer, surgery, 5645
Chronic inflammation, cancer, malnutrition, cytokine, nutritional support, 2821
Chronic kidney disease, colorectal cancer, adjuvant chemotherapy, 3089
Circulating tumor cell, lung cancer, size selection, filter, validation test, 4683
Circulating tumor cells, metastasis, neuroblastoma, review, 4327
Circulating tumor DNA, liquid biopsy, peritoneal tumor DNA, peritoneal lavage, gastric cancer, 2069
Circumferential resection margin (CRM), rectal cancer, propensity-score matching analysis, recurrence-free survival, local recurrence-free survival, cancer-specific survival, prognosis, 3623

Cisplatin regimens, head and neck squamous-cell carcinoma, chemoradiation, toxicity, loco-regional control, survival, 795
Cisplatin, artesunate, urothelial carcinoma, ROS, synergy, 1175
Cisplatin, cholangiocarcinoma, 8-chloroadenosine, apoptosis, ER stress, gemcitabine, 5-FU, CX-4945, paclitaxel, hydroxychloroquine, 5425
Cisplatin, fucoidan, oral cancer, apoptosis, 4015
Cisplatin, immune check point inhibitors, urothelial carcinoma, pembrolizumab, atezolizumab, 1331
Cisplatin, low intensity pulsed ultrasound, therapeutic ultrasound, uterine cervical neoplasms, chemotherapy, 4793
Cisplatin, metronomic chemotherapy, angiogenesis, all-trans retinoic acid, bone marrow-derived cells, 5509
CK2α, oxaliplatin, anti-tumor drug resistance, colorectal cancer cells, ABC transporter, 2519
Classification, triple-negative breast cancer, targeted therapy, bRCAness, hER2-low, 5067
Claudin-10, CLDN10, brain endothelial, blood brain barrier, tight junction, breast cancer, metastasis, 3923
CLDN10, claudin-10, brain endothelial, blood brain barrier, tight junction, breast cancer, metastasis, 3923
Clear cell carcinoma, ovarian neoplasm, prognostic factor, gynecologic surgical procedure, cytology, 3799
Clear cell renal cell carcinoma, KIBRA, cell proliferation, apoptosis, LATS-2, 45
Clear cell renal cell carcinoma, LINC01480, prognosis, cancer metastasis, 3037
Clear-cell variant, child, mucoepidermoid carcinoma, minor salivary gland, MAML2 rearrangement, and fluorescence *in situ* hybridization, 939
Click chemistry, ceramic, surface functionalization, aptamer, confocal microscopy, 1053
Clinical complete response, rectal cancer, organ-sparing surgery, lymph node metastasis, watch and wait, neoadjuvant chemoradiotherapy, complete pathological response, 2813
Clinical features, colorectal cancer, triage, colonoscopy, FIT, diagnosis, multivariate analysis, 5535
Clinical management, biphenotypic sinonasal sarcoma, case report, 1581
Clinical nurse specialist, metastasis, survivorship, primary palliative care, review, 1387
Clinical outcome, intensity-modulated, carbon-ion radiotherapy, bone and soft tissue tumors, sarcoma, 2777
Clinical practice guideline, sarcoma center, soft-tissue sarcoma, multidisciplinary therapy, 2317
Clinical, patient-derived orthotopic xenograft, PDOX, concordance, drug resistance, chemotherapy, sarcoma, carcinoma, precise individualized therapy, review, 4277
Clinicopathological factors, dendritic cell, dCsign, macrophage, non-small-cell lung cancer, lymph node, prognosis, 3003
Clonal cell growth, epigallocatechin gallate, EGCG, rhabdomyosarcoma, transwell migration assay, cell proliferation, Hedgehog pathway, 1025
Clonogenic survival, IL28, radiosensitizer, pancreatic cancer, survivin, 1885
Cobas® *EGFR* Mutation Test v2, non-small-cell lung cancer, epidermal growth factor receptor, exon 20 insertion mutation, oncomine Dx Target Test, 2771
COBRA, lung cancer, *ALX3*, promoter methylation, biomarker, 3029
Cold atmosphere pressure plasma, cold atmospheric plasma, tissue tolerable plasma, microRNA-1, AKT1, 7
Cold atmospheric plasma, cold atmosphere pressure plasma, tissue tolerable plasma, microRNA-1, AKT1, 7
Colitis-associated neoplasms, colorectal neoplasms, laparoscopy, proctocolectomy, ulcerative colitis, 5245
Colon cancer, chemotherapy, toxicity, Ashkenazi and Sephardic Jews, 239
Colon cancer, liver metastasis, transarterial chemoembolization (TACE), irinotecan loaded drug-eluting beads TACE (DEBIRI-TACE), overall survival, 3647
Colon cancer, NADPH oxidase 2, biomarker, immunohistochemistry, transfection, 2601
Colon cancer, peritoneal metastasis, HCT-116, GFP, methionine addiction, Hoffman effect, methioninase, oral administration, 5-FU, oxaliplatinum, combination, synergy, Hoffman protocol, 19
Colon cancer, rectal cancer, prognosis, lymph node metastasis, dissection, 4213
Colon cancer, turner syndrome, gonadoblastoma, breast cancer, ovarian cancer, 5073
Colon neoplasm, cytochrome P450 family 46 subfamily A member 1, proliferation, angiogenesis, 4915
Colon, MSI, MMR, signet-ring cell carcinoma, immunotherapy, 4729
Colon, rectum, tubular adenomas. nondysplastic colon crypts. abnormal branching, 4947
Colonic neoplasms, autophagy, chromosomal instability, tumor microenvironment, immune evasion, 1943
Colonoscopy, colorectal cancer, clinical features, triage, FIT, diagnosis, multivariate analysis, 5535
Colorectal adenocarcinoma, overall survival, liver metastases, appendiceal adenocarcinoma, peritonectomy, 4657
Colorectal cancer cells, cK2α, oxaliplatin, anti-tumor drug resistance, ABC transporter, 2519
Colorectal cancer cells, lee011, SN38, 1933
Colorectal cancer liver metastasis, histopathological growth patterns, preoperative chemotherapy, 3727

Colorectal cancer liver metastasis, morphologic response, cTv⊿, chemotherapy response evaluation, 3807
Colorectal cancer, adjuvant chemotherapy, chronic kidney disease, 3089
Colorectal cancer, amino acid transporter, positron emission tomography, 3913
Colorectal cancer, apoptosis, invasive front, tissue microarray, CD163, p53, 3935
Colorectal cancer, bowel decompression, malignant large bowel obstruction, nutritional status, prognosis, 259
Colorectal cancer, clinical features, triage, colonoscopy, FIT, diagnosis, multivariate analysis, 5535
Colorectal cancer, cytoreductive surgery, hyperthermic intraperitoneal chemotherapy (HIPEC), PCI score, 3529
Colorectal cancer, exon-specific mutations, *KRAS*, *NRAS*, 1563
Colorectal cancer, family history, hereditary colorectal cancer, prognosis, propensity score matching, 5167
Colorectal cancer, genotype, *MMP-8*, phenotype, polymorphism, Taiwan, 3979
Colorectal cancer, immunoscore, foxp3, TIME evaluation, 3793
Colorectal cancer, *KRAS*, G12D, *EGFR*, MRTX1133, 4341
Colorectal cancer, kynurenine pathway, sOX40, miR-138-5p, plasma, 3281
Colorectal cancer, laparoscopic, surgery, chronic heart failure, 5645
Colorectal cancer, long-term treatment, cumulative dose, adverse events, proteinuria, hypertension, bleeding, thromboembolic events, bevacizumab, 2085
Colorectal cancer, lymph node metastasis, propensity score matching, 5681
Colorectal cancer, oxaliplatin, elderly patients, 5099
Colorectal cancer, oxidative stress, cadherins, vitamin C, oxaliplatin, 4461
Colorectal cancer, prehabilitation, frail, octogenarian, 5597
Colorectal cancer, splenic flexure colon cancer, laparoscopic surgery, accessory middle colic artery, vascular anatomy, splenic flexure, 3295
Colorectal cancer, the American Society of Anesthesiologists score, elderly patients, laparoscopic surgery, 5637
Colorectal cancer, time-to-next-treatment, chemotherapy, secondary surgery, tumor sidedness, metastases, colorectal liver metastases, 5589
Colorectal liver metastases, colorectal cancer, time-to-next-treatment, chemotherapy, secondary surgery, tumor sidedness, metastases, 5589
Colorectal liver metastasis, cholestasis, hepatocellular carcinoma, ICG, anatomical liver resection, 5583
Colorectal neoplasms, colitis-associated neoplasms, laparoscopy, proctocolectomy, ulcerative colitis, 5245
Colorectal, cancer, pulmonary metastasis, thermal ablation, microwave ablation, review, 2899
Colostomy, emergency surgery, ileostomy, postoperative complications, skin bridge technique, 4189
Colposcopy, vaginal intraepithelial neoplasia, vaginal cancer, human papilloma virus, 4637
Combination drug therapy, breast neoplasms, everolimus, drug dose-response relationship, 5253
Combination therapies, dendritic cells, vaccine, irreversible electroporation, osteosarcoma, review, 3389
Combination therapy, AKT, breast cancer, FGFR, nebivolol, 1973
Combination, colon cancer, peritoneal metastasis, HCT-116, GFP, methionine addiction, Hoffman effect, methioninase, oral administration, 5-FU, oxaliplatinum, synergy, Hoffman protocol, 19
Combined intracavitary/ interstitial brachytherapy, uterine cervical cancer, treatment planning, 3265
Communication, breaking bad news, COVID-19 pandemic, oncology, telemedicine, 773
Comorbidities, abemaciclib, diarrhea, age, diet, polypharmacy, 1291
Comorbidity, pancreatic cancer, disparities, hispanic, treatment, delayed treatment, 4969
Comparative study, glioblastoma, conventionally fractionated radiotherapy, hypo-fractionated radiotherapy, local control, overall survival, 3121
Complete pathological response, rectal cancer, organ-sparing surgery, lymph node metastasis, watch and wait, neoadjuvant chemoradiotherapy, clinical complete response, 2813
Complication, brachytherapy, ^{198}Au grain, buccal mucosa, osteoradionecrosis, 2265
Complications, hispanic patients, post-mastectomy radiation, implant reconstruction, breast cancer, 4953
Complications, rectal cancer, local recurrence, high sacrectomy, local re-recurrence-free survival rate, 5061
Comprehensive genomic profiling, gynaecological cancer, survival advantage, germline findings, 2091
Computed tomography, cryoablation, renal cell carcinoma, local anesthesia, 1699
Computed tomography, lymph node, cholangiocarcinoma, texture, 5089
Concordance, patient-derived orthotopic xenograft, PDOX, clinical, drug resistance, chemotherapy, sarcoma, carcinoma, precise individualized therapy, review, 4277
Conditioned medium, oncostatin M, insulin receptor substrate-1, extracellular signal-regulated kinase, pancreatic ductal adenocarcinoma, pancreatic stromal cells, 2477
Cone beam computed tomography, image-guided radiotherapy, prostate cancer, exacTrac, fat tissues, personalized radiation therapy, 4077
Cone-beam CT, prostate cancer, radiotherapy, image-guided radiotherapy, fiducial markers, 405

Confocal microscopy, ceramic, surface functionalization, click chemistry, aptamer, 1053
Continuous glucose monitoring, gastric cancer, proximal gastrectomy, glycemic profile, postgastrectomy syndromes, 857
Contrast-enhanced ultrasound, sentinel lymph node, sentinel lymph node biopsy, breast neoplasm, ultrasound, mammary, ultrasonography, axillary imaging, lymphoscintigraphy, 557
Conventionally fractionated radiotherapy, glioblastoma, hypo-fractionated radiotherapy, comparative study, local control, overall survival, 3121
Conversion surgery, cetuximab, panitumumab, overall survival, metastatic colorectal cancer, 5127
Conversion surgery, gastric cancer, recurrence, adjuvant chemotherapy, 3305
Conversion surgery, hepatocellular carcinoma, atezolizumab, bevacizumab, peritoneal metastasis, 943
Conversion surgery, lenvatinib, hepatocellular carcinoma, 1761
Conversion surgery, oligometastases, two-stage resection, 5223
Conversion surgery, pancreatic cancer, chemotherapy, FOLFIRINOX, gemcitabine, nab-paclitaxel, 1611
Conversion surgery, unresectable locally advanced pancreatic cancer, adjuvant surgery, neoadjuvant chemotherapy, overall survival, 4097
COPD, non-small cell lung cancer, thoracoscopic surgery, 5215
Copper chelate, ABC-transporters, biometals, multidrug resistance, 1031
Cortactin, prostate cancer, AHCC®, 1159
Cost analysis, nivolumab, real-world data, NSCLC, efficacy, 2799
Cost-effectiveness, esophageal cancer, pegfilgrastim, febrile neutropenia, 2293
COVID 19, breast cancer, sARS-CoV-2, breast screening programs, quality of care, 2235
COVID-19 pandemic, breaking bad news, communication, oncology, telemedicine, 773
COVID-19, bivalent mRNA vaccine, omicron, hematological neoplasms, 3129
COVID-19, breast neoplasm, SARS-SOV-2, anxiety, breast cancer, decision-making process, surgery, surgery refusal, 3255
COVID-19, PCR, sARS-CoV-2, false-negative, thoracic cancer, 919
COX-2, malignant progression, inflammation, fibrosarcoma, AHCC®, 1239
CpG oligodeoxy-nucleotides, antitumor antibody, glypican 1, macrophage, natural killer cell, 2425
Cranberry, lung adenocarcinoma, cyclin E, CDK2, CDK4, FLIP, 2933
Cranioplasty, peputide receptor radionuclide therapy, recurrent olfactory neuroblastoma, surgical site infection, 5723
CRC, caudal-related homeobox transcription factor 2 (CDX2), chemotherapy, metastatic spinal tumor, spinal cord compression, cetuximab, manual muscle testing, 2879
Creatinine, niraparib, ovarian cancer, risk factor, hematologic toxicity, 4533
CRS, IDS, HIPEC, ovarian cancer, 4593
Cryoablation, renal cell carcinoma, computed tomography, local anesthesia, 1699
CT scans, carotid artery stenosis, radiotherapy, head and neck tumors, 5657
CTHRC1, gastric cancer, immune escape, biomarker, TCGA, 115
CTv*⊿*, colorectal cancer liver metastasis, morphologic response, chemotherapy response evaluation, 3807
Cumulative dose, colorectal cancer, long-term treatment, adverse events, proteinuria, hypertension, bleeding, thromboembolic events, bevacizumab, 2085
Cumulative sum analysis, learning curve, intracorporeal anastomosis, right side colon cancer, laparoscopic surgery, 3341
CUP, endometriosis, endometrial cancer, rectal cancer, 1857
Cuproptosis, AML, tumor microenvironment, immunotherapy, molecular subtypes, 3943
Curative treatment, geriatric Nutritional Risk Index, GNRI, gastric cancer, perioperative aduvant treatment, 5605
Cut-off, breast cancer, HLA-A, HLA-B/C, prognosticator, 1449
Cutaneous melanoma, alpha enolase, ENO1, MBP-1, c-MYC binding protein, 2527
Cutaneous melanoma, sentinel lymph node biopsy, 31-GEP, gene expression profiling, prognosis, prognostic testing, 4511
Cutaneous metastasis, lung cancer, adenocarcinoma, 2367
Cutaneous presentation of acute myeloid leukemia, Henoch-Schonlein Purpura, acute myeloid leukemia, 3579
CX-4945, cholangiocarcinoma, 8-chloroadenosine, apoptosis, ER stress, gemcitabine, 5-FU, cisplatin, paclitaxel, hydroxychloroquine, 5425
CXCR, WNT, NOTCH, PDGFR, signalling pathways, oral squamous cell carcinoma, prognosis, 591
CXCR4 receptor, ovarian cancer, chemokine CXCL12, biomarkers, prognosis, immunohistochemistry, 3331
CyberKnife, stereotactic body radiotherapy, prostate cancer, raster scanning, 1637
CyberKnife, synchrony, motion tracking accuracy, DVH, 231
Cyberknife®, oligometastatic, robotic stereotactic body radiotherapy, lung metastases, 4125

Cyclin E, cranberry, lung adenocarcinoma, CDK2, CDK4, FLIP, 2933
Cyclin, tazarotene-induced gene 1, VAC14, mammalian target of rapamycin, p70 S6 kinase, 2635
Cyclodextrin, α-Bisabolol, FAK, pancreatic cancer, antitumor effects, apoptosis, 1009
Cyclodextrins, nanoparticles, terpyridine, doxorubicin, antiproliferative activity, tumor cells, 5409
CYP3A5, osimertinib, polymorphism, *STAT3*, *ABCG2*, adverse event, non-small cell lung cancer, 1775
Cytochrome P450 family 46 subfamily A member 1, colon neoplasm, proliferation, angiogenesis, 4915
Cytokeratin, oral cancer, head and neck squamous cell carcinoma, neck dissection, lymph node, discriminant analysis, 4993
Cytokine, cancer, malnutrition, chronic inflammation, nutritional support, 2821
Cytokines, immunotherapy, anti-PD-1/PD-L1 checkpoint inhibitors, monocytes, adhesion molecules, 2445
Cytokines, kynurenines, breast cancer, tryptophan, IDO/TDO, KMO inhibitors, kynurenic acid, review, 5275
Cytology cell-free DNA, pancreatic cancer, endoscopic ultrasound-guided fine-needle aspiration cytology, liquid-based cytology, *KRAS* mutation, 2683
Cytology, clear cell carcinoma, ovarian neoplasm, prognostic factor, gynecologic surgical procedure, 3799
CYTOR, mesothelioma, LINC00152, EZH2, long non-coding RNA, cell proliferation, migration, invasion, 5367
Cytoreductive surgery, colorectal cancer, hyperthermic intraperitoneal chemotherapy (HIPEC), PCI score, 3529
Cytoreductive surgery, hyperthermic intraperitoneal chemotherapy, early postoperative intraperitoneal chemotherapy, mucinous appendiceal neoplasm, 817
Cytotoxicity, arsenic trioxide, betulin, neuroblastoma, 2467
Cytotoxicity, breast cancer, fenbendazole, reactive oxygen species, 1207
D-dimer, pancreatic cancer, resectable, neoadjuvant chemotherapy, venous thromboembolism, adverse event, risk factor, predictive factor, 1741
D-dimer, pancreatic cancer, surgery, survival outcomes, 3173
D3 lymphadenectomy, skip lymph node metastasis, propensity score matching, 4169
DATS, diallyl trisulfide, cell cycle, antibody microarray, caspase, apoptosis, flow cytometry, triple negative breast cancer, breast cancer, 2393
DCIS, ductal carcinoma *in situ*, elderly, older, breast surgery, 1555
DCIS, ductal carcinoma *in situ*, estrogen receptors, ER, breast cancer, 4031
DCS therapy, neoadjuvant chemotherapy, locally advanced gastric cancer, 2841
DCsign, dendritic cell, macrophage, non-small-cell lung cancer, lymph node, clinicopathological factors, prognosis, 3003
Decision-making process, breast neoplasm, COVID-19, SARS-SOV-2, anxiety, breast cancer, surgery, surgery refusal, 3255
Decision-making, end-of-life care, advanced prostate cancer, advanced dementia, physicians, medical students, special competence in palliative medicine, 3631
Decompressive surgery, metastatic spinal cord compression (MSCC), ambulation recovery, survival rate, 1767
Dedifferentiation, atypical lipomatous tumor, well-differentiated liposarcoma, ordinary lipoma, treatment, MDM2, ring chromosome, review, 4295
Dedifferentiation, papillary thyroid carcinoma, squamous cell carcinoma, immunohistochemistry, prognosis, 255
Deep learning, image cytometry, immunohistochemical staining, 3755
Deep learning, machine learning, ovarian cancers, MRI scan, 3817
Deep ultraviolet, antitumor effects, apoptosis, light-emitting diode, pancreatic cancer, 621
Degarelix, QOL, prostate cancer, injection site reaction, 1817
Delayed treatment, pancreatic cancer, disparities, hispanic, treatment, comorbidity, 4969
Delta-9-tetrahydrocannabinol, *Cannabis sativa*, cannabinoids, triple-negative breast cancer, cannabidiol, 993
DeltaRex-G, gene therapy, *CCNG1+*, HR+, HER2+, early-stage breast cancer, trastuzumab, letrozole, review, 2383
DeltaRex-G, Gregor Mendel, Watson & Crick, human genome project, targeted gene delivery, holy Grail of Gene Therapy, gene therapy, retroviral vector, adenoassociated vector, CAR-T cell therapy, 4257
Dendritic cell, dCsign, macrophage, non-small-cell lung cancer, lymph node, clinicopathological factors, prognosis, 3003
Dendritic cells, vaccine, irreversible electroporation, osteosarcoma, combination therapies, review, 3389
Dendropanax morbiferus H. Lév., apoptosis, breast cancer, MAPK pathway, MDA-MB-231, 3047
Dermatology, oncology, epidemiology, survival, melanoma, lower limbs and hips, surgery, SEER, 4105
Desmopressin, nocturia, LUTS, β3 adrenoceptor agonist, 455
Dexamethasone (KRD), multiple myeloma, next-generation flow, measurable residual disease, relapsed and refractory, carfilzomib, lenalidomide, 157
Diabetes mellitus, high-glucose stimulation, atypical protein kinase C, yes-associated protein, partitioning defective 3, pancreatic cancer, 4843
Diagnosis, colorectal cancer, clinical features, triage, colonoscopy, FIT, multivariate analysis, 5535

Diagnosis, prostate cancer, bone metastasis, bone turnover markers, liquid biopsy, review, 283
Diagnosis, prostate cancer, genetic polymorphisms, biomarkers, review, 317
Diagnosis, renal cell cancer, pregnancy, treatment, review, 3871
Diagnosis, synovial sarcoma, bone, chemotherapy, immunohistochemistry, fluorescence *in situ* hybridization, 4241
Diallyl trisulfide, DATS, cell cycle, antibody microarray, caspase, apoptosis, flow cytometry, triple negative breast cancer, breast cancer, 2393
Diaminobutyric acid, glioma, prazosin, drug combination, amino acids, 3583
Diarrhea, abemaciclib, age, diet, comorbidities, polypharmacy, 1291
Diet, abemaciclib, diarrhea, age, comorbidities, polypharmacy, 1291
Differential diagnosis, synovial sarcoma, indolent, nerve, MRI, symptom, 5729
Differentiated thyroid cancer, FDG PET/CT, initial radioiodine therapy, prognostic factor, 183
Differentiated thyroid cancer, high-throughput sequencing, sterol regulatory element-binding proteins 1, microRNAs, 4435
Differentiation, blood-brain barrier, epigenetic modulator, tumor-initiating cells, 1131
Diffuse large B-cell lymphoma, *TBL1XR1*, *NCOR1*, RNA expression, plasmablastic lymphoma, follicular lymphoma, primary testicular lymphoma, 4801
Diffuse low-grade glioma, extent of resection, overall survival, molecular markers, intraoperative magnetic resonance imaging, 2659
Digital holographic microscopy, breast cancer, holomonitor, 3891
Dihydroartemisinin, primary effusion lymphoma, reactive oxygen species, apoptosis, 1139
Dimethyl fumarate, CBM complex, NF-κB, adult T-cell leukemia, 1901
Discriminant analysis, oral cancer, head and neck squamous cell carcinoma, neck dissection, lymph node, cytokeratin, 4993
Disease development, triple-negative breast cancer, lncRNA SEMA3B-AS1, prognosis, cellular processes, miR-513c-5p, 5475
Disease-free survival, biomarkers, prognosis, localized prostate cancer, integrins, 417
Disease-free survival, β2-GPI, breast cancer, tumor prognosis, overall survival, 3455
Disparities, pancreatic cancer, hispanic, treatment, comorbidity, delayed treatment, 4969
Disparity, inequities, thyroid cancer, treatment, 5025
Disparity, skin cancer, treatment, 5555
Dissection, colon cancer, rectal cancer, prognosis, lymph node metastasis, 4213
Disseminated intravascular coagulation, breast cancer, tumour lysis syndrome, liver metastasis, 2371
Distal cholangiocarcinoma, peritoneal dissemination, liver metastases, 1863
Distal pancreatectomy, lymphadenectomy, pancreatic ductal adenocarcinoma, prognosis, PSM, 201
Distress scores, head and neck cancer, radiotherapy, increased distress, risk factors, 4149
Distress scores, malignant disease, distress thermometer, radiotherapy, risk factors, 4143
Distress thermometer, malignant disease, distress scores, radiotherapy, risk factors, 4143
DM-CHOC-PEN, melanoma, melanin, alkylation, 1407
DNA damage repair, non-small cell lung cancer, biomarker, immune checkpoint inhibitor, immunotherapy, 2343
DNA damage response, somatic variants, ovarian cancer, 1891
DNA damage, castration-resistant prostate cancer, focal adhesion kinase, chalcone derivative, proliferation, migration, 389
DNA ligase 4, genotypes, lung cancer, non-homologous end-joining, single nucleotide polymorphism, Taiwan, 3447
DNA methylation, cell death, 5-azacytidine, cancer, p53, 639
Docetaxel, gastric cancer, S-1, oxaliplatin, adjuvant therapy, 5015
Docosahexaenoic acid, menadione/ascorbate, ATP, mitochondrial superoxide, leukemia, 1213
Dormancy, oral leukoplakia, malignant transformation, biomarker, TIPE2, 4937
Dorsal subcutaneous fat, body composition, pancreatic fistula, gastric cancer, surgery, postoperative infectious complications, 2171
Dose distribution, carbon-ion radiotherapy, osteosarcoma, relative biological effectiveness, 4873
Dose reduction, palbociclib, breast cancer, japanese, older patients, drug holiday, 2783
Dose volume histogram, proton beam therapy, centrally located, non-small cell lung cancer, moderate hypofractionation, radiation pneumonitis, 2003
Dosing interval, high-dose methotrexate, HD-MTX, glycyrrhizin, pharmacokinetic interactions, hepatic dysfunction, rat, 1493
Doublet adjuvant chemotherapy, laparoscopic gastrectomy, advanced gastric cancer, 2203
Doxorubicin, multidrug resistance, breast cancer, selenoester, p-glycoprotein (ABCB1, p-gp), apoptosis, 4865
Doxorubicin, nanoparticles, cyclodextrins, terpyridine, antiproliferative activity, tumor cells, 5409

Driver gene mutation, lung adenocarcinoma, lung squamous cell carcinoma, programmed cell death ligand-1, immune checkpoint inhibitors, 5197
Drug combination, glioma, diaminobutyric acid, prazosin, amino acids, 3583
Drug delivery, anti-GD2-antibody, immunotherapy, mesenchymal stem cell, neuroblastoma, 2417
Drug dose-response relationship, breast neoplasms, everolimus, combination drug therapy, 5253
Drug holiday, palbociclib, breast cancer, japanese, older patients, dose reduction, 2783
Drug repositioning, chemotherapy-induced peripheral neuropathy, oxaliplatin, proton pump inhibitors, 5613
Drug repurposing, imipramine, oral squamous cell carcinoma, sAS-bearing mice, anti-depressants, 3987
Drug repurposing, itraconazole, tumor-associated macrophages, 1981
Drug resistance, ALCAM, CD166, gastric cancer, neoadjuvant chemotherapy, survival, gastric cell model, 1463
Drug resistance, endometrial cancer, triciribine, ABC transporter, 2501
Drug resistance, glypican-1, shRNA, chemo-sensitization, esophageal adenocarcinoma, 5-fluorouracil, 3411
Drug resistance, patient-derived orthotopic xenograft, PDOX, concordance, clinical, chemotherapy, sarcoma, carcinoma, precise individualized therapy, review, 4277
Drug-resistance, renal cell carcinoma, targeted therapy, immune therapy, new drug modalities, review, 983
Dual-energy computed tomography, breast cancer, iodine map, magnetic resonance imaging, tumor extent, 4133
Ductal carcinoma *in situ*, DCIS, elderly, older, breast surgery, 1555
Ductal carcinoma *in situ*, DCIS, estrogen receptors, ER, breast cancer, 4031
Duodenal adenocarcinoma, galectin-9, apoptosis, cell cycle, microRNA, 3769
Duodenal MALT lymphoma, early-stage MALT lymphoma, rectal MALT lymphoma, radiation therapy, long-term outcomes, 2851
Durvalumab, locally advanced non-small cell lung cancer, N3 lymph node metastasis, chemoradiotherapy, 675
DVH, cyberKnife, synchrony, motion tracking accuracy, 231
DZNep, anaplastic thyroid carcinoma, EZH2 inhibitor, thyroid differentiation marker, TP53 mutation, 1073
E-cadherin, endometrial carcinoma, ki67, 683
E-Training, acetium® lozenge, smoking intervention, nicotine-free, nicotine replacement therapy (NRT), post-training survey, health care professionals, medical doctor, nurse, pharmacy staff, awareness, interest, acceptance, 4961
E2F7, RAD51AP1, endometrial cancer, fatty acid metabolism, 5-FU, 4905
Early postoperative intraperitoneal chemotherapy, cytoreductive surgery, hyperthermic intraperitoneal chemotherapy, mucinous appendiceal neoplasm, 817
Early-stage breast cancer, gene therapy, *CCNG1+*, HR+, HER2+, deltaRex-G, trastuzumab, letrozole, review, 2383
Early-stage breast carcinoma, breast, oncotype DX Recurrence Score, tumor budding, 5563
Early-stage MALT lymphoma, duodenal MALT lymphoma, rectal MALT lymphoma, radiation therapy, long-term outcomes, 2851
Early-stage, GD2, triple-negative breast cancer, tumor infiltrating lymphocytes (TILs), prognosis, 4045
Efficacy, biliary tract cancer, second-line treatment, pemetrexed, erlotinib, 4161
Efficacy, nivolumab, real-world data, NSCLC, cost analysis, 2799
Efficacy, ovarian cancer, bevacizumab, safety, real-world, chemotherapy, molecular-targeting agents, 3097
EGCG, epigallocatechin gallate, rhabdomyosarcoma, transwell migration assay, cell proliferation, clonal cell growth, Hedgehog pathway, 1025
EGFR-tyrosine kinase inhibitor, biopsy, non-small-cell lung cancer, epidermal growth factor receptor, T790M mutation, 2243
EGFR, colorectal cancer, *KRAS*, G12D, MRTX1133, 4341
EGFR, ketamine, genes, breast cancer, wnt, BMP, 5415
EGFR, osimertinib resistance, GBM, osimertinib, stemness, p21, senescence, YTHDF3, 5485
EGFR, PFKP, VEGF, hIF-1α, breast cancer, 75
EGFR, upper urinary tract urothelial carcinoma, HER2, nectin-4, 167
Eicosapentaenoic acid, preoperative nutrition therapy, esophageal cancer, 2199
Elderly patients, colorectal cancer, oxaliplatin, 5099
Elderly patients, colorectal cancer, the American Society of Anesthesiologists score, laparoscopic surgery, 5637
Elderly patients, gastric cancer, gastrectomy, sarcopenia, skeletal muscle loss, laparoscopic surgery, 4207
Elderly patients, gastric cancer, laparoscopic gastrectomy, open gastrectomy, neutrophil–lymphocyte ratio, overall survival, 2055
Elderly patients, neoadjuvant chemotherapy, gastric cancer, locally advanced gastric cancer, 5649
Elderly, ductal carcinoma *in situ*, DCIS, older, breast surgery, 1555
Elderly, gastric cancer, inflammatory and nutritional index, prognostic and nutritional index (PNI), prognostic factor, 5261
Elderly, limb function, quality of life, malignant bone tumor, soft tissue sarcoma, 3273
Electron beam, PPC40, PPC05, parallel-plate ionization chamber, small field, percentage depth dose, 1967

Embryology, taTME, rectal cancer, PSM, fascia, 3597
Emergency surgery, colostomy, ileostomy, postoperative complications, skin bridge technique, 4189
Emmprin, CD73, MMP, tumour invasion, fibroblasts, 3735
Emotional distress, head-and-neck cancer, radio-chemotherapy, radiotherapy alone, 2227
Emotional problems, prostate cancer, radiotherapy, risk factors, 2103
EMT, c4orf47, gallbladder cancer, hypoxia, stem-like phenotype, 1925
EMT, nuclear respiratory factor 1, NRF1, mitochondrial biogenesis, bladder cancer, epithelial–mesenchymal transition, high-mobility group box-1, HMGB1, receptor for advanced glycation end-products, RAGE, 1521
EMT, SALL4, entinostat, gastric cancer, target therapy, 4389
EMT, SSNA1, hepatocellular carcinoma, metastasis, prognosis, 3479
End-of-life care, decision-making, advanced prostate cancer, advanced dementia, physicians, medical students, special competence in palliative medicine, 3631
Endocrine resistance, breast cancer, medium replacement, estrogen-responsive gene, RNA sequencing, autocrine factor, 4447
Endoluminal suturing device, OverStitch™ , endoscopic suturing, 59
Endometrial cancer, brachytherapy, substantial lymph-vascular space, p53, 149
Endometrial cancer, drug resistance, triciribine, ABC transporter, 2501
Endometrial cancer, E2F7, RAD51AP1, fatty acid metabolism, 5-FU, 4905
Endometrial cancer, endometriosis, CUP, rectal cancer, 1857
Endometrial cancer, HPV16, HPV18, endometrioid-type, non-endometrioid type, metastasis, 5083
Endometrial cancer, medroxyprogesterone, hormonal treatment, 3693
Endometrial carcinoma, ki67, e-cadherin, 683
Endometrial carcinoma, metformin, type 2 diabetes, oxidative stress, nrf2, keap1, mnSOD, 5545
Endometrial carcinoma, uterus, mesonephric-like adenocarcinoma, L1 cell adhesion molecule, immunohistochemistry, 4559
Endometrioid-type, HPV16, HPV18, endometrial cancer, non-endometrioid type, metastasis, 5083
Endometriosis-associated ovarian cancer, endometriosis, ovarian clear cell carcinoma, oxidative stress, review, 3401
Endometriosis, CUP, endometrial cancer, rectal cancer, 1857
Endometriosis, ovarian clear cell carcinoma, endometriosis-associated ovarian cancer, oxidative stress, review, 3401
Endoprosthesis, bone tumor, femur, kyocera Modular Limb Salvage System, femoral-bone tumor, cemented stem, reconstruction, outcome, 3507
Endoscopic suturing, OverStitch™ , endoluminal suturing device, 59
Endoscopic ultrasound-guided fine-needle aspiration cytology, pancreatic cancer, liquid-based cytology, cytology cell-free DNA, *KRAS* mutation, 2683
Enfortumab vedotin, urothelial carcinoma, bladder cancer, upper urinary tract cancer, antibody-drug conjugate, 4055
Enhanced recovery after surgery, ERAS, length of stay, postoperative body weight loss, body composition, 4197
ENO1, alpha enolase, MBP-1, c-MYC binding protein, cutaneous melanoma, 2527
Entinostat, SALL4, gastric cancer, EMT, target therapy, 4389
Enzalutamide, abiraterone acetate, metastatic, castration-resistant prostate cancer, real-life practice, 463
Enzalutamide, castration-resistant prostate cancer, initial-to-nadir prostate-specific antigen ratio, androgen-deprivation therapy, 4573
Enzalutamide, prostate cancer, initial prostate-specific antigen level, nadir prostate-specific antigen level, androgen-deprivation therapy, 429
Enzyme-linked immunosorbent assay, SIRT1, sirtuin 1, gastric cancer, biomarker, 1485
Eosinophil, urothelial carcinoma, immune checkpoint inhibitor, pembrolizumab, neutrophil-to-eosinophil ratio, 4701
EPCA-2, MRI, serum PSA, sE-cadherin, prostate cancer, prostatic hyperplasia, 441
Epidemiology, dermatology, oncology, survival, melanoma, lower limbs and hips, surgery, SEER, 4105
Epidermal carcinoma, skin, mohs micrographic surgery, resection margin involvement, frozen section examination, 2707
Epidermal growth factor receptor mutation, non-small cell lung cancer, postoperative recurrence, post-recurrence survival, central nervous system, 3543
Epidermal growth factor receptor, atezolizumab, progression-free survival, overall survival, immune-related adverse events, 4583
Epidermal growth factor receptor, biopsy, non-small-cell lung cancer, *EGFR*-tyrosine kinase inhibitor, T790M mutation, 2243
Epidermal growth factor receptor, chemokine (C-C motif) ligand 2, C-C chemokine receptor type 2, human epidermal growth factor receptor 2, src, 1079
Epidermal growth factor receptor, non-small-cell lung cancer, exon 20 insertion mutation, oncomine Dx Target Test, cobas® *EGFR* Mutation Test v2, 2771
Epigallocatechin gallate, EGCG, rhabdomyosarcoma, transwell migration assay, cell proliferation, clonal cell growth, Hedgehog pathway, 1025

Epigenetic modulator, blood-brain barrier, differentiation, tumor-initiating cells, 1131
Epithelial cell adhesion molecule, oral squamous cell carcinoma, extranodal extension, 5155
Epithelial mesenchymal transition, breast carcinoma, mammographic breast density, prognosis, 2281
Epithelial-mesenchymal transition, biliary tract cancer, tumor microenvironment, regulatory T-cell, 645
Epithelial-mesenchymal transition, mutant p53, mesenchymal-epithelial transition, gastric cancer, metastatic phenotype, 4887
Epithelial-to-mesenchymal transition, activin, head and neck cancer, survival, TGF-β, 5299
Epithelial–mesenchymal transition, nuclear respiratory factor 1, NRF1, mitochondrial biogenesis, bladder cancer, EMT, high-mobility group box-1, HMGB1, receptor for advanced glycation end-products, RAGE, 1521
Epithelial–mesenchymal transition, stathmin1, phosphorylated STMN1, triple-negative breast cancer, 5341
ER stress, cholangiocarcinoma, 8-chloroadenosine, apoptosis, gemcitabine, 5-FU, cisplatin, CX-4945, paclitaxel, hydroxychloroquine, 5425
ER-positive node-negative breast cancer, 95-Gene classifier, recurrence, prediction model, 707
ER, ductal carcinoma *in situ*, DCIS, estrogen receptors, breast cancer, 4031
ERAS, enhanced recovery after surgery, length of stay, postoperative body weight loss, body composition, 4197
Eribulin, hormone receptor positive breast cancer, resistance to endocrine therapy, re-expression of estrogen receptor, 603
Erlotinib, biliary tract cancer, efficacy, second-line treatment, pemetrexed, 4161
ERP5, prostate cancer, *PDIA6*, maspin, tumor, cancer therapeutics, serpin family, *PDI-P5*, *SERPIN B5*, *TXNDC7*, 5331
Esophageal adenocarcinoma, glypican-1, shRNA, chemo-sensitization, drug resistance, 5-fluorouracil, 3411
Esophageal cancer, adenocarcinoma, esophagectomy, toll-like receptors, outcomes, prognosis, 3183
Esophageal cancer, anatomical anomalies, azygos lobe, arteria lusoria, right aortic arch, esophagectomy, 3553
Esophageal cancer, c-reactive protein to albumin ratio (CAR), prognostic marker, 5139
Esophageal cancer, CD103, tissue-resident memory T cells, biopsy, 4823
Esophageal cancer, eicosapentaenoic acid, preoperative nutrition therapy, 2199
Esophageal cancer, esophagogastric anastomosis, anastomotic leakage, orofacial dyskinesia, refractory fistula, 2873
Esophageal cancer, neoadjuvant treatment, HLA class I, CD8, 4691
Esophageal cancer, pegfilgrastim, febrile neutropenia, cost-effectiveness, 2293
Esophageal cancer, psoas muscle loss, neoadjuvant therapy, 1309
Esophageal cancer, radiotherapy, radiochemotherapy, multimodal treatment, 2733
Esophageal cancer, skeletal muscle, radiomics, radiotherapy, 1749
Esophageal cancer, squamous cell cancer, VMAT, toxic effects, esophagitis, radiation pneumonia, esophageal stricture, pericardial effusion, 2791
Esophageal cancer, totally minimally invasive esophagectomy, hand-sewn esophago-gastric anastomosis, anastomotic leak, outcomes, 2749
Esophageal squamous cell cancer, tumor location, neoadjuvant chemotherapy, prognostic factor, 2697
Esophageal squamous cell carcinoma, intraoperative blood loss, survival, 5173
Esophageal stricture, esophageal cancer, squamous cell cancer, VMAT, toxic effects, esophagitis, radiation pneumonia, pericardial effusion, 2791
Esophagectomy, esophageal cancer, adenocarcinoma, toll-like receptors, outcomes, prognosis, 3183
Esophagectomy, esophageal cancer, anatomical anomalies, azygos lobe, arteria lusoria, right aortic arch, 3553
Esophagectomy, esophagus, neuroendocrine carcinoma, neoadjuvant therapy, tumor response, robotic surgery, 3289
Esophagitis, esophageal cancer, squamous cell cancer, VMAT, toxic effects, radiation pneumonia, esophageal stricture, pericardial effusion, 2791
Esophagogastric anastomosis, esophageal cancer, anastomotic leakage, orofacial dyskinesia, refractory fistula, 2873
Esophagus, esophagectomy, neuroendocrine carcinoma, neoadjuvant therapy, tumor response, robotic surgery, 3289
ESPL1, hepatitis B virus, hepatocellular carcinoma, histological grade, 3997
Estimated glomerular filtration rate, renal impairment, androgen deprivation therapy, prostate cancer, review, 305
Estimation, carbon ion radiotherapy, linear energy transfer, relative biological effectiveness, treatment planning, 2975
Estrogen receptors, ductal carcinoma *in situ*, DCIS, ER, breast cancer, 4031
Estrogen-responsive gene, breast cancer, endocrine resistance, medium replacement, RNA sequencing, autocrine factor, 4447
Etoposide, cervical cancer, small cell neuroendocrine carcinoma, chemotherapy, platinum, review, 1397

Eukaryotic initiation factors (eIFs), translation, initiation, bladder cancer, urothelial carcinoma, 1437
Everolimus, breast neoplasms, combination drug therapy, drug dose-response relationship, 5253
Everolimus, mTOR, multidrug resistance, renal cell carcinoma, 4349
Ewing sarcoma, osteosarcoma, chemotherapy, surgery, radiotherapy, outcome, 4975
ExacTrac, image-guided radiotherapy, prostate cancer, cone beam computed tomography, fat tissues, personalized radiation therapy, 4077
Exon 20 insertion mutation, non-small-cell lung cancer, epidermal growth factor receptor, oncomine Dx Target Test, cobas® *EGFR* Mutation Test v2, 2771
Exon-specific mutations, colorectal cancer, *KRAS*, *NRAS*, 1563
Exosomes, malignant melanoma, CD9, cancer-associated fibroblasts, 25
Exosomes, melatonin, gastric cancer, miR-27b-3p, ADAMTS5, 4413
Expression, RCC, kidney cancer, metastases, 1503
Extent of resection, diffuse low-grade glioma, overall survival, molecular markers, intraoperative magnetic resonance imaging, 2659
Extracellular matrix, prolyl 4-hydroxylase subunit alpha 1, hypopharyngeal squamous cell carcinoma, bioinformatic analysis, biomarker, 2571
Extracellular signal-regulated kinase, oncostatin M, insulin receptor substrate-1, pancreatic ductal adenocarcinoma, pancreatic stromal cells, conditioned medium, 2477
Extrahepatic cholangiocarcinoma, GLIM criteria, malnutrition, 2299
Extranodal extension, oral squamous cell carcinoma, epithelial cell adhesion molecule, 5155
EZH2 inhibitor, anaplastic thyroid carcinoma, dZNep, thyroid differentiation marker, TP53 mutation, 1073
EZH2, mesothelioma, LINC00152, CYTOR, long non-coding RNA, cell proliferation, migration, invasion, 5367
FAK, α-Bisabolol, cyclodextrin, pancreatic cancer, antitumor effects, apoptosis, 1009
False negative, blood in stool, fecal immunochemical test, FIT, screening, sensitivity, specificity, false positive, ROC, 1569
False positive, blood in stool, fecal immunochemical test, FIT, screening, sensitivity, specificity, false negative, ROC, 1569
False-negative, COVID-19, PCR, sARS-CoV-2, thoracic cancer, 919
Family history, colorectal cancer, hereditary colorectal cancer, prognosis, propensity score matching, 5167
Fascia, taTME, rectal cancer, PSM, embryology, 3597
Fat tissues, image-guided radiotherapy, prostate cancer, exacTrac, cone beam computed tomography, personalized radiation therapy, 4077
Fatty acid metabolism, E2F7, RAD51AP1, endometrial cancer, 5-FU, 4905
FDA Adverse Events Reporting System, olaparib, anemia, Japanese Adverse Drug Event Report database, 883
FDG PET/CT, differentiated thyroid cancer, initial radioiodine therapy, prognostic factor, 183
FDG, PET/CT, liver, fibrosis, necro-inflammatory activity, 4221
Febrile neutropenia, breast cancer, neoadjuvant chemotherapy, risk factors, 247
Febrile neutropenia, esophageal cancer, pegfilgrastim, cost-effectiveness, 2293
Febrile neutropenia, nedaplatin, 5-fluorouracil, predictive factor, modified Glasgow prognostic score, 2309
Febrile neutropenia, pancreatic cancer, FOLFIRINOX, grade 4 neutropenia, risk factors, 4115
Febrile neutropenia, pegfilgrastim, breast cancer, 1373
Fecal immunochemical test, adenoma, blood in stool, FIT, screening, 3517
Fecal immunochemical test, blood in stool, FIT, screening, sensitivity, specificity, false negative, false positive, ROC, 1569
Feeder cell, mbIL2, mbIL13, NK cell expansion, anti-tumor therapy, 3897
Femoral-bone tumor, bone tumor, femur, endoprosthesis, kyocera Modular Limb Salvage System, cemented stem, reconstruction, outcome, 3507
Femur, bone tumor, endoprosthesis, kyocera Modular Limb Salvage System, femoral-bone tumor, cemented stem, reconstruction, outcome, 3507
Fenbendazole, breast cancer, cytotoxicity, reactive oxygen species, 1207
Fertility, liver, cancer, carcinoma, hepatocellular, cholangio-carcinoma, pregnancy, birth, review, 3861
FGFR, AKT, breast cancer, combination therapy, nebivolol, 1973
Fibroblasts, CD73, MMP, emmprin, tumour invasion, 3735
Fibrosarcoma, COX-2, malignant progression, inflammation, AHCC®, 1239
Fibrosis, BT-PABA test, pancreatic exocrine function, postoperative pancreatic fistula, pancreaticoduodenectomy, 3563
Fibrosis, FDG, PET/CT, liver, necro-inflammatory activity, 4221
Fiducial markers, prostate cancer, radiotherapy, image-guided radiotherapy, cone-beam CT, 405
Filter, circulating tumor cell, lung cancer, size selection, validation test, 4683
FIT, adenoma, blood in stool, fecal immunochemical test, screening, 3517
FIT, blood in stool, fecal immunochemical test, screening, sensitivity, specificity, false negative, false positive, ROC, 1569

FIT, colorectal cancer, clinical features, triage, colonoscopy, diagnosis, multivariate analysis, 5535
Five-alpha reductase inhibitor, alpha blocker, benign prostate hyperplasia, prostate cancer, prostate specific antigen, 485
Flammulina velutipes, antioxidant, anticancer, prostate cancer, 3057
Flash, ultra-high dose-rate, carbon-ion beam, 581
FLIP, cranberry, lung adenocarcinoma, cyclin E, CDK2, CDK4, 2933
Flow cytometry, diallyl trisulfide, DATS, cell cycle, antibody microarray, caspase, apoptosis, triple negative breast cancer, breast cancer, 2393
Fluid balance, pancreaticoduodenectomy, postoperative pancreatic fistula, POPF, 4179
Fluorescence *in situ* hybridization, child, clear-cell variant, mucoepidermoid carcinoma, minor salivary gland, MAML2 rearrangement, 939
Fluorescence *in situ* hybridization, synovial sarcoma, bone, diagnosis, chemotherapy, immunohistochemistry, 4241
Fluoxetine, osteosarcoma, *STAT3*, metastasis, angiogenesis, 1193
Focal adhesion kinase, castration-resistant prostate cancer, chalcone derivative, DNA damage, proliferation, migration, 389
FOLFIRINOX, pancreatic cancer, conversion surgery, chemotherapy, gemcitabine, nab-paclitaxel, 1611
FOLFIRINOX, pancreatic cancer, grade 4 neutropenia, febrile neutropenia, risk factors, 4115
Follicular lymphoma, gastrointestinal tract, malignant lymphoma, 4089
Follicular lymphoma, *TBL1XR1*, *NCOR1*, RNA expression, diffuse large B-cell lymphoma, plasmablastic lymphoma, primary testicular lymphoma, 4801
Follow-up, MGMT, SNP, PSA, recurrence, prostate cancer, 369
FOXJ3, breast cancer, migration, invasion, snail, 2995
FOXM1, mesothelioma, IGF2BP3, SMAD, migration, invasion, 3961
Foxp3, immunoscore, colorectal cancer, TIME evaluation, 3793
Fractionated stereotactic radiotherapy, brain metastases, biologically effective dose, local control, overall survival, radiation necrosis, 2757
Fractionated stereotactic radiotherapy, brain metastases, resection, post-operative radiotherapy, whole-brain irradiation, simultaneous integrated boost, 2763
Frail, prehabilitation, colorectal cancer, octogenarian, 5597
Frozen section examination, skin, epidermal carcinoma, mohs micrographic surgery, resection margin involvement, 2707
FSRT, prostate, brain metastases, WBRT, SRS, review, 311
Fucoidan, oral cancer, cisplatin, apoptosis, 4015
Funding, prostate cancer, breast cancer, charity, burden of disease, google Trends, 409
G12D, colorectal cancer, *KRAS*, *EGFR*, MRTX1133, 4341
G_2/M blocker, oral squamous cell carcinoma, mild hyperthermia, chromone derivatives, synergism, 3429
Galectin-9, duodenal adenocarcinoma, apoptosis, cell cycle, microRNA, 3769
Gallbladder cancer, c4orf47, hypoxia, EMT, stem-like phenotype, 1925
Gallbladder cancer, hypoxia, MAML3, Hedgehog signalling, Notch signalling, 2909
Gastrectomy, gastric cancer, elderly patients, sarcopenia, skeletal muscle loss, laparoscopic surgery, 4207
Gastrectomy, gastric cancer, linitis plastica, 1543
Gastrectomy, gastric cancer, sarcopenia, skeletal muscle loss, 223
Gastrectomy, laparoscopy, stomach neoplasms, x-ray, 3685
Gastric cancer, adenocarcinoma, stomach, lower gastroesophageal junction, treatment algorithm, review, 2889
Gastric cancer, ALCAM, CD166, neoadjuvant chemotherapy, survival, drug resistance, gastric cell model, 1463
Gastric cancer, body composition, pancreatic fistula, surgery, dorsal subcutaneous fat, postoperative infectious complications, 2171
Gastric cancer, c-reactive protein, prealbumin, 5181
Gastric cancer, cancer stem cells, CD44, peritoneal metastasis, monoclonal antibody, 2491
Gastric cancer, conversion surgery, recurrence, adjuvant chemotherapy, 3305
Gastric cancer, CTHRC1, immune escape, biomarker, TCGA, 115
Gastric cancer, elderly, inflammatory and nutritional index, prognostic and nutritional index (PNI), prognostic factor, 5261
Gastric cancer, gastrectomy, elderly patients, sarcopenia, skeletal muscle loss, laparoscopic surgery, 4207
Gastric cancer, gastroesophageal junction cancer, neutrophil-to-lymphocyte ratio/serum albumin ratio, trifluridine/tipiracil, 1689
Gastric cancer, geriatric Nutritional Risk Index, GNRI, curative treatment, perioperative aduvant treatment, 5605
Gastric cancer, laparoscopic gastrectomy, open gastrectomy, elderly patients, neutrophil–lymphocyte ratio, overall survival, 2055
Gastric cancer, laparoscopic surgery, prognostic nutritional index, 893
Gastric cancer, linitis plastica, gastrectomy, 1543
Gastric cancer, liquid biopsy, circulating tumor DNA, peritoneal tumor DNA, peritoneal lavage, 2069
Gastric cancer, melatonin, exosomes, miR-27b-3p, ADAMTS5, 4413

Gastric cancer, mutant p53, epithelial-mesenchymal transition, mesenchymal-epithelial transition, metastatic phenotype, 4887
Gastric cancer, neoadjuvant chemotherapy, elderly patients, locally advanced gastric cancer, 5649
Gastric cancer, nivolumab, inflammation-based prognostic score (IBPS), prognostic nutritional index, 927
Gastric cancer, nivolumab, trifluridine/tipiracil, irinotecan, 2831
Gastric cancer, older adults, ramucirumab, paclitaxel, 5663
Gastric cancer, peritoneal metastasis, oncolytic adenovirus, p53, receptor tyrosine kinase, 4809
Gastric cancer, prognosis, osteopenia, 3665
Gastric cancer, proximal gastrectomy, continuous glucose monitoring, glycemic profile, postgastrectomy syndromes, 857
Gastric cancer, S-1, docetaxel, oxaliplatin, adjuvant therapy, 5015
Gastric cancer, SALL4, entinostat, EMT, target therapy, 4389
Gastric cancer, sarcopenia, gastrectomy, skeletal muscle loss, 223
Gastric cancer, sarcopenia, skeletal muscle reduction, surgical resection, survival outcome, 3779
Gastric cancer, second-line chemotherapy, skeletal muscle mass, prognostic factor, 5051
Gastric cancer, serum cholesterol, prognosis, perioperative, total cholesterol, 903
Gastric cancer, SIRT1, sirtuin 1, enzyme-linked immunosorbent assay, biomarker, 1485
Gastric cancer, vitamin B12 deficiency, vitamin B12 treatment, 689
Gastric cell model, ALCAM, CD166, gastric cancer, neoadjuvant chemotherapy, survival, drug resistance, 1463
Gastric metastasis, bone metastasis, breast cancer, invasive lobular carcinoma, invasive ductal carcinoma, 3701
Gastroesophageal junction cancer, gastric cancer, neutrophil-to-lymphocyte ratio/serum albumin ratio, trifluridine/tipiracil, 1689
Gastrointestinal cancer, tumor stroma ratio, proportion of tumor, oncological outcomes, review, 1877
Gastrointestinal tract, malignant lymphoma, follicular lymphoma, 4089
GBM, osimertinib resistance, *EGFR*, osimertinib, stemness, p21, senescence, YTHDF3, 5485
GD2, triple-negative breast cancer, tumor infiltrating lymphocytes (TILs), prognosis, early-stage, 4045
Gemcitabine, cholangiocarcinoma, 8-chloroadenosine, apoptosis, ER stress, 5-FU, cisplatin, CX-4945, paclitaxel, hydroxychloroquine, 5425
Gemcitabine, pancreatic cancer, conversion surgery, chemotherapy, FOLFIRINOX, nab-paclitaxel, 1611
Gene expression profiling, cutaneous melanoma, sentinel lymph node biopsy, 31-GEP, prognosis, prognostic testing, 4511
Gene signature, triple-negative breast cancer, tumor immunity, 1731
Gene therapy, *CCNG1+*, HR+, HER2+, early-stage breast cancer, deltaRex-G, trastuzumab, letrozole, review, 2383
Gene therapy, Gregor Mendel, Watson & Crick, human genome project, deltaRex-G, targeted gene delivery, holy Grail of Gene Therapy, retroviral vector, adenoassociated vector, CAR-T cell therapy, 4257
Gene-expression profiling, melanoma, overdiagnosis, 1873
General fatigue, atezolizumab/bevacizumab, lenvatinib, hepatocellular carcinoma, liver function, post-progression treatment, adverse event, anorexia, 4673
Genes, ketamine, breast cancer, wnt, BMP, *EGFR*, 5415
Genetic polymorphism, osimertinib, non-small cell lung cancer, pharmacokinetics, 725
Genetic polymorphisms, prostate cancer, biomarkers, diagnosis, review, 317
Genetic polymorphisms, prostate cancer, next generation sequencing, prognosis, susceptibility, 2941
Genistein, human osteosarcoma cell Saos-2, p21, p27, caspase, apoptosis, 5387
Genotype, colorectal cancer, *MMP-8*, phenotype, polymorphism, Taiwan, 3979
Genotype, MMP-2, polymorphism, prostate cancer, 343
Genotype, MMP-7, polymorphism, Taiwan, 381
Genotypes, childhood acute lymphocytic leukemia, interleukin-8, polymorphism, 5359
Genotypes, DNA ligase 4, lung cancer, non-homologous end-joining, single nucleotide polymorphism, Taiwan, 3447
Geriatric Nutritional Risk Index, GNRI, gastric cancer, curative treatment, perioperative aduvant treatment, 5605
Geriatric patients, prognostic model, overall survival, metastatic cancer, octogenarians, radiotherapy, 741
Geriatric patients, prognostic model, overall survival, metastatic cancer, cerebral metastases, octogenarians, radiotherapy, 749
Germ cell tumors, miRNA, m371-test, testicular, 1649
Germline findings, gynaecological cancer, comprehensive genomic profiling, survival advantage, 2091
GFP, colon cancer, peritoneal metastasis, HCT-116, methionine addiction, Hoffman effect, methioninase, oral administration, 5-FU, oxaliplatinum, combination, synergy, Hoffman protocol, 19
Giant cell angiofibroma, solitary fibrous tumor, oral mucosa, 1869
Gibbon ape leukemia virus, ovarian cancer, retroviral replicating vectors, prodrug activator gene therapy, cancer virotherapy, amphotropic murine leukemia virus, 5311
Glasgow prognostic score, hepatocellular carcinoma, liver resection, 875
GLIM criteria, extrahepatic cholangiocarcinoma, malnutrition, 2299

Glioblastoma, conventionally fractionated radiotherapy, hypo-fractionated radiotherapy, comparative study, local control, overall survival, 3121
Glioblastoma, hypofractionated radiotherapy, relapse, chemoradiotherapy, high-grade glioma, 2155
Glioblastoma, radiation therapy, hypofractionation, overall survival, local control, prognostic score, 2725
Glioma, arsenite, radiosensitization, heavy ion beam, p53, 2551
Glioma, diaminobutyric acid, prazosin, drug combination, amino acids, 3583
Glucarpidase, methotrexate, modeling and simulation, pharmacokinetics, pharmacodynamics, 1919
Glucocorticoid receptor, lung adenocarcinoma, NDRG-1, SGK-1, 2965
GLUT1, cancer spheroids, PMC, glycolysis, HIF1, 3717
Glutamine metabolism, pancreatic cancer, miR-122-5p, ASCT2, cell apoptosis, 4379
Glycemic profile, gastric cancer, proximal gastrectomy, continuous glucose monitoring, postgastrectomy syndromes, 857
Glycolysis, cancer spheroids, PMC, HIF1, GLUT1, 3717
Glycyrrhizin, high-dose methotrexate, HD-MTX, pharmacokinetic interactions, dosing interval, hepatic dysfunction, rat, 1493
GlyH-101, caCCinh-A01, apoptosis, cell cycle, HT-29, 3471
Glypican 1, antitumor antibody, cpG oligodeoxy-nucleotides, macrophage, natural killer cell, 2425
Glypican-1, shRNA, chemo-sensitization, drug resistance, esophageal adenocarcinoma, 5-fluorouracil, 3411
GNRH2, prostate cancer, androgen deprivation therapy, survival, 4023
GNRI, geriatric Nutritional Risk Index, gastric cancer, curative treatment, perioperative aduvant treatment, 5605
Gonadoblastoma, turner syndrome, breast cancer, ovarian cancer, colon cancer, 5073
Google Trends, prostate cancer, breast cancer, charity, funding, burden of disease, 409
Grade 4 neutropenia, pancreatic cancer, FOLFIRINOX, febrile neutropenia, risk factors, 4115
Graded prognostic assessment, multiple brain metastases, radiation therapy, surgical resection, Karnofsky performance status, 5107
Granzyme B, canine, B cell, anti-tumor effect, interleukin 21, anti-BCR, TRAIL, apoptosis, 4007
Gregor Mendel, Watson & Crick, human genome project, deltaRex-G, targeted gene delivery, holy Grail of Gene Therapy, gene therapy, retroviral vector, adenoassociated vector, CAR-T cell therapy, 4257
Growth, *miR-625-3p*, LUAD, migration, invasion, KLF9, 4923
Gynaecological cancer, comprehensive genomic profiling, survival advantage, germline findings, 2091
Gynecologic surgical procedure, clear cell carcinoma, ovarian neoplasm, prognostic factor, cytology, 3799
H1.2, *INK4* locus, p16, transcription, YB-1, 3441
H1975/OSI, osimertinib, resistance, NSCLC, omics analysis, 5459
Hand-sewn esophago-gastric anastomosis, esophageal cancer, totally minimally invasive esophagectomy, anastomotic leak, outcomes, 2749
HCC, ADAM9, MICA, NKG2D, CCL347, 1043
HCT-116, colon cancer, peritoneal metastasis, GFP, methionine addiction, Hoffman effect, methioninase, oral administration, 5-FU, oxaliplatinum, combination, synergy, Hoffman protocol, 19
HCT116, PHRF1, SOX4, kras, p53, 5437
HD-MTX, high-dose methotrexate, glycyrrhizin, pharmacokinetic interactions, dosing interval, hepatic dysfunction, rat, 1493
HDAC inhibitor, sodium valproate, osteosarcoma, semaphorin 3A, 2539
HDR-BT, metastatic prostate cancer, radiation therapy, oncological outcome, 3135
Head and neck cancer, activin, epithelial-to-mesenchymal transition, survival, TGF-β, 5299
Head and neck cancer, checkpoint inhibitor, pembrolizumab, immunotherapy, real-world data, 1273
Head and neck cancer, chemoradiation, smoking, alcohol, treatment outcomes, 823
Head and neck cancer, image guided radiotherapy (IGRT), volumetric-modulated arc therapy (VMAT), intensity-modulated proton therapy (IMPT), image registration, anatomical change, positioning error, patient positioning, 1827
Head and neck cancer, nivolumab, squamous cell carcinoma, prognostic factor, cetuximab, immunotherapy, oral cancer, 1681
Head and neck cancer, nutrition, malnutrition, carcinoma, narrative interview, weight trajectory, nutrition impact symptom, patient reported outcome, PRO, self-help group, 1663
Head and neck cancer, radiotherapy, distress scores, increased distress, risk factors, 4149
Head and neck squamous cell carcinoma, oral cancer, neck dissection, lymph node, discriminant analysis, cytokeratin, 4993
Head and neck squamous cell carcinoma, VEGF family, angiogenesis, review, 4315
Head and neck squamous-cell carcinoma, chemoradiation, cisplatin regimens, toxicity, loco-regional control, survival, 795
Head and neck tumors, carotid artery stenosis, radiotherapy, CT scans, 5657
Head and neck, squamous cell carcinoma, pembrolizumab, immune checkpoint inhibitor, 2717

Head-and-neck cancer, radio-chemotherapy, radiotherapy alone, emotional distress, 2227
Health care professionals, acetium® lozenge, e-Training, smoking intervention, nicotine-free, nicotine replacement therapy (NRT), post-training survey, medical doctor, nurse, pharmacy staff, awareness, interest, acceptance, 4961
Heart mortality, breast cancer, radiotherapy, asian, SEER, 3571
Heavy ion beam, glioma, arsenite, radiosensitization, p53, 2551
Hedgehog pathway, epigallocatechin gallate, EGCG, rhabdomyosarcoma, transwell migration assay, cell proliferation, clonal cell growth, 1025
Hedgehog signalling, gallbladder cancer, hypoxia, MAML3, Notch signalling, 2909
Helical IMRT, breast cancer, radiotherapy, tomotherapy, lymph node negative, secondary malignoma, lymphedema, long-term results, 2041
Helical tomotherapy, hyperArc, volumetric-modulated arc therapy, total scalp irradiation, angiosarcoma of the scalp, 3079
Hematologic toxicity, niraparib, ovarian cancer, creatinine, risk factor, 4533
Hematological neoplasms, bivalent mRNA vaccine, omicron, COVID-19, 3129
Hematoma evacuation, breast hematoma, ultrasound-guided vacuum-assisted breast biopsy, ultrasound-guided vacuum-assisted evacuation, breast cancer, 2135
Hemipelvectomy, hip disarticulation, pain, oncologic, phantom limb sensation, 3513
Henoch-Schonlein Purpura, acute myeloid leukemia, cutaneous presentation of acute myeloid leukemia, 3579
Hepatic cell carcinoma, lenvatinib, sorafenib, 755
Hepatic dysfunction, high-dose methotrexate, HD-MTX, glycyrrhizin, pharmacokinetic interactions, dosing interval, rat, 1493
Hepatic intrasinusoidal, $\gamma\delta$ T cells, phospho-antigen, NK receptors, cancer immunotherapy, 63
Hepatic resection, hepatocellular carcinoma, 5-5-500 rule, systemic inflammatory response, prognosis, 1623
Hepatitis B virus, ESPL1, hepatocellular carcinoma, histological grade, 3997
Hepatocarcinoma, three-dimensional culture, hepG2 cells, pEG-based hydrogels, 4373
Hepatocellular carcinoma, 5-5-500 rule, systemic inflammatory response, prognosis, hepatic resection, 1623
Hepatocellular carcinoma, antidepressant, imipramine, mainserin, moclobemide, tianeptine, 1201
Hepatocellular carcinoma, atezolizumab, bevacizumab, immunity, regulatory T cells, programed cell death-ligand 1, interleukin-6, tumor necrosis factor-alpha, interleukin-2 receptor, membrane-bound class I-related chain A, 4601
Hepatocellular carcinoma, atezolizumab, bevacizumab, lenvatinib, 1377
Hepatocellular carcinoma, atezolizumab/bevacizumab, lenvatinib, liver function, post-progression treatment, adverse event, anorexia, general fatigue, 4673
Hepatocellular carcinoma, BCLC stage B, intermediate stage, albumin level, platelet count, prognosis, 1835
Hepatocellular carcinoma, cancer stem cell, voltage-gated calcium channel, amlodipine, 4855
Hepatocellular carcinoma, cholestasis, colorectal liver metastasis, ICG, anatomical liver resection, 5583
Hepatocellular carcinoma, conversion surgery, atezolizumab, bevacizumab, peritoneal metastasis, 943
Hepatocellular carcinoma, conversion surgery, lenvatinib, 1761
Hepatocellular carcinoma, ESPL1, hepatitis B virus, histological grade, 3997
Hepatocellular carcinoma, glasgow prognostic score, liver resection, 875
Hepatocellular carcinoma, lenvatinib, ALBI grade, treatment discontinuation, 1317
Hepatocellular carcinoma, lenvatinib, albumin-bilirubin grade, α-fetoprotein, 911
Hepatocellular carcinoma, liver resection, macroscopic vascular invasion, molecular therapy, review, 4285
Hepatocellular carcinoma, oligometastasis, surgical resection, 5189
Hepatocellular carcinoma, proton, lenvatinib, survival, portal vein thrombosis, 1361
Hepatocellular carcinoma, ramucirumab, angiogenesis, alpha-fetoprotein, 3203
Hepatocellular carcinoma, regorafenib, 18β-glycyrrhetinic acid, apoptosis, mTOR, 4403
Hepatocellular carcinoma, SSNA1, metastasis, EMT, prognosis, 3479
Hepatocellular carcinoma, viral hepatitis B, recurrence, surgery, next-generation sequencing, 4709
Hepatocellular, liver, cancer, carcinoma, cholangio-carcinoma, pregnancy, birth, fertility, review, 3861
HepG2 cells, three-dimensional culture, hepatocarcinoma, pEG-based hydrogels, 4373
HER-2, adenoid cystic carcinoma, *MYB*, *NTRK*, *Ki-67*, 1709
HER2-low, breast cancer, survival, prognosis, meta-analysis, review, 4303
HER2-low, triple-negative breast cancer, classification, targeted therapy, bRCAness, 5067
HER2-positive gastric cancer, SMAD2, MET, lymph node metastasis, 4359
HER2-positive, metastatic breast cancer, long-term prognosis, local therapy, 217
HER2-positive, TNBC, triple-negative breast cancer, hR-positive, PD-1 inhibitor, ICI, immune checkpoint inhibitor, 85

HER2, upper urinary tract urothelial carcinoma, *EGFR*, nectin-4, 167
HER2+, gene therapy, *CCNG1+*, HR+, early-stage breast cancer, deltaRex-G, trastuzumab, letrozole, review, 2383
Hereditary colorectal cancer, colorectal cancer, family history, prognosis, propensity score matching, 5167
Hereditary ovarian cancer, immune checkpoint inhibition, Lynch syndrome, HNPCC, pembrolizumab, platinum refractory, 1655
Herniation, brain tumor, temporal, resection, neuro-oncological, 663
Herpesvirus, β-catenin, ionophore, KSHV, mitochondrial damage, nigericin, nonactin, p38 MAPK, PEL, valinomycin, wnt, 2455
HIF-1α, PFKP, VEGF, *EGFR*, breast cancer, 75
HIF1, cancer spheroids, PMC, glycolysis, GLUT1, 3717
High sacrectomy, rectal cancer, local recurrence, complications, local re-recurrence-free survival rate, 5061
High-dose cytarabine consolidation therapy, chemotherapy, medication instruction sheet, adverse events, acute myeloid leukemia, 3321
High-dose methotrexate, HD-MTX, glycyrrhizin, pharmacokinetic interactions, dosing interval, hepatic dysfunction, rat, 1493
High-glucose stimulation, atypical protein kinase C, yes-associated protein, partitioning defective 3, pancreatic cancer, diabetes mellitus, 4843
High-grade glioma, hypofractionated radiotherapy, glioblastoma, relapse, chemoradiotherapy, 2155
High-grade squamous intraepithelial lesion (HSIL), cervical dysplasia, pregnancy, treatment, mode of delivery, 3153
High-mobility group box-1, nuclear respiratory factor 1, NRF1, mitochondrial biogenesis, bladder cancer, epithelial–mesenchymal transition, EMT, HMGB1, receptor for advanced glycation end-products, RAGE, 1521
High-risk patients, lung cancer, prognostic nutritional index, limited resection, 3659
High-throughput sequencing, differentiated thyroid cancer, sterol regulatory element-binding proteins 1, microRNAs, 4435
High-tie, rectal cancer, left colic artery, low-tie, oncological outcome, 3225
Hinokitiol, OSCC, apoptosis, autophagy, 1167
Hip disarticulation, hemipelvectomy, pain, oncologic, phantom limb sensation, 3513
HIPEC, IDS, CRS, ovarian cancer, 4593
Hispanic patients, post-mastectomy radiation, implant reconstruction, breast cancer, complications, 4953
Hispanic, pancreatic cancer, disparities, treatment, comorbidity, delayed treatment, 4969
Histological grade, ESPL1, hepatitis B virus, hepatocellular carcinoma, 3997
Histological growth pattern, renal cell carcinoma, t1a, metastasis, histological nuclear grade, 4061
Histological nuclear grade, renal cell carcinoma, t1a, metastasis, histological growth pattern, 4061
Histological risk factors, phyllode tumor, breast, local recurrence, 143
Histopathological growth patterns, colorectal cancer liver metastasis, preoperative chemotherapy, 3727
HLA class I, esophageal cancer, neoadjuvant treatment, CD8, 4691
HLA-A, breast cancer, HLA-B/C, cut-off, prognosticator, 1449
HLA-B/C, breast cancer, HLA-A, cut-off, prognosticator, 1449
HMGB1, nuclear respiratory factor 1, NRF1, mitochondrial biogenesis, bladder cancer, epithelial–mesenchymal transition, EMT, high-mobility group box-1, receptor for advanced glycation end-products, RAGE, 1521
HNPCC, immune checkpoint inhibition, Lynch syndrome, pembrolizumab, platinum refractory, hereditary ovarian cancer, 1655
HNSCC, miR-21 inhibitor, lipid nanoparticles, xenograft, TUNEL, 3487
Hoffman effect, colon cancer, peritoneal metastasis, HCT-116, GFP, methionine addiction, methioninase, oral administration, 5-FU, oxaliplatinum, combination, synergy, Hoffman protocol, 19
Hoffman protocol, colon cancer, peritoneal metastasis, HCT-116, GFP, methionine addiction, Hoffman effect, methioninase, oral administration, 5-FU, oxaliplatinum, combination, synergy, 19
Holomonitor, breast cancer, digital holographic microscopy, 3891
Holy Grail of Gene Therapy, Gregor Mendel, Watson & Crick, human genome project, deltaRex-G, targeted gene delivery, gene therapy, retroviral vector, adenoassociated vector, CAR-T cell therapy, 4257
Homologous recombination, PARP, olaparib, talazoparib, triple-negative, review, 967
Hormonal treatment, medroxyprogesterone, endometrial cancer, 3693
Hormone receptor positive breast cancer, eribulin, resistance to endocrine therapy, re-expression of estrogen receptor, 603
Hormone therapy, prostate cancer, castration-resistant prostate cancer, androgen receptor-axis-targeted agent, 1351
HPV, warts, plantar wart, viral infections, phytotherapy, topical treatment, 2025
HPV16, HPV18, endometrial cancer, endometrioid-type, non-endometrioid type, metastasis, 5083

HPV18, HPV16, endometrial cancer, endometrioid-type, non-endometrioid type, metastasis, 5083
HR-positive, TNBC, triple-negative breast cancer, hER2-positive, PD-1 inhibitor, ICI, immune checkpoint inhibitor, 85
HR+, gene therapy, *CCNG1*+, HER2+, early-stage breast cancer, deltaRex-G, trastuzumab, letrozole, review, 2383
HT-29, glyH-101, caCCinh-A01, apoptosis, cell cycle, 3471
Human epidermal growth factor receptor 2, chemokine (C-C motif) ligand 2, C-C chemokine receptor type 2, epidermal growth factor receptor, src, 1079
Human genome project, Gregor Mendel, Watson & Crick, deltaRex-G, targeted gene delivery, holy Grail of Gene Therapy, gene therapy, retroviral vector, adenoassociated vector, CAR-T cell therapy, 4257
Human osteosarcoma cell Saos-2, genistein, p21, p27, caspase, apoptosis, 5387
Human papilloma virus, vaginal intraepithelial neoplasia, vaginal cancer, colposcopy, 4637
HVEM, CAR T cell therapy, melanoma, solid tumor, BTLA, immunology, 3419
Hydroxychloroquine, cholangiocarcinoma, 8-chloroadenosine, apoptosis, ER stress, gemcitabine, 5-FU, cisplatin, CX-4945, paclitaxel, 5425
Hydroxymethylglutaryl CoA reductases/ immunology, araneoplastic syndromes/diagnosis, muscular diseases/diagnosis, neoplasm, immunoglobulins, intravenous/administration & dosage, 4723
HyperArc, helical tomotherapy, volumetric-modulated arc therapy, total scalp irradiation, angiosarcoma of the scalp, 3079
Hyperchloremic metabolic acidosis, total pelvic exenteration, retrograde catheterization, 5149
Hypertension, colorectal cancer, long-term treatment, cumulative dose, adverse events, proteinuria, bleeding, thromboembolic events, bevacizumab, 2085
Hyperthermic intraperitoneal chemotherapy (HIPEC), colorectal cancer, cytoreductive surgery, PCI score, 3529
Hyperthermic intraperitoneal chemotherapy, cytoreductive surgery, early postoperative intraperitoneal chemotherapy, mucinous appendiceal neoplasm, 817
Hypo-fractionated radiotherapy, glioblastoma, conventionally fractionated radiotherapy, comparative study, local control, overall survival, 3121
Hypofractionated radiotherapy, glioblastoma, relapse, chemoradiotherapy, high-grade glioma, 2155
Hypofractionated radiotherapy, MALT lymphoma, radiotherapy, long-term outcomes, 3673
Hypofractionated stereotactic radiation therapy, brain metastases, local control, radiation oncology, radiation necrosis, 4543
Hypofractionation, glioblastoma, radiation therapy, overall survival, local control, prognostic score, 2725
Hypopharyngeal squamous cell carcinoma, prolyl 4-hydroxylase subunit alpha 1, bioinformatic analysis, biomarker, extracellular matrix, 2571
Hypoxia-selective drugs, hypoxia, treatment resistance, radiotherapy, natural drugs, 5319
Hypoxia, c4orf47, gallbladder cancer, EMT, stem-like phenotype, 1925
Hypoxia, gallbladder cancer, MAML3, Hedgehog signalling, Notch signalling, 2909
Hypoxia, multiple myeloma, γδ T cells, myeloma stem-like cells, isopentenyl pyrophosphate, mevalonate pathway, 547
Hypoxia, radiomics, MRI, prostate cancer, 351
Hypoxia, *SMAD4*, pancreatic cancer, microenvironment, 5393
Hypoxia, treatment resistance, radiotherapy, hypoxia-selective drugs, natural drugs, 5319
IBTR, breast cancer, in-breast-tumor-recurrence, mastectomy, TARGIT-IORT, BREAST-Q, qoL, 733
ICG, cholestasis, hepatocellular carcinoma, colorectal liver metastasis, anatomical liver resection, 5583
ICI, TNBC, triple-negative breast cancer, hR-positive, hER2-positive, PD-1 inhibitor, immune checkpoint inhibitor, 85
IDO/TDO, kynurenines, breast cancer, tryptophan, KMO inhibitors, kynurenic acid, cytokines, review, 5275
IDS, CRS, HIPEC, ovarian cancer, 4593
IFN-β, sindbis virus, oncolytic, PKR, NF-κB, 2923
IGF2BP3, mesothelioma, FOXM1, SMAD, migration, invasion, 3961
IL-18BP, laparoscopy, minilaparotomy, NRS pain score, analgesic doses, 3113
IL-6, breast cancer stem cells, isophysalin A, stat3, 1091
IL28, radiosensitizer, pancreatic cancer, survivin, clonogenic survival, 1885
Ileostomy, colostomy, emergency surgery, postoperative complications, skin bridge technique, 4189
Image cytometry, deep learning, immunohistochemical staining, 3755
Image guided radiotherapy (IGRT), head and neck cancer, volumetric-modulated arc therapy (VMAT), intensity-modulated proton therapy (IMPT), image registration, anatomical change, positioning error, patient positioning, 1827
Image registration, head and neck cancer, image guided radiotherapy (IGRT), volumetric-modulated arc therapy (VMAT), intensity-modulated proton therapy (IMPT), anatomical change, positioning error, patient positioning, 1827
Image-guided radiotherapy, prostate cancer, exacTrac, cone beam computed tomography, fat tissues, personalized radiation therapy, 4077
Image-guided radiotherapy, prostate cancer, radiotherapy, cone-beam CT, fiducial markers, 405

Imipramine, antidepressant, mainserin, moclobemide, tianeptine, hepatocellular carcinoma, 1201
Imipramine, metastasis, apoptosis, triple-negative breast cancer, 2985
Imipramine, oral squamous cell carcinoma, sAS-bearing mice, anti-depressants, drug repurposing, 3987
Immune cells, oral potentially malignant disorder, oral cancer, polycomb group proteins, biomarker, 1533
Immune cells, PD-L1, immune checkpoint inhibitors, bladder cancer, 4365
Immune check point inhibitors, urothelial carcinoma, cisplatin, pembrolizumab, atezolizumab, 1331
Immune checkpoint blockade, adverse event, lung cancer, progression-free survival, 3241
Immune checkpoint inhibition, Lynch syndrome, HNPCC, pembrolizumab, platinum refractory, hereditary ovarian cancer, 1655
Immune checkpoint inhibitor, *nab*-sirolimus, nivolumab, mTOR inhibitor, targeted therapy, immunotherapy, 1993
Immune checkpoint inhibitor, non-small cell lung cancer, DNA damage repair, biomarker, immunotherapy, 2343
Immune checkpoint inhibitor, splicing factor, RBM17/SPF45, non-small cell lung cancer, chemotherapy, predictive marker, chemosensitivity, 4663
Immune checkpoint inhibitor, squamous cell carcinoma, head and neck, pembrolizumab, 2717
Immune checkpoint inhibitor, TNBC, triple-negative breast cancer, hR-positive, hER2-positive, PD-1 inhibitor, ICI, 85
Immune checkpoint inhibitor, urothelial carcinoma, pembrolizumab, eosinophil, neutrophil-to-eosinophil ratio, 4701
Immune checkpoint inhibitor, urothelial carcinoma, upper tract urothelial cancer, bladder cancer, radiation therapy, 2119
Immune checkpoint inhibitors, atezolizumab, anti-PD-L1, pembrolizumab, bevacizumab, inhalation therapy, 1065
Immune checkpoint inhibitors, lung adenocarcinoma, lung squamous cell carcinoma, programmed cell death ligand-1, driver gene mutation, 5197
Immune checkpoint inhibitors, PD-L1, bladder cancer, immune cells, 4365
Immune checkpoint inhibitors, renal cell carcinoma, cancer of unknown primary, tyrosine kinase inhibitors, 2359
Immune checkpoint inhibitors, renal cell carcinoma, PD-L1, PD-1, nivolumab, 841
Immune checkpoint protein, synovial sarcoma, metastasis; cryoablation, t-cell receptor-engineered T-cell therapy, beta-catenin, 5737
Immune escape, CTHRC1, gastric cancer, biomarker, TCGA, 115
Immune evasion, autophagy, colonic neoplasms, chromosomal instability, tumor microenvironment, 1943
Immune infiltration, CD44, ccRCC, SPP1, metastasis, 3493
Immune infiltration, lung adenocarcinoma, angiogenesis-associated genes, prognosis, 4473
Immune marker, neutrophil, lymphocyte, monocyte, platelet, soft tissue sarcoma, 3349
Immune therapy, renal cell carcinoma, targeted therapy, new drug modalities, drug-resistance, review, 983
Immune-related adverse events, atezolizumab, epidermal growth factor receptor, progression-free survival, overall survival, 4583
Immune, pan-cancer, KREMEN2, biomarker, therapeutic, 4491
Immunity, atezolizumab, bevacizumab, hepatocellular carcinoma, regulatory T cells, programed cell death-ligand 1, interleukin-6, tumor necrosis factor-alpha, interleukin-2 receptor, membrane-bound class I-related chain A, 4601
Immunoglobulins, araneoplastic syndromes/diagnosis, muscular diseases/diagnosis, hydroxymethylglutaryl CoA reductases/ immunology, neoplasm, intravenous/administration & dosage, 4723
Immunohistochemical staining, deep learning, image cytometry, 3755
Immunohistochemistry, NADPH oxidase 2, colon cancer, biomarker, transfection, 2601
Immunohistochemistry, ovarian cancer, chemokine CXCL12, CXCR4 receptor, biomarkers, prognosis, 3331
Immunohistochemistry, papillary thyroid carcinoma, dedifferentiation, squamous cell carcinoma, prognosis, 255
Immunohistochemistry, pleural effusions, cell block, malignant cells, BEREP4, CEA, 669
Immunohistochemistry, synovial sarcoma, bone, diagnosis, chemotherapy, fluorescence *in situ* hybridization, 4241
Immunohistochemistry, TNM staging, survival, tumor recurrence, 831
Immunohistochemistry, uterus, mesonephric-like adenocarcinoma, endometrial carcinoma, L1 cell adhesion molecule, 4559
Immunological resistance, melanoma, SOX10, PD-L1, 1477
Immunology, CAR T cell therapy, melanoma, solid tumor, HVEM, BTLA, 3419
Immunoscore, foxp3, colorectal cancer, TIME evaluation, 3793
Immunotherapy, anti-GD2-antibody, drug delivery, mesenchymal stem cell, neuroblastoma, 2417
Immunotherapy, anti-PD-1/PD-L1 checkpoint inhibitors, monocytes, adhesion molecules, cytokines, 2445
Immunotherapy, cancer, tissue vaccine, matrisome, lobund-Wistar rat, melanoma, prostate cancer, 335
Immunotherapy, cuproptosis, AML, tumor microenvironment, molecular subtypes, 3943

Immunotherapy, head and neck cancer, checkpoint inhibitor, pembrolizumab, real-world data, 1273
Immunotherapy, lung cancer, non-smoker, programmed death-ligand, smoking, 2185
Immunotherapy, MSI, MMR, signet-ring cell carcinoma, colon, 4729
Immunotherapy, *nab*-sirolimus, nivolumab, mTOR inhibitor, immune checkpoint inhibitor, targeted therapy, 1993
Immunotherapy, neuroblastoma, MYCN, ALK, targeted therapy, review, 3829
Immunotherapy, nivolumab, head and neck cancer, squamous cell carcinoma, prognostic factor, cetuximab, oral cancer, 1681
Immunotherapy, non-small cell lung cancer, DNA damage repair, biomarker, immune checkpoint inhibitor, 2343
Immunotherapy, recurrent head and neck cancer, squamous cell carcinoma, intensity-modulated radiotherapy, local control, prognosis, salvage surgery, 1255
Implant reconstruction, hispanic patients, post-mastectomy radiation, breast cancer, complications, 4953
IMpower150 study, ABCP therapy, atezolizumab, programmed death ligand 1, NSCLC, 713
IMRT, localized maxillary sinus cancer, RADPLAT, 2859
In vitro cytotoxicity, 7, 8-diacetoxy-3, 4-diarylcoumarin, cell cycle, mitochondrial membrane potential, MMP, reactive oxygen species, ROS, apoptosis, 1001
In vivo dosimetry, radiation dosimeters, prostate cancer, urinary catheters, 2259
In-breast-tumor-recurrence, breast cancer, IBTR, mastectomy, TARGIT-IORT, BREAST-Q, qoL, 733
Increased distress, head and neck cancer, radiotherapy, distress scores, risk factors, 4149
Individualized treatment, bone metastases, irradiation, very elderly patients, survival prognosis, prognostic tools, 801
Indocyanine green, anal canal, anatomy, lymphatic system, rectum, robotic surgery, 1591
Indolent, synovial sarcoma, nerve, MRI, differential diagnosis, symptom, 5729
Inequities, thyroid cancer, disparity, treatment, 5025
Infection control, automated gown handling system, automatic recycling machine, radiotherapy, soiled hospital gowns, 3213
Inflammation assessment, nutritional assessment, pancreatic cancer, review, 3849
Inflammation-based prognostic score (IBPS), gastric cancer, nivolumab, prognostic nutritional index, 927
Inflammation, COX-2, malignant progression, fibrosarcoma, AHCC®, 1239
Inflammation, progression-free survival in second-line chemotherapy, advanced gastric cancer, malnutrition, 5205
Inflammatory and nutritional index, gastric cancer, elderly, prognostic and nutritional index (PNI), prognostic factor, 5261
Inguinofemoral lymphadenectomy, p16 expression, vulvar squamous cell carcinoma, radical surgery, relapse, 1643
Inhalation therapy, atezolizumab, immune checkpoint inhibitors, anti-PD-L1, pembrolizumab, bevacizumab, 1065
Initial prostate-specific antigen level, prostate cancer, enzalutamide, nadir prostate-specific antigen level, androgen-deprivation therapy, 429
Initial radioiodine therapy, differentiated thyroid cancer, FDG PET/CT, prognostic factor, 183
Initial-to-nadir prostate-specific antigen ratio, castration-resistant prostate cancer, enzalutamide, androgen-deprivation therapy, 4573
Initiation, translation, eukaryotic initiation factors (eIFs), bladder cancer, urothelial carcinoma, 1437
Injection site reaction, degarelix, QOL, prostate cancer, 1817
INK4 locus, p16, transcription, H1.2, YB-1, 3441
Insulin receptor substrate-1, oncostatin M, extracellular signal-regulated kinase, pancreatic ductal adenocarcinoma, pancreatic stromal cells, conditioned medium, 2477
Integrin αvβ8, squamous cell carcinoma, cell motility, invasion, RAC1 signaling pathway, 4833
Integrins, biomarkers, prognosis, disease-free survival, localized prostate cancer, 417
Intensity-modulated proton therapy (IMPT), head and neck cancer, image guided radiotherapy (IGRT), volumetric-modulated arc therapy (VMAT), image registration, anatomical change, positioning error, patient positioning, 1827
Intensity-modulated radiation therapy (IMRT), three-dimensional (3D)-printing, motion phantom, breast cancer, 4425
Intensity-modulated radiotherapy, recurrent head and neck cancer, squamous cell carcinoma, local control, prognosis, immunotherapy, salvage surgery, 1255
Intensity-modulated, carbon-ion radiotherapy, bone and soft tissue tumors, sarcoma, clinical outcome, 2777
Interactive analysis, *C*-glycoside, SGLT2, 3747
Interest, acetium® lozenge, e-Training, smoking intervention, nicotine-free, nicotine replacement therapy (NRT), post-training survey, health care professionals, medical doctor, nurse, pharmacy staff, awareness, acceptance, 4961
Interferon-alpha, renal cell carcinoma, 2645
Interleukin 21, canine, B cell, anti-tumor effect, anti-BCR, granzyme B, TRAIL, apoptosis, 4007
Interleukin-2 receptor, atezolizumab, bevacizumab, hepatocellular carcinoma, immunity, regulatory T cells, programed cell death-ligand 1, interleukin-6, tumor necrosis factor-alpha, membrane-bound class I-related chain A, 4601

Interleukin-6, atezolizumab, bevacizumab, hepatocellular carcinoma, immunity, regulatory T cells, programed cell death-ligand 1, tumor necrosis factor-alpha, interleukin-2 receptor, membrane-bound class I-related chain A, 4601
Interleukin-8, childhood acute lymphocytic leukemia, genotypes, polymorphism, 5359
Intermediate stage, BCLC stage B, albumin level, platelet count, prognosis, hepatocellular carcinoma, 1835
Intermediate-risk prostate cancer, low-dose-rate brachytherapy, ISUP Grade group 2, ISUP Grade group 3, prostate biopsy, 4627
Interstitial lung disease, non-small cell lung cancer, bevacizumab, nab-paclitaxel, 1325
Interstitial, non-small-cell lung cancer, chemoradiotherapy, lung diseases, radiation pneumonitis, 1797
Intracerebral control, unresected brain metastases, whole-brain radiotherapy, simultaneous integrated boost, overall survival, 3107
Intracorporeal anastomosis, learning curve, cumulative sum analysis, right side colon cancer, laparoscopic surgery, 3341
Intramedullary, metastasis, spine, breast, radiosurgery, review, 523
Intraoperative blood loss, esophageal squamous cell carcinoma, survival, 5173
Intraoperative magnetic resonance imaging, diffuse low-grade glioma, extent of resection, overall survival, molecular markers, 2659
Intravenous/administration & dosage, araneoplastic syndromes/diagnosis, muscular diseases/diagnosis, hydroxymethylglutaryl CoA reductases/ immunology, neoplasm, immunoglobulins, 4723
Intravesical recurrence, adjuvant systemic chemotherapy, radical nephroureterectomy, upper urinary tract urothelial carcinoma, 1725
Invasion, breast cancer, FOXJ3, migration, snail, 2995
Invasion, integrin αvβ8, squamous cell carcinoma, cell motility, RAC1 signaling pathway, 4833
Invasion, mesothelioma, FOXM1, IGF2BP3, SMAD, migration, 3961
Invasion, mesothelioma, LINC00152, CYTOR, EZH2, long non-coding RNA, cell proliferation, migration, 5367
Invasion, *miR-625-3p*, LUAD, growth, migration, KLF9, 4923
Invasive ductal carcinoma, gastric metastasis, bone metastasis, breast cancer, invasive lobular carcinoma, 3701
Invasive front, colorectal cancer, apoptosis, tissue microarray, CD163, p53, 3935
Invasive lobular carcinoma, gastric metastasis, bone metastasis, breast cancer, invasive ductal carcinoma, 3701
Iodine map, breast cancer, dual-energy computed tomography, magnetic resonance imaging, tumor extent, 4133
Ionophore, β-catenin, herpesvirus, KSHV, mitochondrial damage, nigericin, nonactin, p38 MAPK, PEL, valinomycin, wnt, 2455
Irinotecan loaded drug-eluting beads TACE (DEBIRI-TACE), liver metastasis, colon cancer, transarterial chemoembolization (TACE), overall survival, 3647
Irinotecan, gastric cancer, nivolumab, trifluridine/tipiracil, 2831
Irradiation, bone metastases, very elderly patients, individualized treatment, survival prognosis, prognostic tools, 801
Irreversible electroporation, dendritic cells, vaccine, osteosarcoma, combination therapies, review, 3389
Isopentenyl pyrophosphate, multiple myeloma, γδ T cells, hypoxia, myeloma stem-like cells, mevalonate pathway, 547
Isophysalin A, breast cancer stem cells, stat3, IL-6, 1091
ISUP Grade group 2, intermediate-risk prostate cancer, low-dose-rate brachytherapy, ISUP Grade group 3, prostate biopsy, 4627
ISUP Grade group 3, intermediate-risk prostate cancer, low-dose-rate brachytherapy, ISUP Grade group 2, prostate biopsy, 4627
Itraconazole, drug repurposing, tumor-associated macrophages, 1981
Itraconazole, TAM, M2 macrophage, repolarization, cervical cancer, 569
Japanese Adverse Drug Event Report database, olaparib, anemia, FDA Adverse Events Reporting System, 883
Japanese, palbociclib, breast cancer, older patients, dose reduction, drug holiday, 2783
Japanese, spontaneous reporting database, bortezomib, azoles, 1341
Karnofsky performance status, multiple brain metastases, radiation therapy, surgical resection, graded prognostic assessment, 5107
Keap1, endometrial carcinoma, metformin, type 2 diabetes, oxidative stress, nrf2, mnSOD, 5545
Ketamine, genes, breast cancer, wnt, BMP, *EGFR*, 5415
KHORANA score, pancreatic ductal adenocarcinoma, venous thromboembolism, risk assessment model, 137
Ki-67, adenoid cystic carcinoma, *MYB*, *NTRK*, *HER-2*, 1709
Ki67, endometrial carcinoma, e-cadherin, 683
KIBRA, clear cell renal cell carcinoma, cell proliferation, apoptosis, LATS-2, 45
Kidney cancer, RCC, expression, metastases, 1503
Kinase inhibitor, breast cancer, CDK16 inhibitor, rebastinib, triple negative breast cancer, luminal cancer, 2609

KLF9, *miR-625-3p*, LUAD, growth, migration, invasion, 4923
KMO inhibitors, kynurenines, breast cancer, tryptophan, IDO/TDO, kynurenic acid, cytokines, review, 5275
KRAS mutation, pancreatic cancer, endoscopic ultrasound-guided fine-needle aspiration cytology, liquid-based cytology, cytology cell-free DNA, 2683
KRAS, colorectal cancer, exon-specific mutations, *NRAS*, 1563
KRAS, colorectal cancer, G12D, *EGFR*, MRTX1133, 4341
Kras, PHRF1, SOX4, p53, HCT116, 5437
KREMEN2, pan-cancer, biomarker, immune, therapeutic, 4491
KSHV, β-catenin, herpesvirus, ionophore, mitochondrial damage, nigericin, nonactin, p38 MAPK, PEL, valinomycin, wnt, 2455
Kynurenic acid, kynurenines, breast cancer, tryptophan, IDO/TDO, KMO inhibitors, cytokines, review, 5275
Kynurenine pathway, colorectal cancer, sOX40, miR-138-5p, plasma, 3281
Kynurenines, breast cancer, tryptophan, IDO/TDO, KMO inhibitors, kynurenic acid, cytokines, review, 5275
Kyocera Modular Limb Salvage System, bone tumor, femur, endoprosthesis, femoral-bone tumor, cemented stem, reconstruction, outcome, 3507
L-Lactate, monocarboxylate transporter, atorvastatin, *Xenopus laevis* oocyte, 3015
L-type amino acid transporter 1, ovarian clear cell carcinoma, nanvuranlat, mammalian target of rapamycin, leucine, cell proliferation, 2509
L1 cell adhesion molecule, uterus, mesonephric-like adenocarcinoma, endometrial carcinoma, immunohistochemistry, 4559
Laparoscopic gastrectomy, advanced gastric cancer, doublet adjuvant chemotherapy, 2203
Laparoscopic gastrectomy, advanced gastric cancer, t4a, t4b, 3145
Laparoscopic gastrectomy, gastric cancer, open gastrectomy, elderly patients, neutrophil–lymphocyte ratio, overall survival, 2055
Laparoscopic hepatectomy, artificial intelligence, AI, 5235
Laparoscopic liver resection, surgical site infection, organ-space, postoperative infectious complication, 2273
Laparoscopic surgery, colorectal cancer, splenic flexure colon cancer, accessory middle colic artery, vascular anatomy, splenic flexure, 3295
Laparoscopic surgery, colorectal cancer, the American Society of Anesthesiologists score, elderly patients, 5637
Laparoscopic surgery, gastric cancer, gastrectomy, elderly patients, sarcopenia, skeletal muscle loss, 4207
Laparoscopic surgery, gastric cancer, prognostic nutritional index, 893
Laparoscopic surgery, lateral lymph node dissection, transanal approach, total mesorectal excision, two-team surgery, 3311
Laparoscopic surgery, learning curve, cumulative sum analysis, intracorporeal anastomosis, right side colon cancer, 3341
Laparoscopic surgery, staple line reinforcement, reconstruction, less invasive surgery, 175
Laparoscopic, colorectal cancer, surgery, chronic heart failure, 5645
Laparoscopy, colitis-associated neoplasms, colorectal neoplasms, proctocolectomy, ulcerative colitis, 5245
Laparoscopy, gastrectomy, stomach neoplasms, x-ray, 3685
Laparoscopy, minilaparotomy, IL-18BP, NRS pain score, analgesic doses, 3113
Laparoscopy, pancreatic adenocarcinoma, outcome, survival, 4983
Large extracellular vesicles, malnutrition, cancer patients, metabolomics profiling, 2593
Lateral lymph node dissection, transanal approach, total mesorectal excision, two-team surgery, laparoscopic surgery, 3311
LATS-2, clear cell renal cell carcinoma, KIBRA, cell proliferation, apoptosis, 45
Learning curve, cumulative sum analysis, intracorporeal anastomosis, right side colon cancer, laparoscopic surgery, 3341
Learning curve, renal cell carcinoma, robotic surgery, minimally invasive surgery, transperitoneal, retroperitoneal, 2741
Lee011, SN38, colorectal cancer cells, 1933
Left colic artery, rectal cancer, high-tie, low-tie, oncological outcome, 3225
Lenalidomide, multiple myeloma, next-generation flow, measurable residual disease, relapsed and refractory, carfilzomib, dexamethasone (KRD), 157
Length of stay, enhanced recovery after surgery, ERAS, postoperative body weight loss, body composition, 4197
Lenvatinib, ALBI grade, hepatocellular carcinoma, treatment discontinuation, 1317
Lenvatinib, atezolizumab, bevacizumab, hepatocellular carcinoma, 1377
Lenvatinib, atezolizumab/bevacizumab, hepatocellular carcinoma, liver function, post-progression treatment, adverse event, anorexia, general fatigue, 4673
Lenvatinib, conversion surgery, hepatocellular carcinoma, 1761
Lenvatinib, hepatic cell carcinoma, sorafenib, 755
Lenvatinib, hepatocellular carcinoma, albumin-bilirubin grade, α-fetoprotein, 911
Lenvatinib, proton, hepatocellular carcinoma, survival, portal vein thrombosis, 1361

Less invasive surgery, laparoscopic surgery, staple line reinforcement, reconstruction, 175

Letrozole, gene therapy, *CCNG1+*, HR+, HER2+, early-stage breast cancer, deltaRex-G, trastuzumab, review, 2383

Leucine, l-type amino acid transporter 1, ovarian clear cell carcinoma, nanvuranlat, mammalian target of rapamycin, cell proliferation, 2509

Leukaemia, MYC, MYC inhibitor, MYC–MAX complex, 3023

Leukemia, apoptosis, solanaceae, *Aureliana fasciculata*, var. *fasciculata*, withanolides, aurelianolides, 1245

Leukemia, docosahexaenoic acid, menadione/ascorbate, ATP, mitochondrial superoxide, 1213

Life expectancy, androgen deprivation therapy, overall survival, prostate cancer, radiation therapy, radical prostatectomy, 473

Lifestyle, mediterranean diet, meningioma, cardiovascular disease, 5499

LigaSure™ , blood loss, musculoskeletal tumors, amputation, 2127

Light-emitting diode, antitumor effects, apoptosis, deep ultraviolet, pancreatic cancer, 621

Limb function, elderly, quality of life, malignant bone tumor, soft tissue sarcoma, 3273

Limited resection, lung cancer, prognostic nutritional index, high-risk patients, 3659

LINC00152, mesothelioma, CYTOR, EZH2, long non-coding RNA, cell proliferation, migration, invasion, 5367

LINC01480, clear cell renal cell carcinoma, prognosis, cancer metastasis, 3037

Linear energy transfer, carbon ion radiotherapy, estimation, relative biological effectiveness, treatment planning, 2975

Linitis plastica, gastric cancer, gastrectomy, 1543

Lipid nanoparticles, miR-21 inhibitor, HNSCC, xenograft, TUNEL, 3487

Lipomatosis, renal cancer, pazopanib, 789

Liquid biopsy, circulating tumor DNA, peritoneal tumor DNA, peritoneal lavage, gastric cancer, 2069

Liquid biopsy, melanoma, microRNA, miRNA, prognosis, adjuvant treatment, 695

Liquid biopsy, non-small cell lung cancer, osimertinib, recurrence, next-generation sequencing, 5031

Liquid biopsy, prostate cancer, bone metastasis, bone turnover markers, diagnosis, review, 283

Liquid-based cytology, pancreatic cancer, endoscopic ultrasound-guided fine-needle aspiration cytology, cytology cell-free DNA, *KRAS* mutation, 2683

Liver function, atezolizumab/bevacizumab, lenvatinib, hepatocellular carcinoma, post-progression treatment, adverse event, anorexia, general fatigue, 4673

Liver hypertrophy, portal vein embolization, sarcopenia, skeletal muscle loss, nutritional indicator, 209

Liver metastases, distal cholangiocarcinoma, peritoneal dissemination, 1863

Liver metastases, overall survival, appendiceal adenocarcinoma, colorectal adenocarcinoma, peritonectomy, 4657

Liver metastasis, breast cancer, tumour lysis syndrome, disseminated intravascular coagulation, 2371

Liver metastasis, colon cancer, transarterial chemoembolization (TACE), irinotecan loaded drug-eluting beads TACE (DEBIRI-TACE), overall survival, 3647

Liver resection, hepatocellular carcinoma, glasgow prognostic score, 875

Liver resection, hepatocellular carcinoma, macroscopic vascular invasion, molecular therapy, review, 4285

Liver, cancer, carcinoma, hepatocellular, cholangio-carcinoma, pregnancy, birth, fertility, review, 3861

Liver, FDG, PET/CT, fibrosis, necro-inflammatory activity, 4221

LncRNA SEMA3B-AS1, triple-negative breast cancer, prognosis, disease development, cellular processes, miR-513c-5p, 5475

LncRNA, TNBC, cell adhesion, protein–protein interaction, miRNA, 2951

Lobund-Wistar rat, immunotherapy, cancer, tissue vaccine, matrisome, melanoma, prostate cancer, 335

Local anesthesia, cryoablation, renal cell carcinoma, computed tomography, 1699

Local control, fractionated stereotactic radiotherapy, brain metastases, biologically effective dose, overall survival, radiation necrosis, 2757

Local control, glioblastoma, conventionally fractionated radiotherapy, hypo-fractionated radiotherapy, comparative study, overall survival, 3121

Local control, glioblastoma, radiation therapy, hypofractionation, overall survival, prognostic score, 2725

Local control, hypofractionated stereotactic radiation therapy, brain metastases, radiation oncology, radiation necrosis, 4543

Local control, recurrent head and neck cancer, squamous cell carcinoma, intensity-modulated radiotherapy, prognosis, immunotherapy, salvage surgery, 1255

Local radiation dose, low-dose-rate brachytherapy, prostate cancer, biologically effective dose, radiation therapy, 3159

Local re-recurrence-free survival rate, rectal cancer, local recurrence, high sacrectomy, complications, 5061

Local recurrence-free survival, circumferential resection margin (CRM), rectal cancer, propensity-score matching analysis, recurrence-free survival, cancer-specific survival, prognosis, 3623

Local recurrence, chondrosarcoma, biopsy, sarcoma, 3069

Local recurrence, phyllode tumor, breast, histological risk factors, 143
Local recurrence, rectal cancer, high sacrectomy, complications, local re-recurrence-free survival rate, 5061
Local recurrence, rectal cancer, rectal adenocarcinoma, pelvic recurrence, multivisceral resection, 765
Local therapy, metastatic breast cancer, long-term prognosis, hER2-positive, 217
Localized maxillary sinus cancer, RADPLAT, IMRT, 2859
Localized prostate cancer, biomarkers, prognosis, disease-free survival, integrins, 417
Locally advanced cancer, lymphocyte-to-monocyte ratio, neoadjuvant chemoradiotherapy, neutrophil-to-lymphocyte ratio, rectal cancer, 2179
Locally advanced gastric cancer, neoadjuvant chemotherapy, DCS therapy, 2841
Locally advanced gastric cancer, neoadjuvant chemotherapy, gastric cancer, elderly patients, 5649
Locally advanced non-small cell lung cancer, N3 lymph node metastasis, chemoradiotherapy, durvalumab, 675
Locally advanced rectal cancer, radiomics, magnetic resonance imaging, chemo-radiotherapy, 781
Loco-regional control, head and neck squamous-cell carcinoma, chemoradiation, cisplatin regimens, toxicity, survival, 795
Long non-coding RNA, mesothelioma, LINC00152, CYTOR, EZH2, cell proliferation, migration, invasion, 5367
Long-term outcomes, early-stage MALT lymphoma, duodenal MALT lymphoma, rectal MALT lymphoma, radiation therapy, 2851
Long-term outcomes, MALT lymphoma, radiotherapy, hypofractionated radiotherapy, 3673
Long-term prognosis, metastatic breast cancer, hER2-positive, local therapy, 217
Long-term prognosis, mucinous gastric cancer, 2865
Long-term results, breast cancer, radiotherapy, helical IMRT, tomotherapy, lymph node negative, secondary malignoma, lymphedema, 2041
Long-term treatment, colorectal cancer, cumulative dose, adverse events, proteinuria, hypertension, bleeding, thromboembolic events, bevacizumab, 2085
Low intensity pulsed ultrasound, therapeutic ultrasound, uterine cervical neoplasms, cisplatin, chemotherapy, 4793
Low-dose-rate brachytherapy, intermediate-risk prostate cancer, ISUP Grade group 2, ISUP Grade group 3, prostate biopsy, 4627
Low-dose-rate brachytherapy, local radiation dose, prostate cancer, biologically effective dose, radiation therapy, 3159
Low-tie, rectal cancer, left colic artery, high-tie, oncological outcome, 3225
Lower gastroesophageal junction, gastric cancer, adenocarcinoma, stomach, treatment algorithm, review, 2889
Lower limbs and hips, dermatology, oncology, epidemiology, survival, melanoma, surgery, SEER, 4105
Lower tract urothelial carcinoma, chemo-resistant urothelial carcinoma, pembrolizumab, upper tract urothelial carcinoma, 5041
LUAD, *miR-625-3p*, growth, migration, invasion, KLF9, 4923
Luminal cancer, breast cancer, CDK16 inhibitor, rebastinib, triple negative breast cancer, kinase inhibitor, 2609
Lung adenocarcinoma, angiogenesis-associated genes, immune infiltration, prognosis, 4473
Lung adenocarcinoma, cranberry, cyclin E, CDK2, CDK4, FLIP, 2933
Lung adenocarcinoma, glucocorticoid receptor, NDRG-1, SGK-1, 2965
Lung adenocarcinoma, lung squamous cell carcinoma, programmed cell death ligand-1, driver gene mutation, immune checkpoint inhibitors, 5197
Lung adenocarcinoma, miR-33b-5p, YWHAH, chemoresistance, 5447
Lung cancer, (Pro)renin receptor, adenocarcinoma, 5671
Lung cancer, adverse event, immune checkpoint blockade, progression-free survival, 3241
Lung cancer, *ALX3*, promoter methylation, COBRA, biomarker, 3029
Lung cancer, cachexia, TCF4, TWIST1, PTHLH, streptonigrin, 1149
Lung cancer, circulating tumor cell, size selection, filter, validation test, 4683
Lung cancer, cutaneous metastasis, adenocarcinoma, 2367
Lung cancer, DNA ligase 4, genotypes, non-homologous end-joining, single nucleotide polymorphism, Taiwan, 3447
Lung cancer, immunotherapy, non-smoker, programmed death-ligand, smoking, 2185
Lung cancer, prognostic nutritional index, limited resection, high-risk patients, 3659
Lung cancer, radiomics, radiomic score, prediction, recurrence pattern, SBRT, 5003
Lung cancer, radiotherapy, chemoradiotherapy, pre-treatment emotional distress, 2111
Lung cancer, stroke, thromboembolism, BRAF, oncogenic driver, 935
Lung diseases, non-small-cell lung cancer, chemoradiotherapy, interstitial, radiation pneumonitis, 1797
Lung metastases, oligometastatic, robotic stereotactic body radiotherapy, cyberknife®, 4125
Lung squamous cell carcinoma, lung adenocarcinoma, programmed cell death ligand-1, driver gene mutation, immune checkpoint inhibitors, 5197

LUTS, desmopressin, nocturia, β3 adrenoceptor agonist, 455
Lymph node metastasis, colon cancer, rectal cancer, prognosis, dissection, 4213
Lymph node metastasis, colorectal cancer, propensity score matching, 5681
Lymph node metastasis, hER2-positive gastric cancer, SMAD2, MET, 4359
Lymph node metastasis, rectal cancer, organ-sparing surgery, watch and wait, neoadjuvant chemoradiotherapy, complete pathological response, clinical complete response, 2813
Lymph node metastasis, rectal cancer, UFT/LV, 2219
Lymph node metastasis, sphingosine-1-phosphate, phospho-sphingosine kinase 1, pancreatic ductal adenocarcinoma, lymphatic invasion, prognosis, 3969
Lymph node negative, breast cancer, radiotherapy, helical IMRT, tomotherapy, secondary malignoma, lymphedema, long-term results, 2041
Lymph node, computed tomography, cholangiocarcinoma, texture, 5089
Lymph node, dendritic cell, dCsign, macrophage, non-small-cell lung cancer, clinicopathological factors, prognosis, 3003
Lymph node, oral cancer, head and neck squamous cell carcinoma, neck dissection, discriminant analysis, cytokeratin, 4993
Lymphadenectomy, distal pancreatectomy, pancreatic ductal adenocarcinoma, prognosis, PSM, 201
Lymphatic invasion, sphingosine-1-phosphate, phospho-sphingosine kinase 1, pancreatic ductal adenocarcinoma, lymph node metastasis, prognosis, 3969
Lymphatic system, anal canal, anatomy, indocyanine green, rectum, robotic surgery, 1591
Lymphedema, breast cancer, radiotherapy, helical IMRT, tomotherapy, lymph node negative, secondary malignoma, long-term results, 2041
Lymphocyte-to-monocyte ratio, locally advanced cancer, neoadjuvant chemoradiotherapy, neutrophil-to-lymphocyte ratio, rectal cancer, 2179
Lymphocyte, neutrophil, monocyte, platelet, immune marker, soft tissue sarcoma, 3349
Lymphoscintigraphy, sentinel lymph node, sentinel lymph node biopsy, breast neoplasm, ultrasound, mammary, ultrasonography, contrast-enhanced ultrasound, axillary imaging, 557
Lymphovascular invasion, cervical adenocarcinoma, mMR-deficiency, MSI, PDL-1, 53
Lynch syndrome, immune checkpoint inhibition, HNPCC, pembrolizumab, platinum refractory, hereditary ovarian cancer, 1655
M2 macrophage, TAM, repolarization, itraconazole, cervical cancer, 569
M2 polarization, tumor-associated macrophages, tumor microenvironment, toll-like receptor 4, nuclear factor-κB, 1985
M371-test, germ cell tumors, miRNA, testicular, 1649
Machine learning, deep learning, ovarian cancers, MRI scan, 3817
Macrophage, antitumor antibody, glypican 1, cpG oligodeoxy-nucleotides, natural killer cell, 2425
Macrophage, dendritic cell, dCsign, non-small-cell lung cancer, lymph node, clinicopathological factors, prognosis, 3003
Macroscopic vascular invasion, hepatocellular carcinoma, liver resection, molecular therapy, review, 4285
Magnetic resonance imaging, breast cancer, dual-energy computed tomography, iodine map, tumor extent, 4133
Magnetic resonance imaging, locally advanced rectal cancer, radiomics, chemo-radiotherapy, 781
Magnetic resonance imaging, prostate cancer, recurrence, radiation therapy, radical prostatectomy, simplified prostate magnetic resonance imaging for reporting (S-PI-RADS), prostate magnetic resonance imaging for local recurrence reporting (PI-RRADS), review, 297
Mainserin, antidepressant, imipramine, moclobemide, tianeptine, hepatocellular carcinoma, 1201
Maintenance therapy, urothelial carcinoma, avelumab, organ-specific response rate, platinum-based chemotherapy, 5689
Maintenance treatment, platinum-sensitive relapsed ovarian cancer, anemia, chemotherapy before maintenance treatment, 3653
Malignant bone tumor, elderly, limb function, quality of life, soft tissue sarcoma, 3273
Malignant cells, pleural effusions, cell block, immunohistochemistry, BEREP4, CEA, 669
Malignant disease, distress thermometer, distress scores, radiotherapy, risk factors, 4143
Malignant large bowel obstruction, bowel decompression, colorectal cancer, nutritional status, prognosis, 259
Malignant lymphoma, gastrointestinal tract, follicular lymphoma, 4089
Malignant lymphoma, neutron, BNCT, carcinogenesis, spleen, 1455
Malignant melanoma, *Cannabis sativa* extract, Δ9-tetrahydrocannabinol, cannabidiol, nanostring nCounter assay, 1221
Malignant melanoma, exosomes, CD9, cancer-associated fibroblasts, 25
Malignant progression, COX-2, inflammation, fibrosarcoma, AHCC®, 1239
Malignant transformation, oral leukoplakia, biomarker, TIPE2, dormancy, 4937
Malnutrition, cancer, chronic inflammation, cytokine, nutritional support, 2821

Malnutrition, extrahepatic cholangiocarcinoma, GLIM criteria, 2299
Malnutrition, large extracellular vesicles, cancer patients, metabolomics profiling, 2593
Malnutrition, nutrition, head and neck cancer, carcinoma, narrative interview, weight trajectory, nutrition impact symptom, patient reported outcome, PRO, self-help group, 1663
Malnutrition, progression-free survival in second-line chemotherapy, advanced gastric cancer, inflammation, 5205
MALT lymphoma, radiotherapy, long-term outcomes, hypofractionated radiotherapy, 3673
MAML2 rearrangement, child, clear-cell variant, mucoepidermoid carcinoma, minor salivary gland, and fluorescence *in situ* hybridization, 939
MAML3, gallbladder cancer, hypoxia, Hedgehog signalling, Notch signalling, 2909
Mammalian target of rapamycin, l-type amino acid transporter 1, ovarian clear cell carcinoma, nanvuranlat, leucine, cell proliferation, 2509
Mammalian target of rapamycin, tazarotene-induced gene 1, VAC14, p70 S6 kinase, cyclin, 2635
Mammary cancer, n-methyl-N-nitrosourea, asymmetric dimethylarginine, 97
Mammary, sentinel lymph node, sentinel lymph node biopsy, breast neoplasm, ultrasound, ultrasonography, contrast-enhanced ultrasound, axillary imaging, lymphoscintigraphy, 557
Mammographic breast density, breast carcinoma, epithelial mesenchymal transition, prognosis, 2281
Manual muscle testing, caudal-related homeobox transcription factor 2 (CDX2), CRC, chemotherapy, metastatic spinal tumor, spinal cord compression, cetuximab, 2879
MAPK pathway, apoptosis, breast cancer, dendropanax morbiferus H. Lév., MDA-MB-231, 3047
Maspin, prostate cancer, *PDIA6*, tumor, cancer therapeutics, serpin family, *PDI-P5*, *SERPIN B5*, *ERP5*, *TXNDC7*, 5331
Mast cells, melanoma, spheroids, adhesion molecules, transcriptome, 1415
Mastectomy, breast cancer, in-breast-tumor-recurrence, IBTR, TARGIT-IORT, BREAST-Q, qoL, 733
Matrisome, immunotherapy, cancer, tissue vaccine, lobund-Wistar rat, melanoma, prostate cancer, 335
Matrix metalloproteinase 9, serum starvation, nasopharyngeal carcinoma, cell invasion, 2583
MbIL13, feeder cell, mbIL2, NK cell expansion, anti-tumor therapy, 3897
MbIL2, feeder cell, mbIL13, NK cell expansion, anti-tumor therapy, 3897
MBP-1, alpha enolase, ENO1, c-MYC binding protein, cutaneous melanoma, 2527
MCF-7, breast cancer, oleuropein, olive leaf, peroxiredoxin, 4333
MDA-MB-231, apoptosis, breast cancer, dendropanax morbiferus H. Lév., MAPK pathway, 3047
MDM2, atypical lipomatous tumor, well-differentiated liposarcoma, dedifferentiation, ordinary lipoma, treatment, ring chromosome, review, 4295
Measurable residual disease, multiple myeloma, next-generation flow, relapsed and refractory, carfilzomib, lenalidomide, dexamethasone (KRD), 157
Mechanisms of resistance, renal cell cancer, treatment, overcoming resistance, review, 4781
Medical doctor, acetium® lozenge, e-Training, smoking intervention, nicotine-free, nicotine replacement therapy (NRT), post-training survey, health care professionals, nurse, pharmacy staff, awareness, interest, acceptance, 4961
Medical history, prostate-specific antigen, angiotensin receptor blockers, prostate cancer, real-world data, 5629
Medical students, decision-making, end-of-life care, advanced prostate cancer, advanced dementia, physicians, special competence in palliative medicine, 3631
Medication guidance sheet, chemotherapy, adverse events, TBI/CY conditioning regimens, allogeneic hematopoietic cell transplantation 4067
Medication instruction sheet, chemotherapy, adverse events, acute myeloid leukemia, high-dose cytarabine consolidation therapy, 3321
Mediterranean diet, lifestyle, meningioma, cardiovascular disease, 5499
Medium replacement, breast cancer, endocrine resistance, estrogen-responsive gene, RNA sequencing, autocrine factor, 4447
Medroxyprogesterone, hormonal treatment, endometrial cancer, 3693
Melanin, DM-CHOC-PEN, melanoma, alkylation, 1407
Melanoma, CAR T cell therapy, solid tumor, HVEM, BTLA, immunology, 3419
Melanoma, dermatology, oncology, epidemiology, survival, lower limbs and hips, surgery, SEER, 4105
Melanoma, DM-CHOC-PEN, melanin, alkylation, 1407
Melanoma, immunotherapy, cancer, tissue vaccine, matrisome, lobund-Wistar rat, prostate cancer, 335
Melanoma, liquid biopsy, microRNA, miRNA, prognosis, adjuvant treatment, 695
Melanoma, mast cells, spheroids, adhesion molecules, transcriptome, 1415
Melanoma, overdiagnosis, gene-expression profiling, 1873
Melanoma, sinuses, nasal cavity, survival, prognosis, 4551
Melanoma, SOX10, PD-L1, immunological resistance, 1477
Melatonin, gastric cancer, exosomes, miR-27b-3p, ADAMTS5, 4413

MeLiM, T cells, NK cells, swine melanoma, spontaneous regression, 631
Membrane-bound class I-related chain A, atezolizumab, bevacizumab, hepatocellular carcinoma, immunity, regulatory T cells, programed cell death-ligand 1, interleukin-6, tumor necrosis factor-alpha, interleukin-2 receptor, 4601
Menadione/ascorbate, docosahexaenoic acid, ATP, mitochondrial superoxide, leukemia, 1213
Meningioma, mediterranean diet, lifestyle, cardiovascular disease, 5499
Merkel cell carcinoma, orthopaedic oncology, 1549
Mesenchymal stem cell, anti-GD2-antibody, drug delivery, immunotherapy, neuroblastoma, 2417
Mesenchymal-epithelial transition, mutant p53, epithelial-mesenchymal transition, gastric cancer, metastatic phenotype, 4887
Mesonephric-like adenocarcinoma, uterus, endometrial carcinoma, L1 cell adhesion molecule, immunohistochemistry, 4559
Mesonephric-like adenocarcinoma, uterus, mismatch repair protein, microsatellite instability, 1785
Mesothelioma, FOXM1, IGF2BP3, SMAD, migration, invasion, 3961
Mesothelioma, LINC00152, CYTOR, EZH2, long non-coding RNA, cell proliferation, migration, invasion, 5367
MET, hER2-positive gastric cancer, SMAD2, lymph node metastasis, 4359
Meta-analysis, breast cancer, survival, hER2-low, prognosis, review, 4303
Metabolic tumor volume, 18F-fluorodeoxyglucose uptake, mutation status of epidermoid growth factor receptor, sinonasal tract, squamous cell carcinoma, 3247
Metabolites, abemaciclib, ABCB1, *ABCG2*, polymorphisms, 1283
Metabolomics profiling, malnutrition, large extracellular vesicles, cancer patients, 2593
Metastasectomy, metastatic renal cell carcinoma, overall survival, 3193
Metastases, colorectal cancer, time-to-next-treatment, chemotherapy, secondary surgery, tumor sidedness, colorectal liver metastases, 5589
Metastases, RCC, kidney cancer, expression, 1503
Metastasis castration resistant prostate cancer, radium-223, prognostic factors, overall survival, 1809
Metastasis, CD44, ccRCC, immune infiltration, SPP1, 3493
Metastasis, circulating tumor cells, neuroblastoma, review, 4327
Metastasis, claudin-10, CLDN10, brain endothelial, blood brain barrier, tight junction, breast cancer, 3923
Metastasis, fluoxetine, osteosarcoma, *STAT3*, angiogenesis, 1193
Metastasis, HPV16, HPV18, endometrial cancer, endometrioid-type, non-endometrioid type, 5083
Metastasis, imipramine, apoptosis, triple-negative breast cancer, 2985
Metastasis, renal cell carcinoma, t1a, histological nuclear grade, histological growth pattern, 4061
Metastasis, spine, breast, intramedullary, radiosurgery, review, 523
Metastasis, SSNA1, hepatocellular carcinoma, EMT, prognosis, 3479
Metastasis, statins, chemotherapy, chemoprevention, anticancer, review, 4263
Metastasis, survivorship, primary palliative care, clinical nurse specialist, review, 1387
Metastasis, transglutaminase-4, prostate transglutaminase, TGM4, prostate cancer, review, 291
Metastasis; cryoablation, synovial sarcoma, t-cell receptor-engineered T-cell therapy, beta-catenin, immune checkpoint protein, 5737
Metastatic breast cancer, long-term prognosis, hER2-positive, local therapy, 217
Metastatic cancer, prognostic model, overall survival, brain metastases, spine metastases, radiotherapy, 3167
Metastatic cancer, prognostic model, overall survival, cerebral metastases, geriatric patients, octogenarians, radiotherapy, 749
Metastatic cancer, prognostic model, overall survival, geriatric patients, octogenarians, radiotherapy, 741
Metastatic castration-resistant prostate cancer, cabazitaxel, relative dose intensity, 4611
Metastatic colorectal cancer, anti-*EGFR*, anti-VEGF, TCR, tumor-infiltrating lymphocytes, 613
Metastatic colorectal cancer, biomarker, CCL7, prognosis, serum, 105
Metastatic colorectal cancer, cetuximab, panitumumab, overall survival, conversion surgery, 5127
Metastatic phenotype, mutant p53, epithelial-mesenchymal transition, mesenchymal-epithelial transition, gastric cancer, 4887
Metastatic prostate cancer, HDR-BT, radiation therapy, oncological outcome, 3135
Metastatic renal cell carcinoma, metastasectomy, overall survival, 3193
Metastatic spinal cord compression (MSCC), decompressive surgery, ambulation recovery, survival rate, 1767
Metastatic spinal tumor, caudal-related homeobox transcription factor 2 (CDX2), CRC, chemotherapy, spinal cord compression, cetuximab, manual muscle testing, 2879
Metastatic, enzalutamide, abiraterone acetate, castration-resistant prostate cancer, real-life practice, 463
Metformin, endometrial carcinoma, type 2 diabetes, oxidative stress, nrf2, keap1, mnSOD, 5545

Methioninase, colon cancer, peritoneal metastasis, HCT-116, GFP, methionine addiction, Hoffman effect, oral administration, 5-FU, oxaliplatinum, combination, synergy, Hoffman protocol, 19
Methionine addiction, colon cancer, peritoneal metastasis, HCT-116, GFP, Hoffman effect, methioninase, oral administration, 5-FU, oxaliplatinum, combination, synergy, Hoffman protocol, 19
Methotrexate, glucarpidase, modeling and simulation, pharmacokinetics, pharmacodynamics, 1919
Metronomic chemotherapy, angiogenesis, cisplatin, all-trans retinoic acid, bone marrow-derived cells, 5509
Mevalonate pathway, multiple myeloma, γδ T cells, hypoxia, myeloma stem-like cells, isopentenyl pyrophosphate, 547
MGMT, follow-up, SNP, PSA, recurrence, prostate cancer, 369
MIA, uveal melanoma, tumor marker, s100b, threshold optimization, 4525
MICA, ADAM9, NKG2D, HCC, CCL347, 1043
Mice, animal models, prostate carcinogenesis, rats, rodents, review, 323
Microenvironment, *SMAD4*, pancreatic cancer, hypoxia, 5393
Micrometastasis, axillary staging, axillary dissection, regional lymphatic recurrence, operative time, re-operation rate, 2161
MicroRNA-1, cold atmospheric plasma, cold atmosphere pressure plasma, tissue tolerable plasma, AKT1, 7
MicroRNA, galectin-9, duodenal adenocarcinoma, apoptosis, cell cycle, 3769
MicroRNA, melanoma, liquid biopsy, miRNA, prognosis, adjuvant treatment, 695
MicroRNAs, high-throughput sequencing, differentiated thyroid cancer, sterol regulatory element-binding proteins 1, 4435
Microsatellite instability, uterus, mesonephric-like adenocarcinoma, mismatch repair protein, 1785
Microwave ablation, colorectal, cancer, pulmonary metastasis, thermal ablation, review, 2899
Migration, breast cancer, FOXJ3, invasion, snail, 2995
Migration, cabazitaxel, CCL2, chemo-resistance, prostate cancer, 2561
Migration, castration-resistant prostate cancer, focal adhesion kinase, chalcone derivative, DNA damage, proliferation, 389
Migration, mesothelioma, FOXM1, IGF2BP3, SMAD, invasion, 3961
Migration, mesothelioma, LINC00152, CYTOR, EZH2, long non-coding RNA, cell proliferation, invasion, 5367
Migration, *miR-625-3p*, LUAD, growth, invasion, KLF9, 4923
Mild hyperthermia, oral squamous cell carcinoma, chromone derivatives, G_2/M blocker, synergism, 3429
Minilaparotomy, laparoscopy, IL-18BP, NRS pain score, analgesic doses, 3113
Minimally invasive surgery, renal cell carcinoma, robotic surgery, transperitoneal, retroperitoneal, learning curve, 2741
Minimally invasive surgery, three-dimensional computed tomography, vasculature of right-side colon, 5621
Minor salivary gland, child, clear-cell variant, mucoepidermoid carcinoma, MAML2 rearrangement, and fluorescence *in situ* hybridization, 939
MiR-122-5p, pancreatic cancer, ASCT2, glutamine metabolism, cell apoptosis, 4379
MiR-138-5p, colorectal cancer, kynurenine pathway, sOX40, plasma, 3281
MiR-21 inhibitor, HNSCC, lipid nanoparticles, xenograft, TUNEL, 3487
MiR-27b-3p, melatonin, gastric cancer, exosomes, ADAMTS5, 4413
MiR-33b-5p, YWHAH, lung adenocarcinoma, chemoresistance, 5447
MiR-371a-3p, prostate cancer, ATG7, P53, VIM3, miRNA, 2407
MiR-513c-5p, triple-negative breast cancer, lncRNA SEMA3B-AS1, prognosis, disease development, cellular processes, 5475
MiR-625-3p, LUAD, growth, migration, invasion, KLF9, 4923
MiR-877-3p, oesophageal Squamous Cell Carcinoma, 35
MiRNA, germ cell tumors, m371-test, testicular, 1649
MiRNA, melanoma, liquid biopsy, microRNA, prognosis, adjuvant treatment, 695
MiRNA, prostate cancer, ATG7, P53, VIM3, *miR-371a-3p*, 2407
MiRNA, TNBC, cell adhesion, protein–protein interaction, lncRNA, 2951
Mirtazapine, nausea, vomiting, platinum-based chemotherapy, thoracic cancer, 1301
Mismatch repair protein, uterus, mesonephric-like adenocarcinoma, microsatellite instability, 1785
Mitochondria, static magnetic stimulation, cancer, proliferation, autophagy, 1427
Mitochondrial biogenesis, nuclear respiratory factor 1, NRF1, bladder cancer, epithelial–mesenchymal transition, EMT, high-mobility group box-1, HMGB1, receptor for advanced glycation end-products, RAGE, 1521
Mitochondrial damage, β-catenin, herpesvirus, ionophore, KSHV, nigericin, nonactin, p38 MAPK, PEL, valinomycin, wnt, 2455
Mitochondrial membrane potential, 7, 8-diacetoxy-3, 4-diarylcoumarin, cell cycle, *in vitro* cytotoxicity, MMP, reactive oxygen species, ROS, apoptosis, 1001
Mitochondrial superoxide, docosahexaenoic acid, menadione/ascorbate, ATP, leukemia, 1213

MMP-2, genotype, polymorphism, prostate cancer, 343
MMP-7, genotype, polymorphism, Taiwan, 381
MMP-8, colorectal cancer, genotype, phenotype, polymorphism, Taiwan, 3979
MMP-9, pterocarpanquinone, akt, prostate cancer, 359
MMP, 7, 8-diacetoxy-3, 4-diarylcoumarin, cell cycle, *in vitro* cytotoxicity, mitochondrial membrane potential, reactive oxygen species, ROS, apoptosis, 1001
MMP, CD73, emmprin, tumour invasion, fibroblasts, 3735
MMR-deficiency, cervical adenocarcinoma, MSI, PDL-1, lymphovascular invasion, 53
MMR, MSI, signet-ring cell carcinoma, colon, immunotherapy, 4729
MnSOD, endometrial carcinoma, metformin, type 2 diabetes, oxidative stress, nrf2, keap1, 5545
Moclobemide, antidepressant, imipramine, mainserin, tianeptine, hepatocellular carcinoma, 1201
Mode of delivery, high-grade squamous intraepithelial lesion (HSIL), cervical dysplasia, pregnancy, treatment, 3153
Modeling and simulation, glucarpidase, methotrexate, pharmacokinetics, pharmacodynamics, 1919
Moderate hypofractionation, proton beam therapy, centrally located, non-small cell lung cancer, radiation pneumonitis, dose volume histogram, 2003
Modified Glasgow prognostic score, febrile neutropenia, nedaplatin, 5-fluorouracil, predictive factor, 2309
Mohs micrographic surgery, skin, epidermal carcinoma, resection margin involvement, frozen section examination, 2707
Molecular markers, diffuse low-grade glioma, extent of resection, overall survival, intraoperative magnetic resonance imaging, 2659
Molecular subtypes, cuproptosis, AML, tumor microenvironment, immunotherapy, 3943
Molecular therapy, hepatocellular carcinoma, liver resection, macroscopic vascular invasion, review, 4285
Molecular-targeting agents, ovarian cancer, bevacizumab, safety, efficacy, real-world, chemotherapy, 3097
Monocarboxylate transporter, l-lactate, atorvastatin, *Xenopus laevis* oocyte, 3015
Monocarboxylate transporter, tamoxifen, oxidative stress, breast cancer, 1113
Monoclonal antibody, gastric cancer, cancer stem cells, CD44, peritoneal metastasis, 2491
Monocyte, neutrophil, lymphocyte, platelet, immune marker, soft tissue sarcoma, 3349
Monocytes, immunotherapy, anti-PD-1/PD-L1 checkpoint inhibitors, adhesion molecules, cytokines, 2445
Morphologic response, colorectal cancer liver metastasis, cTv*Δ*, chemotherapy response evaluation, 3807
Motion phantom, three-dimensional (3D)-printing, breast cancer, intensity-modulated radiation therapy (IMRT), 4425
Motion tracking accuracy, cyberKnife, synchrony, DVH, 231
MRI scan, deep learning, machine learning, ovarian cancers, 3817
MRI, radiomics, prostate cancer, hypoxia, 351
MRI, serum PSA, sE-cadherin, EPCA-2, prostate cancer, prostatic hyperplasia, 441
MRI, synovial sarcoma, indolent, nerve, differential diagnosis, symptom, 5729
MRONJ, oral cavity, nasolabial flap, 3709
MRTX1133, colorectal cancer, *KRAS*, G12D, *EGFR*, 4341
MSI, cervical adenocarcinoma, mMR-deficiency, PDL-1, lymphovascular invasion, 53
MSI, MMR, signet-ring cell carcinoma, colon, immunotherapy, 4729
MTOR inhibitor, *nab*-sirolimus, nivolumab, immune checkpoint inhibitor, targeted therapy, immunotherapy, 1993
MTOR, everolimus, multidrug resistance, renal cell carcinoma, 4349
MTOR, hepatocellular carcinoma, regorafenib, 18β-glycyrrhetinic acid, apoptosis, 4403
Mucinous appendiceal neoplasm, cytoreductive surgery, hyperthermic intraperitoneal chemotherapy, early postoperative intraperitoneal chemotherapy, 817
Mucinous gastric cancer, long-term prognosis, 2865
Mucoepidermoid carcinoma, child, clear-cell variant, minor salivary gland, MAML2 rearrangement, and fluorescence *in situ* hybridization, 939
Multidisciplinary therapy, sarcoma center, soft-tissue sarcoma, clinical practice guideline, 2317
Multidisciplinary tumor boards, prostate cancer, virtualization, adherence to guidelines, 501
Multidrug resistance, ABC-transporters, biometals, copper chelate, 1031
Multidrug resistance, breast cancer, doxorubicin, selenoester, p-glycoprotein (ABCB1, p-gp), apoptosis, 4865
Multidrug resistance, everolimus, mTOR, renal cell carcinoma, 4349
Multimodal treatment, esophageal cancer, radiotherapy, radiochemotherapy, 2733
Multiple brain metastases, radiation therapy, surgical resection, graded prognostic assessment, Karnofsky performance status, 5107
Multiple myeloma, next-generation flow, measurable residual disease, relapsed and refractory, carfilzomib, lenalidomide, dexamethasone (KRD), 157
Multiple myeloma, γδ T cells, hypoxia, myeloma stem-like cells, isopentenyl pyrophosphate, mevalonate pathway, 547
Multivariate analysis, colorectal cancer, clinical features, triage, colonoscopy, FIT, diagnosis, 5535

Multivisceral resection, rectal cancer, local recurrence, rectal adenocarcinoma, pelvic recurrence, 765
Muscular diseases/diagnosis, araneoplastic syndromes/diagnosis, hydroxymethylglutaryl CoA reductases/ immunology, neoplasm, immunoglobulins, intravenous/administration & dosage, 4723
Musculoskeletal tumors, LigaSure™ , blood loss, amputation, 2127
Mutant p53, epithelial-mesenchymal transition, mesenchymal-epithelial transition, gastric cancer, metastatic phenotype, 4887
Mutation status of epidermoid growth factor receptor, 18F-fluorodeoxyglucose uptake, metabolic tumor volume, sinonasal tract, squamous cell carcinoma, 3247
Mutation, rectal cancer, neoadjuvant chemoradiotherapy, *PIK3CA*, prognosis, 1513
MYB, adenoid cystic carcinoma, *NTRK*, *HER-2*, *Ki-67*, 1709
MYC inhibitor, MYC, leukaemia, MYC–MAX complex, 3023
MYC–MAX complex, MYC, leukaemia, MYC inhibitor, 3023
MYC, leukaemia, MYC inhibitor, MYC–MAX complex, 3023
MYCN, neuroblastoma, ALK, targeted therapy, immunotherapy, review, 3829
Myeloma stem-like cells, multiple myeloma, γδ T cells, hypoxia, isopentenyl pyrophosphate, mevalonate pathway, 547
N-methyl-N-nitrosourea, mammary cancer, asymmetric dimethylarginine, 97
N3 lymph node metastasis, locally advanced non-small cell lung cancer, chemoradiotherapy, durvalumab, 675
Nab-paclitaxel, non-small cell lung cancer, bevacizumab, interstitial lung disease, 1325
Nab-paclitaxel, pancreatic cancer, conversion surgery, chemotherapy, FOLFIRINOX, gemcitabine, 1611
Nab-sirolimus, nivolumab, mTOR inhibitor, immune checkpoint inhibitor, targeted therapy, immunotherapy, 1993
NAD(P)H:quinone oxidoreductase 1, AZ-1, apoptosis, nasopharyngeal carcinoma, 4879
Nadir prostate-specific antigen level, prostate cancer, enzalutamide, initial prostate-specific antigen level, androgen-deprivation therapy, 429
NADPH oxidase 2, colon cancer, biomarker, immunohistochemistry, transfection, 2601
Nanoparticles, cyclodextrins, terpyridine, doxorubicin, antiproliferative activity, tumor cells, 5409
Nanostring nCounter assay, malignant melanoma, *Cannabis sativa* extract, Δ9-tetrahydrocannabinol, cannabidiol, 1221
Nanvuranlat, l-type amino acid transporter 1, ovarian clear cell carcinoma, mammalian target of rapamycin, leucine, cell proliferation, 2509
Narrative interview, nutrition, malnutrition, head and neck cancer, carcinoma, weight trajectory, nutrition impact symptom, patient reported outcome, PRO, self-help group, 1663
Nasal cavity, melanoma, sinuses, survival, prognosis, 4551
Nasolabial flap, MRONJ, oral cavity, 3709
Nasopharyngeal carcinoma, AZ-1, nAD(P)H:quinone oxidoreductase 1, apoptosis, 4879
Nasopharyngeal carcinoma, serum starvation, matrix metalloproteinase 9, cell invasion, 2583
Natural drugs, hypoxia, treatment resistance, radiotherapy, hypoxia-selective drugs, 5319
Natural killer cell, antitumor antibody, glypican 1, cpG oligodeoxy-nucleotides, macrophage, 2425
Nausea, mirtazapine, vomiting, platinum-based chemotherapy, thoracic cancer, 1301
NCOR1, *TBL1XR1*, RNA expression, diffuse large B-cell lymphoma, plasmablastic lymphoma, follicular lymphoma, primary testicular lymphoma, 4801
NDRG-1, lung adenocarcinoma, glucocorticoid receptor, SGK-1, 2965
Nebivolol, AKT, breast cancer, combination therapy, FGFR, 1973
Neck dissection, oral cancer, head and neck squamous cell carcinoma, lymph node, discriminant analysis, cytokeratin, 4993
Necro-inflammatory activity, FDG, PET/CT, liver, fibrosis, 4221
Nectin-4, upper urinary tract urothelial carcinoma, HER2, *EGFR*, 167
Nedaplatin, febrile neutropenia, 5-fluorouracil, predictive factor, modified Glasgow prognostic score, 2309
Neoadjuvant chemoradiotherapy, lymphocyte-to-monocyte ratio, locally advanced cancer, neutrophil-to-lymphocyte ratio, rectal cancer, 2179
Neoadjuvant chemoradiotherapy, rectal cancer, organ-sparing surgery, lymph node metastasis, watch and wait, complete pathological response, clinical complete response, 2813
Neoadjuvant chemoradiotherapy, rectal cancer, *PIK3CA*, mutation, prognosis, 1513
Neoadjuvant chemotherapy, ALCAM, CD166, gastric cancer, survival, drug resistance, gastric cell model, 1463
Neoadjuvant chemotherapy, breast cancer, node positive, sentinel lymph node biopsy, 4643
Neoadjuvant chemotherapy, breast carcinoma, tumor budding, pathological complete response, 2323
Neoadjuvant chemotherapy, DCS therapy, locally advanced gastric cancer, 2841

Neoadjuvant chemotherapy, esophageal squamous cell cancer, tumor location, prognostic factor, 2697
Neoadjuvant chemotherapy, febrile neutropenia, breast cancer, risk factors, 247
Neoadjuvant chemotherapy, gastric cancer, elderly patients, locally advanced gastric cancer, 5649
Neoadjuvant chemotherapy, osteosarcoma, pediatric spinal tumor, total *en bloc* spondylectomy (TES), 4739
Neoadjuvant chemotherapy, pancreatic cancer, resectable, venous thromboembolism, d-dimer, adverse event, risk factor, predictive factor, 1741
Neoadjuvant chemotherapy, radiotherapy, rectal cancer, 5713
Neoadjuvant chemotherapy, triple-negative breast cancer, tumor-infiltrating lymphocyte, positron emission tomography, cD8/forkhead box P3 ratio, 127
Neoadjuvant chemotherapy, unresectable locally advanced pancreatic cancer, conversion surgery, adjuvant surgery, overall survival, 4097
Neoadjuvant therapy, esophageal cancer, psoas muscle loss, 1309
Neoadjuvant therapy, esophagus, esophagectomy, neuroendocrine carcinoma, tumor response, robotic surgery, 3289
Neoadjuvant therapy, prostatic neoplasms, radiotherapy, salvage therapy, treatment outcome, 3589
Neoadjuvant therapy, rectal neoplasms, ras genes, watchful waiting, antineoplastic protocols, 2015
Neoadjuvant treatment, esophageal cancer, HLA class I, CD8, 4691
Neoplasm, araneoplastic syndromes/diagnosis, muscular diseases/diagnosis, hydroxymethylglutaryl CoA reductases/ immunology, immunoglobulins, intravenous/administration & dosage, 4723
Nerve, synovial sarcoma, indolent, MRI, differential diagnosis, symptom, 5729
Neuro-oncological, brain tumor, temporal, resection, herniation, 663
Neuroblastoma, anti-GD2-antibody, drug delivery, immunotherapy, mesenchymal stem cell, 2417
Neuroblastoma, arsenic trioxide, betulin, cytotoxicity, 2467
Neuroblastoma, circulating tumor cells, metastasis, review, 4327
Neuroblastoma, MYCN, ALK, targeted therapy, immunotherapy, review, 3829
Neurodegeneration, alzheimer's disease, prostate cancer, androgen deprivation therapy, 437
Neuroendocrine cancer, prostate cancer, aggressive cancer, second-line therapy, review, 3841
Neuroendocrine carcinoma, esophagus, esophagectomy, neoadjuvant therapy, tumor response, robotic surgery, 3289
Neutron, BNCT, carcinogenesis, spleen, malignant lymphoma, 1455
Neutrophil-to-eosinophil ratio, urothelial carcinoma, immune checkpoint inhibitor, pembrolizumab, eosinophil, 4701
Neutrophil-to-lymphocyte ratio, advanced centrally located lung cancer, prognostic factor, 1631
Neutrophil-to-lymphocyte ratio, lymphocyte-to-monocyte ratio, locally advanced cancer, neoadjuvant chemoradiotherapy, rectal cancer, 2179
Neutrophil-to-lymphocyte ratio/serum albumin ratio, gastric cancer, gastroesophageal junction cancer, trifluridine/tipiracil, 1689
Neutrophil–lymphocyte ratio, gastric cancer, laparoscopic gastrectomy, open gastrectomy, elderly patients, overall survival, 2055
Neutrophil, lymphocyte, monocyte, platelet, immune marker, soft tissue sarcoma, 3349
New drug modalities, renal cell carcinoma, targeted therapy, immune therapy, drug-resistance, review, 983
Next generation sequencing, prostate cancer, genetic polymorphisms, prognosis, susceptibility, 2941
Next-generation flow, multiple myeloma, measurable residual disease, relapsed and refractory, carfilzomib, lenalidomide, dexamethasone (KRD), 157
Next-generation sequencing, hepatocellular carcinoma, viral hepatitis B, recurrence, surgery, 4709
Next-generation sequencing, non-small cell lung cancer, osimertinib, liquid biopsy, recurrence, 5031
NF-κB, dimethyl fumarate, CBM complex, adult T-cell leukemia, 1901
NF-κB, sindbis virus, oncolytic, PKR, iFN-β, 2923
NFATc2, propofol, sp1, cFos, pancreatic cancer, cancer, proliferation, cell cycle, 4897
Nicotine replacement therapy (NRT), acetium® lozenge, e-Training, smoking intervention, nicotine-free, post-training survey, health care professionals, medical doctor, nurse, pharmacy staff, awareness, interest, acceptance, 4961
Nicotine-free, acetium® lozenge, e-Training, smoking intervention, nicotine replacement therapy (NRT), post-training survey, health care professionals, medical doctor, nurse, pharmacy staff, awareness, interest, acceptance, 4961
Nigericin, β-catenin, herpesvirus, ionophore, KSHV, mitochondrial damage, nonactin, p38 MAPK, PEL, valinomycin, wnt, 2455
Niraparib, ovarian cancer, creatinine, risk factor, hematologic toxicity, 4533
Nivolumab, gastric cancer, inflammation-based prognostic score (IBPS), prognostic nutritional index, 927
Nivolumab, gastric cancer, trifluridine/tipiracil, irinotecan, 2831
Nivolumab, head and neck cancer, squamous cell carcinoma, prognostic factor, cetuximab, immunotherapy, oral cancer, 1681

Nivolumab, *nab*-sirolimus, mTOR inhibitor, immune checkpoint inhibitor, targeted therapy, immunotherapy, 1993
Nivolumab, pembrolizumab, platinum sensitive, recurrent or metastatic head and neck squamous cell carcinoma, 3679
Nivolumab, real-world data, NSCLC, cost analysis, efficacy, 2799
Nivolumab, renal cell carcinoma, PD-L1, PD-1, immune checkpoint inhibitors, 841
NK cell expansion, feeder cell, mbIL2, mbIL13, anti-tumor therapy, 3897
NK cells, T cells, meLiM, swine melanoma, spontaneous regression, 631
NK receptors, hepatic intrasinusoidal, γδ T cells, phospho-antigen, cancer immunotherapy, 63
NKG2D, ADAM9, MICA, HCC, CCL347, 1043
NMIBC, bladder cancer, photodynamic diagnosis, transurethral resection of bladder tumor, PDD-TURBT, pDD-assisted targeted biopsy, 3615
Nocturia, desmopressin, LUTS, β3 adrenoceptor agonist, 455
Node positive, breast cancer, neoadjuvant chemotherapy, sentinel lymph node biopsy, 4643
Non-endometrioid type, HPV16, HPV18, endometrial cancer, endometrioid-type, metastasis, 5083
Non-homologous end-joining, DNA ligase 4, genotypes, lung cancer, single nucleotide polymorphism, Taiwan, 3447
Non-metastatic colorectal cancer, vascular endothelial growth factor, 2333
Non-metastatic prostate cancer, radiotherapy, androgen deprivation therapy, cancer treatment-induced bone loss, 493
Non-muscle invasive, bladder cancer, overactive bladder, carcinoma *in situ*, 3607
Non-small cell lung cancer, bevacizumab, nab-paclitaxel, interstitial lung disease, 1325
Non-small cell lung cancer, COPD, thoracoscopic surgery, 5215
Non-small cell lung cancer, DNA damage repair, biomarker, immune checkpoint inhibitor, immunotherapy, 2343
Non-small cell lung cancer, genetic polymorphism, osimertinib, pharmacokinetics, 725
Non-small cell lung cancer, osimertinib, liquid biopsy, recurrence, next-generation sequencing, 5031
Non-small cell lung cancer, osimertinib, polymorphism, *STAT3*, *CYP3A5*, *ABCG2*, adverse event, 1775
Non-small cell lung cancer, postoperative recurrence, post-recurrence survival, central nervous system, epidermal growth factor receptor mutation, 3543
Non-small cell lung cancer, proton beam therapy, centrally located, moderate hypofractionation, radiation pneumonitis, dose volume histogram, 2003
Non-small cell lung cancer, small cell lung cancer, platinum-based chemotherapy, check-point inhibitor, tyrosine kinase inhibitor, progesterone receptor, antagonist/modulators, review, 951
Non-small cell lung cancer, splicing factor, RBM17/SPF45, immune checkpoint inhibitor, chemotherapy, predictive marker, chemosensitivity, 4663
Non-small-cell lung cancer, biopsy, *EGFR*-tyrosine kinase inhibitor, epidermal growth factor receptor, T790M mutation, 2243
Non-small-cell lung cancer, chemoradiotherapy, lung diseases, interstitial, radiation pneumonitis, 1797
Non-small-cell lung cancer, dendritic cell, dCsign, macrophage, lymph node, clinicopathological factors, prognosis, 3003
Non-small-cell lung cancer, epidermal growth factor receptor, exon 20 insertion mutation, oncomine Dx Target Test, cobas® *EGFR* Mutation Test v2, 2771
Non-smoker, immunotherapy, lung cancer, programmed death-ligand, smoking, 2185
Nonactin, β-catenin, herpesvirus, ionophore, KSHV, mitochondrial damage, nigericin, p38 MAPK, PEL, valinomycin, wnt, 2455
Notch signalling, gallbladder cancer, hypoxia, MAML3, Hedgehog signalling, 2909
NOTCH, WNT, PDGFR, CXCR, signalling pathways, oral squamous cell carcinoma, prognosis, 591
Novel therapy, acetylcysteine, bromelain, pseudomyxoma peritonei, 4735
NRAS, colorectal cancer, exon-specific mutations, *KRAS*, 1563
NRF1, nuclear respiratory factor 1, mitochondrial biogenesis, bladder cancer, epithelial–mesenchymal transition, EMT, high-mobility group box-1, HMGB1, receptor for advanced glycation end-products, RAGE, 1521
Nrf2, endometrial carcinoma, metformin, type 2 diabetes, oxidative stress, keap1, mnSOD, 5545
NRS pain score, laparoscopy, minilaparotomy, IL-18BP, analgesic doses, 3113
NSCLC, ABCP therapy, iMpower150 study, atezolizumab, programmed death ligand 1, 713
NSCLC, adaptive radiotherapy, cardiac substructures, parameters, 5573
NSCLC, nivolumab, real-world data, cost analysis, efficacy, 2799
NSCLC, osimertinib, resistance, omics analysis, H1975/OSI, 5459
NSCLC, treg cells, anti-CTLA-4 antibody, tumor size, biomarker, 4155
NTRK, adenoid cystic carcinoma, *MYB*, *HER-2*, *Ki-67*, 1709
Nuclear factor-κB, tumor-associated macrophages, M2 polarization, tumor microenvironment, toll-like receptor 4, 1985

Nuclear respiratory factor 1, NRF1, mitochondrial biogenesis, bladder cancer, epithelial–mesenchymal transition, EMT, high-mobility group box-1, HMGB1, receptor for advanced glycation end-products, RAGE, 1521
Nucleic acid-based drug, prostate cancer, cancer therapy, chemically modified microRNA, cell growth inhibition, 1909
Nurse, acetium® lozenge, e-Training, smoking intervention, nicotine-free, nicotine replacement therapy (NRT), post-training survey, health care professionals, medical doctor, pharmacy staff, awareness, interest, acceptance, 4961
Nutrition impact symptom, nutrition, malnutrition, head and neck cancer, carcinoma, narrative interview, weight trajectory, patient reported outcome, PRO, self-help group, 1663
Nutrition, malnutrition, head and neck cancer, carcinoma, narrative interview, weight trajectory, nutrition impact symptom, patient reported outcome, PRO, self-help group, 1663
Nutritional assessment, inflammation assessment, pancreatic cancer, review, 3849
Nutritional indicator, portal vein embolization, liver hypertrophy, sarcopenia, skeletal muscle loss, 209
Nutritional status, bowel decompression, colorectal cancer, malignant large bowel obstruction, prognosis, 259
Nutritional support, cancer, malnutrition, chronic inflammation, cytokine, 2821
Obesity, body mass index, pembrolizumab, urothelial carcinoma, 269
Observational study, radiotherapy, bone metastasis, asymptomatic states, analgesics, 865
Octogenarian, prehabilitation, colorectal cancer, frail, 5597
Octogenarians, prognostic model, overall survival, metastatic cancer, geriatric patients, radiotherapy, 741
Octogenarians, prognostic model, overall survival, metastatic cancer, cerebral metastases, geriatric patients, radiotherapy, 749
Oesophageal Squamous Cell Carcinoma, miR-877-3p, 35
Olaparib, anemia, FDA Adverse Events Reporting System, Japanese Adverse Drug Event Report database, 883
Olaparib, homologous recombination, PARP, talazoparib, triple-negative, review, 967
Olaparib, ovarian cancer, BRCA mutation, routine clinical practice, pARPi, platinum, BRCA, relapsed ovarian cancer, 653
Olaparib, pancreatic cancer, *BRCA2*, oxaliplatin, synthetic lethality, 5523
Older adults, gastric cancer, ramucirumab, paclitaxel, 5663
Older patients, palbociclib, breast cancer, japanese, dose reduction, drug holiday, 2783
Older, ductal carcinoma *in situ*, DCIS, elderly, breast surgery, 1555
Oleuropein, breast cancer, MCF-7, olive leaf, peroxiredoxin, 4333
Oligometastases, conversion surgery, two-stage resection, 5223
Oligometastasis, hepatocellular carcinoma, surgical resection, 5189
Oligometastatic, robotic stereotactic body radiotherapy, lung metastases, cyberknife®, 4125
Olive leaf, breast cancer, MCF-7, oleuropein, peroxiredoxin, 4333
Omicron, bivalent mRNA vaccine, COVID-19, hematological neoplasms, 3129
Omics analysis, osimertinib, resistance, NSCLC, H1975/OSI, 5459
Oncogenic driver, lung cancer, stroke, thromboembolism, BRAF, 935
Oncologic, hemipelvectomy, hip disarticulation, pain, phantom limb sensation, 3513
Oncological outcome, HDR-BT, metastatic prostate cancer, radiation therapy, 3135
Oncological outcome, rectal cancer, left colic artery, high-tie, low-tie, 3225
Oncological outcomes, tumor stroma ratio, proportion of tumor, gastrointestinal cancer, review, 1877
Oncology, breaking bad news, COVID-19 pandemic, communication, telemedicine, 773
Oncology, dermatology, epidemiology, survival, melanoma, lower limbs and hips, surgery, SEER, 4105
Oncolytic adenovirus, gastric cancer, peritoneal metastasis, p53, receptor tyrosine kinase, 4809
Oncolytic adenovirus, oncolytic virus, pancreatic cancer, CD46, anti-adenovirus antibody, 537
Oncolytic virus, oncolytic adenovirus, pancreatic cancer, CD46, anti-adenovirus antibody, 537
Oncolytic, sindbis virus, PKR, NF-κB, iFN-β, 2923
Oncomine Dx Target Test, non-small-cell lung cancer, epidermal growth factor receptor, exon 20 insertion mutation, cobas® *EGFR* Mutation Test v2, 2771
Oncostatin M, insulin receptor substrate-1, extracellular signal-regulated kinase, pancreatic ductal adenocarcinoma, pancreatic stromal cells, conditioned medium, 2477
Oncotype DX Recurrence Score, breast, early-stage breast carcinoma, tumor budding, 5563
Open gastrectomy, gastric cancer, laparoscopic gastrectomy, elderly patients, neutrophil–lymphocyte ratio, overall survival, 2055
Operative time, axillary staging, axillary dissection, micrometastasis, regional lymphatic recurrence, re-operation rate, 2161
Oral administration, colon cancer, peritoneal metastasis, HCT-116, GFP, methionine addiction, Hoffman effect, methioninase, 5-FU, oxaliplatinum, combination, synergy, Hoffman protocol, 19

Oral cancer cells, suspension culture, anchorage-independent survival, transcriptome, 3905
Oral cancer, fucoidan, cisplatin, apoptosis, 4015
Oral cancer, head and neck squamous cell carcinoma, neck dissection, lymph node, discriminant analysis, cytokeratin, 4993
Oral cancer, nivolumab, head and neck cancer, squamous cell carcinoma, prognostic factor, cetuximab, immunotherapy, 1681
Oral cancer, oral potentially malignant disorder, polycomb group proteins, immune cells, biomarker, 1533
Oral cavity, MRONJ, nasolabial flap, 3709
Oral leukoplakia, malignant transformation, biomarker, TIPE2, dormancy, 4937
Oral mucosa, solitary fibrous tumor, giant cell angiofibroma, 1869
Oral potentially malignant disorder, oral cancer, polycomb group proteins, immune cells, biomarker, 1533
Oral squamous cell carcinoma, 11-epi-sinulariolide acetate, *Sinularia flexibilis*, PI3K/AKT/FOXO, apoptosis, 2625
Oral squamous cell carcinoma, extranodal extension, epithelial cell adhesion molecule, 5155
Oral squamous cell carcinoma, imipramine, sAS-bearing mice, anti-depressants, drug repurposing, 3987
Oral squamous cell carcinoma, mild hyperthermia, chromone derivatives, G_2/M blocker, synergism, 3429
Oral squamous cell carcinoma, WNT, NOTCH, PDGFR, CXCR, signalling pathways, prognosis, 591
Ordinary lipoma, atypical lipomatous tumor, well-differentiated liposarcoma, dedifferentiation, treatment, MDM2, ring chromosome, review, 4295
Organ-space, laparoscopic liver resection, surgical site infection, postoperative infectious complication, 2273
Organ-sparing surgery, rectal cancer, lymph node metastasis, watch and wait, neoadjuvant chemoradiotherapy, complete pathological response, clinical complete response, 2813
Organ-specific response rate, urothelial carcinoma, avelumab, maintenance therapy, platinum-based chemotherapy, 5689
Orofacial dyskinesia, esophageal cancer, esophagogastric anastomosis, anastomotic leakage, refractory fistula, 2873
Oropharyngeal cancer, tonsil cancer, base of tongue cancer, tonsillectomy, prevention, review, 3881
Orthopaedic oncology, merkel cell carcinoma, 1549
OSCC, hinokitiol, apoptosis, autophagy, 1167
Osimertinib resistance, *EGFR*, GBM, osimertinib, stemness, p21, senescence, YTHDF3, 5485
Osimertinib, genetic polymorphism, non-small cell lung cancer, pharmacokinetics, 725
Osimertinib, non-small cell lung cancer, liquid biopsy, recurrence, next-generation sequencing, 5031
Osimertinib, osimertinib resistance, *EGFR*, GBM, stemness, p21, senescence, YTHDF3, 5485
Osimertinib, polymorphism, *STAT3*, *CYP3A5*, *ABCG2*, adverse event, non-small cell lung cancer, 1775
Osimertinib, resistance, NSCLC, omics analysis, H1975/OSI, 5459
Osteopenia, gastric cancer, prognosis, 3665
Osteoradionecrosis, brachytherapy, ^{198}Au grain, buccal mucosa, complication, 2265
Osteosarcoma, carbon-ion radiotherapy, dose distribution, relative biological effectiveness, 4873
Osteosarcoma, dendritic cells, vaccine, irreversible electroporation, combination therapies, review, 3389
Osteosarcoma, Ewing sarcoma, chemotherapy, surgery, radiotherapy, outcome, 4975
Osteosarcoma, fluoxetine, *STAT3*, metastasis, angiogenesis, 1193
Osteosarcoma, neoadjuvant chemotherapy, pediatric spinal tumor, total *en bloc* spondylectomy (TES), 4739
Osteosarcoma, sodium valproate, HDAC inhibitor, semaphorin 3A, 2539
Osteosarcoma, vesicular stomatitis virus, tumor-suppressor microRNA, 1185
Outcome, bone tumor, femur, endoprosthesis, kyocera Modular Limb Salvage System, femoral-bone tumor, cemented stem, reconstruction, 3507
Outcome, Ewing sarcoma, osteosarcoma, chemotherapy, surgery, radiotherapy, 4975
Outcome, laparoscopy, pancreatic adenocarcinoma, survival, 4983
Outcomes, esophageal cancer, adenocarcinoma, esophagectomy, toll-like receptors, prognosis, 3183
Outcomes, esophageal cancer, totally minimally invasive esophagectomy, hand-sewn esophago-gastric anastomosis, anastomotic leak, 2749
Ovarian cancer, bevacizumab, safety, efficacy, real-world, chemotherapy, molecular-targeting agents, 3097
Ovarian cancer, chemokine CXCL12, CXCR4 receptor, biomarkers, prognosis, immunohistochemistry, 3331
Ovarian cancer, *Chlamydia trachomatis*, biomarker, prognosis, 4037
Ovarian cancer, IDS, CRS, HIPEC, 4593
Ovarian cancer, niraparib, creatinine, risk factor, hematologic toxicity, 4533
Ovarian cancer, olaparib, BRCA mutation, routine clinical practice, pARPi, platinum, BRCA, relapsed ovarian cancer, 653
Ovarian cancer, platinum-sensitive recurrence, chemotherapy, bevacizumab, PARP inhibitors, 1265
Ovarian cancer, retroviral replicating vectors, prodrug activator gene therapy, cancer virotherapy, amphotropic murine leukemia virus, gibbon ape leukemia virus, 5311

Ovarian cancer, somatic variants, DNA damage response, 1891
Ovarian cancer, turner syndrome, gonadoblastoma, breast cancer, colon cancer, 5073
Ovarian cancers, deep learning, machine learning, MRI scan, 3817
Ovarian clear cell carcinoma, endometriosis, endometriosis-associated ovarian cancer, oxidative stress, review, 3401
Ovarian clear cell carcinoma, l-type amino acid transporter 1, nanvuranlat, mammalian target of rapamycin, leucine, cell proliferation, 2509
Ovarian neoplasm, clear cell carcinoma, prognostic factor, gynecologic surgical procedure, cytology, 3799
Overactive bladder, bladder cancer, non-muscle invasive, carcinoma *in situ*, 3607
Overall survival, androgen deprivation therapy, life expectancy, prostate cancer, radiation therapy, radical prostatectomy, 473
Overall survival, atezolizumab, epidermal growth factor receptor, progression-free survival, immune-related adverse events, 4583
Overall survival, cetuximab, panitumumab, conversion surgery, metastatic colorectal cancer, 5127
Overall survival, diffuse low-grade glioma, extent of resection, molecular markers, intraoperative magnetic resonance imaging, 2659
Overall survival, fractionated stereotactic radiotherapy, brain metastases, biologically effective dose, local control, radiation necrosis, 2757
Overall survival, gastric cancer, laparoscopic gastrectomy, open gastrectomy, elderly patients, neutrophil–lymphocyte ratio, 2055
Overall survival, glioblastoma, conventionally fractionated radiotherapy, hypo-fractionated radiotherapy, comparative study, local control, 3121
Overall survival, glioblastoma, radiation therapy, hypofractionation, local control, prognostic score, 2725
Overall survival, liver metastases, appendiceal adenocarcinoma, colorectal adenocarcinoma, peritonectomy, 4657
Overall survival, liver metastasis, colon cancer, transarterial chemoembolization (TACE), irinotecan loaded drug-eluting beads TACE (DEBIRI-TACE), 3647
Overall survival, metastasectomy, metastatic renal cell carcinoma, 3193
Overall survival, prognostic model, metastatic cancer, brain metastases, spine metastases, radiotherapy, 3167
Overall survival, prognostic model, metastatic cancer, cerebral metastases, geriatric patients, octogenarians, radiotherapy, 749
Overall survival, prognostic model, metastatic cancer, geriatric patients, octogenarians, radiotherapy, 741
Overall survival, radium-223, metastasis castration resistant prostate cancer, prognostic factors, 1809
Overall survival, unresectable locally advanced pancreatic cancer, conversion surgery, adjuvant surgery, neoadjuvant chemotherapy, 4097
Overall survival, unresected brain metastases, whole-brain radiotherapy, simultaneous integrated boost, intracerebral control, 3107
Overall survival, β2-GPI, breast cancer, tumor prognosis, disease-free survival, 3455
Overcoming resistance, renal cell cancer, treatment, mechanisms of resistance, review, 4781
Overdiagnosis, melanoma, gene-expression profiling, 1873
OverStitch™ , endoluminal suturing device, endoscopic suturing, 59
Oxaliplatin, chemotherapy-induced peripheral neuropathy, drug repositioning, proton pump inhibitors, 5613
Oxaliplatin, cK2α, anti-tumor drug resistance, colorectal cancer cells, ABC transporter, 2519
Oxaliplatin, colorectal cancer, elderly patients, 5099
Oxaliplatin, colorectal cancer, oxidative stress, cadherins, vitamin C, 4461
Oxaliplatin, gastric cancer, S-1, docetaxel, adjuvant therapy, 5015
Oxaliplatin, pancreatic cancer, *BRCA2*, olaparib, synthetic lethality, 5523
Oxaliplatin, poorly differentiated cluster, stage III colorectal cancer, 3235
Oxaliplatinum, colon cancer, peritoneal metastasis, HCT-116, GFP, methionine addiction, Hoffman effect, methioninase, oral administration, 5-FU, combination, synergy, Hoffman protocol, 19
Oxidative stress, colorectal cancer, cadherins, vitamin C, oxaliplatin, 4461
Oxidative stress, endometrial carcinoma, metformin, type 2 diabetes, nrf2, keap1, mnSOD, 5545
Oxidative stress, endometriosis, ovarian clear cell carcinoma, endometriosis-associated ovarian cancer, review, 3401
Oxidative stress, tamoxifen, monocarboxylate transporter, breast cancer, 1113
P-glycoprotein (ABCB1, multidrug resistance, breast cancer, doxorubicin, selenoester, p-gp), apoptosis, 4865
P-gp, calcineurin inhibitor, pimecrolimus, tacrolimus, 1103
P-gp), multidrug resistance, breast cancer, doxorubicin, selenoester, p-glycoprotein (ABCB1, apoptosis, 4865
P16 expression, vulvar squamous cell carcinoma, radical surgery, inguinofemoral lymphadenectomy, relapse, 1643
P16, *INK4* locus, transcription, H1.2, YB-1, 3441
P21, genistein, human osteosarcoma cell Saos-2, p27, caspase, apoptosis, 5387
P21, osimertinib resistance, *EGFR*, GBM, osimertinib, stemness, senescence, YTHDF3, 5485

P27, genistein, human osteosarcoma cell Saos-2, p21, caspase, apoptosis, 5387
P38 MAPK, β-catenin, herpesvirus, ionophore, KSHV, mitochondrial damage, nigericin, nonactin, PEL, valinomycin, wnt, 2455
P53, cell death, 5-azacytidine, cancer, DNA methylation, 639
P53, colorectal cancer, apoptosis, invasive front, tissue microarray, CD163, 3935
P53, endometrial cancer, brachytherapy, substantial lymph-vascular space, 149
P53, gastric cancer, peritoneal metastasis, oncolytic adenovirus, receptor tyrosine kinase, 4809
P53, glioma, arsenite, radiosensitization, heavy ion beam, 2551
P53, PHRF1, SOX4, kras, HCT116, 5437
P53, prostate cancer, ATG7, VIM3, miRNA, *miR-371a-3p*, 2407
P70 S6 kinase, tazarotene-induced gene 1, VAC14, mammalian target of rapamycin, cyclin, 2635
Paclitaxel, cholangiocarcinoma, 8-chloroadenosine, apoptosis, ER stress, gemcitabine, 5-FU, cisplatin, CX-4945, hydroxychloroquine, 5425
Paclitaxel, older adults, gastric cancer, ramucirumab, 5663
Pain, hemipelvectomy, hip disarticulation, oncologic, phantom limb sensation, 3513
Palbociclib, breast cancer, japanese, older patients, dose reduction, drug holiday, 2783
Palbociclib, CDK4/6 inhibitors-resistance, breast cancer, ribociclib, abemaciclib, review, 5283
Pan-cancer, KREMEN2, biomarker, immune, therapeutic, 4491
Pancreatic adenocarcinoma, laparoscopy, outcome, survival, 4983
Pancreatic cancer, antitumor effects, apoptosis, deep ultraviolet, light-emitting diode, 621
Pancreatic cancer, *BRCA2*, olaparib, oxaliplatin, synthetic lethality, 5523
Pancreatic cancer, carbon ion radiotherapy, perioperative adjuvant chemotherapy, 809
Pancreatic cancer, conversion surgery, chemotherapy, FOLFIRINOX, gemcitabine, nab-paclitaxel, 1611
Pancreatic cancer, d-dimer, surgery, survival outcomes, 3173
Pancreatic cancer, disparities, hispanic, treatment, comorbidity, delayed treatment, 4969
Pancreatic cancer, endoscopic ultrasound-guided fine-needle aspiration cytology, liquid-based cytology, cytology cell-free DNA, *KRAS* mutation, 2683
Pancreatic cancer, FOLFIRINOX, grade 4 neutropenia, febrile neutropenia, risk factors, 4115
Pancreatic cancer, high-glucose stimulation, atypical protein kinase C, yes-associated protein, partitioning defective 3, diabetes mellitus, 4843
Pancreatic cancer, IL28, radiosensitizer, survivin, clonogenic survival, 1885
Pancreatic cancer, miR-122-5p, ASCT2, glutamine metabolism, cell apoptosis, 4379
Pancreatic cancer, nutritional assessment, inflammation assessment, review, 3849
Pancreatic cancer, oncolytic virus, oncolytic adenovirus, CD46, anti-adenovirus antibody, 537
Pancreatic cancer, propofol, nFATc2, sp1, cFos, cancer, proliferation, cell cycle, 4897
Pancreatic cancer, resectable, neoadjuvant chemotherapy, venous thromboembolism, d-dimer, adverse event, risk factor, predictive factor, 1741
Pancreatic cancer, *SMAD4*, microenvironment, hypoxia, 5393
Pancreatic cancer, α-Bisabolol, cyclodextrin, FAK, antitumor effects, apoptosis, 1009
Pancreatic ductal adenocarcinoma, distal pancreatectomy, lymphadenectomy, prognosis, PSM, 201
Pancreatic ductal adenocarcinoma, oncostatin M, insulin receptor substrate-1, extracellular signal-regulated kinase, pancreatic stromal cells, conditioned medium, 2477
Pancreatic ductal adenocarcinoma, sphingosine-1-phosphate, phospho-sphingosine kinase 1, lymph node metastasis, lymphatic invasion, prognosis, 3969
Pancreatic ductal adenocarcinoma, venous thromboembolism, risk assessment model, KHORANA score, 137
Pancreatic exocrine function, BT-PABA test, postoperative pancreatic fistula, pancreaticoduodenectomy, fibrosis, 3563
Pancreatic fistula, body composition, gastric cancer, surgery, dorsal subcutaneous fat, postoperative infectious complications, 2171
Pancreatic stromal cells, oncostatin M, insulin receptor substrate-1, extracellular signal-regulated kinase, pancreatic ductal adenocarcinoma, conditioned medium, 2477
Pancreaticoduodenectomy, BT-PABA test, pancreatic exocrine function, postoperative pancreatic fistula, fibrosis, 3563
Pancreaticoduodenectomy, fluid balance, postoperative pancreatic fistula, POPF, 4179
Panitumumab, cetuximab, overall survival, conversion surgery, metastatic colorectal cancer, 5127
Papillary thyroid carcinoma, dedifferentiation, squamous cell carcinoma, immunohistochemistry, prognosis, 255
Parallel-plate ionization chamber, PPC40, PPC05, electron beam, small field, percentage depth dose, 1967
Parameters, adaptive radiotherapy, NSCLC, cardiac substructures, 5573
PARP inhibitors, ovarian cancer, platinum-sensitive recurrence, chemotherapy, bevacizumab, 1265

PARP, homologous recombination, olaparib, talazoparib, triple-negative, review, 967
PARPi, ovarian cancer, olaparib, BRCA mutation, routine clinical practice, platinum, BRCA, relapsed ovarian cancer, 653
Particle beam therapy, bone sarcoma, protons, carbon ions, qualitative research, 2031
Partitioning defective 3, high-glucose stimulation, atypical protein kinase C, yes-associated protein, pancreatic cancer, diabetes mellitus, 4843
Pathological complete response, breast carcinoma, tumor budding, neoadjuvant chemotherapy, 2323
Pathological upgrade, renal cell carcinoma, plasma fibrinogen, 4229
Pathology, rhabdomyosarcoma, sinonasal, survival, 4517
Patient positioning, head and neck cancer, image guided radiotherapy (IGRT), volumetric-modulated arc therapy (VMAT), intensity-modulated proton therapy (IMPT), image registration, anatomical change, positioning error, 1827
Patient reported outcome, nutrition, malnutrition, head and neck cancer, carcinoma, narrative interview, weight trajectory, nutrition impact symptom, PRO, self-help group, 1663
Patient-derived orthotopic xenograft, PDOX, concordance, clinical, drug resistance, chemotherapy, sarcoma, carcinoma, precise individualized therapy, review, 4277
Pazopanib, renal cancer, lipomatosis, 789
PCI score, colorectal cancer, cytoreductive surgery, hyperthermic intraperitoneal chemotherapy (HIPEC), 3529
PCR, COVID-19, sARS-CoV-2, false-negative, thoracic cancer, 919
PD-1 inhibitor, TNBC, triple-negative breast cancer, hR-positive, hER2-positive, ICI, immune checkpoint inhibitor, 85
PD-1, renal cell carcinoma, PD-L1, nivolumab, immune checkpoint inhibitors, 841
PD-L1, immune checkpoint inhibitors, bladder cancer, immune cells, 4365
PD-L1, melanoma, SOX10, immunological resistance, 1477
PD-L1, renal cell carcinoma, PD-1, nivolumab, immune checkpoint inhibitors, 841
PDD-assisted targeted biopsy, bladder cancer, NMIBC, photodynamic diagnosis, transurethral resection of bladder tumor, PDD-TURBT, 3615
PDD-TURBT, bladder cancer, NMIBC, photodynamic diagnosis, transurethral resection of bladder tumor, pDD-assisted targeted biopsy, 3615
PDGFR, WNT, NOTCH, CXCR, signalling pathways, oral squamous cell carcinoma, prognosis, 591
PDI-P5, prostate cancer, *PDIA6*, maspin, tumor, cancer therapeutics, serpin family, *SERPIN B5*, *ERP5*, *TXNDC7*, 5331
PDIA6, prostate cancer, maspin, tumor, cancer therapeutics, serpin family, *PDI-P5*, *SERPIN B5*, *ERP5*, *TXNDC7*, 5331
PDL-1, cervical adenocarcinoma, mMR-deficiency, MSI, lymphovascular invasion, 53
PDOX, patient-derived orthotopic xenograft, concordance, clinical, drug resistance, chemotherapy, sarcoma, carcinoma, precise individualized therapy, review, 4277
Pediatric spinal tumor, neoadjuvant chemotherapy, osteosarcoma, total *en bloc* spondylectomy (TES), 4739
PEG-based hydrogels, three-dimensional culture, hepatocarcinoma, hepG2 cells, 4373
Pegfilgrastim, esophageal cancer, febrile neutropenia, cost-effectiveness, 2293
Pegfilgrastim, febrile neutropenia, breast cancer, 1373
PEL, β-catenin, herpesvirus, ionophore, KSHV, mitochondrial damage, nigericin, nonactin, p38 MAPK, valinomycin, wnt, 2455
Pelvic neoadjuvant radiotherapy, rectal adenocarcinoma, systemic therapy, 1843
Pelvic recurrence, rectal cancer, local recurrence, rectal adenocarcinoma, multivisceral resection, 765
Pembrolizumab, atezolizumab, immune checkpoint inhibitors, anti-PD-L1, bevacizumab, inhalation therapy, 1065
Pembrolizumab, body mass index, obesity, urothelial carcinoma, 269
Pembrolizumab, chemo-resistant urothelial carcinoma, upper tract urothelial carcinoma, lower tract urothelial carcinoma, 5041
Pembrolizumab, head and neck cancer, checkpoint inhibitor, immunotherapy, real-world data, 1273
Pembrolizumab, immune check point inhibitors, urothelial carcinoma, cisplatin, atezolizumab, 1331
Pembrolizumab, immune checkpoint inhibition, Lynch syndrome, HNPCC, platinum refractory, hereditary ovarian cancer, 1655
Pembrolizumab, nivolumab, platinum sensitive, recurrent or metastatic head and neck squamous cell carcinoma, 3679
Pembrolizumab, squamous cell carcinoma, head and neck, immune checkpoint inhibitor, 2717
Pembrolizumab, urothelial carcinoma, immune checkpoint inhibitor, eosinophil, neutrophil-to-eosinophil ratio, 4701
Pemetrexed, biliary tract cancer, efficacy, second-line treatment, erlotinib, 4161
Peputide receptor radionuclide therapy, recurrent olfactory neuroblastoma, surgical site infection, cranioplasty, 5723
Percentage depth dose, PPC40, PPC05, parallel-plate ionization chamber, electron beam, small field, 1967
Pericardial effusion, esophageal cancer, squamous cell cancer, VMAT, toxic effects, esophagitis, radiation pneumonia, esophageal stricture, 2791

Perioperative adjuvant chemotherapy, pancreatic cancer, carbon ion radiotherapy, 809
Perioperative aduvant treatment, geriatric Nutritional Risk Index, GNRI, gastric cancer, curative treatment, 5605
Perioperative, serum cholesterol, gastric cancer, prognosis, total cholesterol, 903
Peripheral stent graft, SSPPD, pseudoaneurysm rupture, POPF, 3639
Peritoneal dissemination, distal cholangiocarcinoma, liver metastases, 1863
Peritoneal lavage, liquid biopsy, circulating tumor DNA, peritoneal tumor DNA, gastric cancer, 2069
Peritoneal metastasis, colon cancer, HCT-116, GFP, methionine addiction, Hoffman effect, methioninase, oral administration, 5-FU, oxaliplatinum, combination, synergy, Hoffman protocol, 19
Peritoneal metastasis, gastric cancer, cancer stem cells, CD44, monoclonal antibody, 2491
Peritoneal metastasis, gastric cancer, oncolytic adenovirus, p53, receptor tyrosine kinase, 4809
Peritoneal metastasis, hepatocellular carcinoma, conversion surgery, atezolizumab, bevacizumab, 943
Peritoneal tumor DNA, liquid biopsy, circulating tumor DNA, peritoneal lavage, gastric cancer, 2069
Peritonectomy, overall survival, liver metastases, appendiceal adenocarcinoma, colorectal adenocarcinoma, 4657
Peroxiredoxin, breast cancer, MCF-7, oleuropein, olive leaf, 4333
Personalized radiation therapy, image-guided radiotherapy, prostate cancer, exacTrac, cone beam computed tomography, fat tissues, 4077
PET/CT, FDG, liver, fibrosis, necro-inflammatory activity, 4221
PET/MRI, prostatic carcinoma, 68Ga-PSMA-11, tumor aggressiveness, 449
PFKP, VEGF, hIF-1α, *EGFR*, breast cancer, 75
Phantom limb sensation, hemipelvectomy, hip disarticulation, pain, oncologic, 3513
Pharmacodynamics, glucarpidase, methotrexate, modeling and simulation, pharmacokinetics, 1919
Pharmacokinetic interactions, high-dose methotrexate, HD-MTX, glycyrrhizin, dosing interval, hepatic dysfunction, rat, 1493
Pharmacokinetics, genetic polymorphism, osimertinib, non-small cell lung cancer, 725
Pharmacokinetics, glucarpidase, methotrexate, modeling and simulation, pharmacodynamics, 1919
Pharmacokinetics, rhenium, selenium, 1017
Pharmacometrics, preclinical pharmacokinetics, cancer chemotherapy, therapeutic drug monitoring, prodrug(s), 1121
Pharmacy staff, acetium® lozenge, e-Training, smoking intervention, nicotine-free, nicotine replacement therapy (NRT), post-training survey, health care professionals, medical doctor, nurse, awareness, interest, acceptance, 4961
Phenotype, colorectal cancer, genotype, *MMP-8*, polymorphism, Taiwan, 3979
Phospho-antigen, hepatic intrasinusoidal, $\gamma\delta$ T cells, NK receptors, cancer immunotherapy, 63
Phospho-sphingosine kinase 1, sphingosine-1-phosphate, pancreatic ductal adenocarcinoma, lymph node metastasis, lymphatic invasion, prognosis, 3969
Phosphorylated STMN1, stathmin1, triple-negative breast cancer, epithelial–mesenchymal transition, 5341
Photodynamic diagnosis, bladder cancer, NMIBC, transurethral resection of bladder tumor, PDD-TURBT, pDD-assisted targeted biopsy, 3615
PHRF1, SOX4, kras, p53, HCT116, 5437
Phyllode tumor, breast, local recurrence, histological risk factors, 143
Physicians, decision-making, end-of-life care, advanced prostate cancer, advanced dementia, medical students, special competence in palliative medicine, 3631
Phytotherapy, warts, plantar wart, HPV, viral infections, topical treatment, 2025
PI-RADS v2.1, prostate cancer, radical prostatectomy, risk classification, tumor volume, 5705
PI3K/AKT/FOXO, 11-epi-sinulariolide acetate, oral squamous cell carcinoma, *Sinularia flexibilis*, apoptosis, 2625
PIK3CA, rectal cancer, neoadjuvant chemoradiotherapy, mutation, prognosis, 1513
Pimecrolimus, p-gp, calcineurin inhibitor, tacrolimus, 1103
PKR, sindbis virus, oncolytic, NF-κB, iFN-β, 2923
Plantar wart, warts, HPV, viral infections, phytotherapy, topical treatment, 2025
Plasma fibrinogen, renal cell carcinoma, pathological upgrade, 4229
Plasma, colorectal cancer, kynurenine pathway, sOX40, miR-138-5p, 3281
Plasmablastic lymphoma, *TBL1XR1*, *NCOR1*, RNA expression, diffuse large B-cell lymphoma, follicular lymphoma, primary testicular lymphoma, 4801
Platelet count, BCLC stage B, intermediate stage, albumin level, prognosis, hepatocellular carcinoma, 1835
Platelet, neutrophil, lymphocyte, monocyte, immune marker, soft tissue sarcoma, 3349
Platinum refractory, immune checkpoint inhibition, Lynch syndrome, HNPCC, pembrolizumab, hereditary ovarian cancer, 1655
Platinum resistance, serous ovarian carcinoma, UBE2L6, ABCB6, chemotherapy, 3787

Platinum sensitive, nivolumab, pembrolizumab, recurrent or metastatic head and neck squamous cell carcinoma, 3679
Platinum-based chemotherapy, mirtazapine, nausea, vomiting, thoracic cancer, 1301
Platinum-based chemotherapy, non-small cell lung cancer, small cell lung cancer, check-point inhibitor, tyrosine kinase inhibitor, progesterone receptor, antagonist/modulators, review, 951
Platinum-based chemotherapy, urothelial carcinoma, avelumab, organ-specific response rate, maintenance therapy, 5689
Platinum-sensitive recurrence, ovarian cancer, chemotherapy, bevacizumab, PARP inhibitors, 1265
Platinum-sensitive relapsed ovarian cancer, maintenance treatment, anemia, chemotherapy before maintenance treatment, 3653
Platinum, cervical cancer, small cell neuroendocrine carcinoma, chemotherapy, etoposide, review, 1397
Platinum, ovarian cancer, olaparib, BRCA mutation, routine clinical practice, pARPi, BRCA, relapsed ovarian cancer, 653
Pleural effusions, cell block, immunohistochemistry, malignant cells, BEREP4, CEA, 669
PMC, cancer spheroids, glycolysis, HIF1, GLUT1, 3717
Polycomb group proteins, oral potentially malignant disorder, oral cancer, immune cells, biomarker, 1533
Polymorphism, childhood acute lymphocytic leukemia, genotypes, interleukin-8, 5359
Polymorphism, colorectal cancer, genotype, *MMP-8*, phenotype, Taiwan, 3979
Polymorphism, genotype, MMP-2, prostate cancer, 343
Polymorphism, genotype, MMP-7, Taiwan, 381
Polymorphism, osimertinib, *STAT3*, *CYP3A5*, *ABCG2*, adverse event, non-small cell lung cancer, 1775
Polymorphisms, abemaciclib, ABCB1, *ABCG2*, metabolites, 1283
Polypharmacy, abemaciclib, diarrhea, age, diet, comorbidities, 1291
Poorly differentiated cluster, stage III colorectal cancer, oxaliplatin, 3235
POPF, pancreaticoduodenectomy, fluid balance, postoperative pancreatic fistula, 4179
POPF, SSPPD, pseudoaneurysm rupture, peripheral stent graft, 3639
Portal vein embolization, liver hypertrophy, sarcopenia, skeletal muscle loss, nutritional indicator, 209
Portal vein thrombosis, proton, lenvatinib, hepatocellular carcinoma, survival, 1361
Positioning error, head and neck cancer, image guided radiotherapy (IGRT), volumetric-modulated arc therapy (VMAT), intensity-modulated proton therapy (IMPT), image registration, anatomical change, patient positioning, 1827
Positive biopsy core, androgen-deprivation therapy, prostate biopsy, prostate cancer, 4619
Positron emission tomography, carcinoma of unknown primary, starburst, 4237
Positron emission tomography, colorectal cancer, amino acid transporter, 3913
Positron emission tomography, triple-negative breast cancer, tumor-infiltrating lymphocyte, neoadjuvant chemotherapy, cD8/forkhead box P3 ratio, 127
Post-mastectomy radiation, hispanic patients, implant reconstruction, breast cancer, complications, 4953
Post-operative radiotherapy, brain metastases, resection, fractionated stereotactic radiotherapy, whole-brain irradiation, simultaneous integrated boost, 2763
Post-progression treatment, atezolizumab/bevacizumab, lenvatinib, hepatocellular carcinoma, liver function, adverse event, anorexia, general fatigue, 4673
Post-recurrence survival, non-small cell lung cancer, postoperative recurrence, central nervous system, epidermal growth factor receptor mutation, 3543
Post-training survey, acetium® lozenge, e-Training, smoking intervention, nicotine-free, nicotine replacement therapy (NRT), health care professionals, medical doctor, nurse, pharmacy staff, awareness, interest, acceptance, 4961
Postgastrectomy syndromes, gastric cancer, proximal gastrectomy, continuous glucose monitoring, glycemic profile, 857
Postoperative body weight loss, enhanced recovery after surgery, ERAS, length of stay, body composition, 4197
Postoperative complications, colostomy, emergency surgery, ileostomy, skin bridge technique, 4189
Postoperative infectious complication, laparoscopic liver resection, surgical site infection, organ-space, 2273
Postoperative infectious complications, body composition, pancreatic fistula, gastric cancer, surgery, dorsal subcutaneous fat, 2171
Postoperative pancreatic fistula, BT-PABA test, pancreatic exocrine function, pancreaticoduodenectomy, fibrosis, 3563
Postoperative pancreatic fistula, pancreaticoduodenectomy, fluid balance, POPF, 4179
Postoperative prostate cancer, salvage radiotherapy, biochemical recurrence, 5115
Postoperative recurrence, non-small cell lung cancer, post-recurrence survival, central nervous system, epidermal growth factor receptor mutation, 3543
PPC05, PPC40, parallel-plate ionization chamber, electron beam, small field, percentage depth dose, 1967
PPC40, PPC05, parallel-plate ionization chamber, electron beam, small field, percentage depth dose, 1967
Prazosin, glioma, diaminobutyric acid, drug combination, amino acids, 3583

PRCC, tFE3-rearranged renal cell carcinomas, *TFE3*, cell culture, 3463
Pre-treatment emotional distress, lung cancer, radiotherapy, chemoradiotherapy, 2111
Prealbumin, c-reactive protein, gastric cancer, 5181
Precise individualized therapy, patient-derived orthotopic xenograft, PDOX, concordance, clinical, drug resistance, chemotherapy, sarcoma, carcinoma, review, 4277
Preclinical pharmacokinetics, pharmacometrics, cancer chemotherapy, therapeutic drug monitoring, prodrug(s), 1121
Prediction model, 95-Gene classifier, recurrence, eR-positive node-negative breast cancer, 707
Prediction, radiomics, radiomic score, recurrence pattern, lung cancer, SBRT, 5003
Predictive factor, febrile neutropenia, nedaplatin, 5-fluorouracil, modified Glasgow prognostic score, 2309
Predictive factor, pancreatic cancer, resectable, neoadjuvant chemotherapy, venous thromboembolism, d-dimer, adverse event, risk factor, 1741
Predictive marker, splicing factor, RBM17/SPF45, non-small cell lung cancer, immune checkpoint inhibitor, chemotherapy, chemosensitivity, 4663
Pregnancy, high-grade squamous intraepithelial lesion (HSIL), cervical dysplasia, treatment, mode of delivery, 3153
Pregnancy, liver, cancer, carcinoma, hepatocellular, cholangio-carcinoma, birth, fertility, review, 3861
Pregnancy, renal cell cancer, diagnosis, treatment, review, 3871
Prehabilitation, colorectal cancer, frail, octogenarian, 5597
Preoperative chemotherapy, histopathological growth patterns, colorectal cancer liver metastasis, 3727
Preoperative nutrition therapy, eicosapentaenoic acid, esophageal cancer, 2199
Prevention, tonsil cancer, base of tongue cancer, oropharyngeal cancer, tonsillectomy, review, 3881
Primary effusion lymphoma, dihydroartemisinin, reactive oxygen species, apoptosis, 1139
Primary lung cancer, bronchoplasty, surgical outcome, 1719
Primary palliative care, metastasis, survivorship, clinical nurse specialist, review, 1387
Primary testicular lymphoma, *TBL1XR1*, *NCOR1*, RNA expression, diffuse large B-cell lymphoma, plasmablastic lymphoma, follicular lymphoma, 4801
Primary tumor resection, CDX2, unresectable colon cancer, 3763
PRO, nutrition, malnutrition, head and neck cancer, carcinoma, narrative interview, weight trajectory, nutrition impact symptom, patient reported outcome, self-help group, 1663
Proctocolectomy, colitis-associated neoplasms, colorectal neoplasms, laparoscopy, ulcerative colitis, 5245
Prodrug activator gene therapy, ovarian cancer, retroviral replicating vectors, cancer virotherapy, amphotropic murine leukemia virus, gibbon ape leukemia virus, 5311
Prodrug(s), preclinical pharmacokinetics, pharmacometrics, cancer chemotherapy, therapeutic drug monitoring, 1121
Progesterone receptor, non-small cell lung cancer, small cell lung cancer, platinum-based chemotherapy, check-point inhibitor, tyrosine kinase inhibitor, antagonist/modulators, review, 951
Prognosis, BCLC stage B, intermediate stage, albumin level, platelet count, hepatocellular carcinoma, 1835
Prognosis, biomarker, CCL7, metastatic colorectal cancer, serum, 105
Prognosis, biomarkers, disease-free survival, localized prostate cancer, integrins, 417
Prognosis, bowel decompression, colorectal cancer, malignant large bowel obstruction, nutritional status, 259
Prognosis, breast cancer, bleeding, surgery, chemotherapy, 191
Prognosis, breast cancer, smoking, bevacizumab, chemotherapy, 849
Prognosis, breast cancer, survival, hER2-low, meta-analysis, review, 4303
Prognosis, breast carcinoma, epithelial mesenchymal transition, mammographic breast density, 2281
Prognosis, *Chlamydia trachomatis*, ovarian cancer, biomarker, 4037
Prognosis, circumferential resection margin (CRM), rectal cancer, propensity-score matching analysis, recurrence-free survival, local recurrence-free survival, cancer-specific survival, 3623
Prognosis, colon cancer, rectal cancer, lymph node metastasis, dissection, 4213
Prognosis, colorectal cancer, family history, hereditary colorectal cancer, propensity score matching, 5167
Prognosis, cutaneous melanoma, sentinel lymph node biopsy, 31-GEP, gene expression profiling, prognostic testing, 4511
Prognosis, dendritic cell, dCsign, macrophage, non-small-cell lung cancer, lymph node, clinicopathological factors, 3003
Prognosis, distal pancreatectomy, lymphadenectomy, pancreatic ductal adenocarcinoma, PSM, 201
Prognosis, esophageal cancer, adenocarcinoma, esophagectomy, toll-like receptors, outcomes, 3183
Prognosis, gastric cancer, osteopenia, 3665
Prognosis, GD2, triple-negative breast cancer, tumor infiltrating lymphocytes (TILs), early-stage, 4045
Prognosis, hepatocellular carcinoma, 5-5-500 rule, systemic inflammatory response, hepatic resection, 1623
Prognosis, LINC01480, clear cell renal cell carcinoma, cancer metastasis, 3037

Prognosis, lung adenocarcinoma, angiogenesis-associated genes, immune infiltration, 4473
Prognosis, melanoma, liquid biopsy, microRNA, miRNA, adjuvant treatment, 695
Prognosis, melanoma, sinuses, nasal cavity, survival, 4551
Prognosis, ovarian cancer, chemokine CXCL12, CXCR4 receptor, biomarkers, immunohistochemistry, 3331
Prognosis, papillary thyroid carcinoma, dedifferentiation, squamous cell carcinoma, immunohistochemistry, 255
Prognosis, prostate cancer, genetic polymorphisms, next generation sequencing, susceptibility, 2941
Prognosis, rectal cancer, neoadjuvant chemoradiotherapy, *PIK3CA*, mutation, 1513
Prognosis, recurrent head and neck cancer, squamous cell carcinoma, intensity-modulated radiotherapy, local control, immunotherapy, salvage surgery, 1255
Prognosis, serum cholesterol, gastric cancer, perioperative, total cholesterol, 903
Prognosis, sphingosine-1-phosphate, phospho-sphingosine kinase 1, pancreatic ductal adenocarcinoma, lymph node metastasis, lymphatic invasion, 3969
Prognosis, SSNA1, hepatocellular carcinoma, metastasis, EMT, 3479
Prognosis, triple-negative breast cancer, lncRNA SEMA3B-AS1, disease development, cellular processes, miR-513c-5p, 5475
Prognosis, WNT, NOTCH, PDGFR, CXCR, signalling pathways, oral squamous cell carcinoma, 591
Prognostic and nutritional index (PNI), gastric cancer, elderly, inflammatory and nutritional index, prognostic factor, 5261
Prognostic factor, advanced centrally located lung cancer, neutrophil-to-lymphocyte ratio, 1631
Prognostic factor, clear cell carcinoma, ovarian neoplasm, gynecologic surgical procedure, cytology, 3799
Prognostic factor, differentiated thyroid cancer, FDG PET/CT, initial radioiodine therapy, 183
Prognostic factor, esophageal squamous cell cancer, tumor location, neoadjuvant chemotherapy, 2697
Prognostic factor, gastric cancer, elderly, inflammatory and nutritional index, prognostic and nutritional index (PNI), 5261
Prognostic factor, gastric cancer, second-line chemotherapy, skeletal muscle mass, 5051
Prognostic factor, nivolumab, head and neck cancer, squamous cell carcinoma, cetuximab, immunotherapy, oral cancer, 1681
Prognostic factors, radium-223, metastasis castration resistant prostate cancer, overall survival, 1809
Prognostic marker, c-reactive protein to albumin ratio (CAR), esophageal cancer, 5139
Prognostic model, overall survival, metastatic cancer, brain metastases, spine metastases, radiotherapy, 3167
Prognostic model, overall survival, metastatic cancer, cerebral metastases, geriatric patients, octogenarians, radiotherapy, 749
Prognostic model, overall survival, metastatic cancer, geriatric patients, octogenarians, radiotherapy, 741
Prognostic nutritional index, gastric cancer, laparoscopic surgery, 893
Prognostic nutritional index, gastric cancer, nivolumab, inflammation-based prognostic score (IBPS), 927
Prognostic nutritional index, lung cancer, limited resection, high-risk patients, 3659
Prognostic score, glioblastoma, radiation therapy, hypofractionation, overall survival, local control, 2725
Prognostic testing, cutaneous melanoma, sentinel lymph node biopsy, 31-GEP, gene expression profiling, prognosis, 4511
Prognostic tools, bone metastases, irradiation, very elderly patients, individualized treatment, survival prognosis, 801
Prognosticator, breast cancer, HLA-A, HLA-B/C, cut-off, 1449
Programed cell death-ligand 1, atezolizumab, bevacizumab, hepatocellular carcinoma, immunity, regulatory T cells, interleukin-6, tumor necrosis factor-alpha, interleukin-2 receptor, membrane-bound class I-related chain A, 4601
Programmed cell death ligand-1, lung adenocarcinoma, lung squamous cell carcinoma, driver gene mutation, immune checkpoint inhibitors, 5197
Programmed death ligand 1, ABCP therapy, iMpower150 study, atezolizumab, NSCLC, 713
Programmed death-ligand, immunotherapy, lung cancer, non-smoker, smoking, 2185
Progression-free survival in second-line chemotherapy, advanced gastric cancer, malnutrition, inflammation, 5205
Progression-free survival, adverse event, immune checkpoint blockade, lung cancer, 3241
Progression-free survival, atezolizumab, epidermal growth factor receptor, overall survival, immune-related adverse events, 4583
Proliferation, castration-resistant prostate cancer, focal adhesion kinase, chalcone derivative, DNA damage, migration, 389
Proliferation, cytochrome P450 family 46 subfamily A member 1, colon neoplasm, angiogenesis, 4915
Proliferation, propofol, nFATc2, sp1, cFos, pancreatic cancer, cancer, cell cycle, 4897
Proliferation, static magnetic stimulation, cancer, autophagy, mitochondria, 1427
Prolyl 4-hydroxylase subunit alpha 1, hypopharyngeal squamous cell carcinoma, bioinformatic analysis, biomarker, extracellular matrix, 2571
Promoter methylation, lung cancer, *ALX3*, COBRA, biomarker, 3029

Propensity score matching, colorectal cancer, family history, hereditary colorectal cancer, prognosis, 5167
Propensity score matching, colorectal cancer, lymph node metastasis, 5681
Propensity score matching, skip lymph node metastasis, D3 lymphadenectomy, 4169
Propensity-score matching analysis, circumferential resection margin (CRM), rectal cancer, recurrence-free survival, local recurrence-free survival, cancer-specific survival, prognosis, 3623
Propofol, nFATc2, sp1, cFos, pancreatic cancer, cancer, proliferation, cell cycle, 4897
Proportion of tumor, tumor stroma ratio, oncological outcomes, gastrointestinal cancer, review, 1877
(Pro)renin receptor, lung cancer, adenocarcinoma, 5671
Prostate biopsy, androgen-deprivation therapy, positive biopsy core, prostate cancer, 4619
Prostate biopsy, intermediate-risk prostate cancer, low-dose-rate brachytherapy, ISUP Grade group 2, ISUP Grade group 3, 4627
Prostate cancer, alpha blocker, benign prostate hyperplasia, five-alpha reductase inhibitor, prostate specific antigen, 485
Prostate cancer, androgen deprivation therapy, life expectancy, overall survival, radiation therapy, radical prostatectomy, 473
Prostate cancer, androgen-deprivation therapy, prostate biopsy, positive biopsy core, 4619
Prostate cancer, animal models, review, 275
Prostate cancer, ATG7, P53, VIM3, miRNA, *miR-371a-3p*, 2407
Prostate cancer, bone metastasis, bone turnover markers, diagnosis, liquid biopsy, review, 283
Prostate cancer, breast cancer, charity, funding, burden of disease, google Trends, 409
Prostate cancer, cancer therapy, chemically modified microRNA, nucleic acid-based drug, cell growth inhibition, 1909
Prostate cancer, carbon-ion radiotherapy, rectal cancer surgery, toxicity, 2691
Prostate cancer, castration-resistant prostate cancer, hormone therapy, androgen receptor-axis-targeted agent, 1351
Prostate cancer, cortactin, AHCC®, 1159
Prostate cancer, cyberKnife, stereotactic body radiotherapy, raster scanning, 1637
Prostate cancer, degarelix, QOL, injection site reaction, 1817
Prostate cancer, enzalutamide, initial prostate-specific antigen level, nadir prostate-specific antigen level, androgen-deprivation therapy, 429
Prostate cancer, *Flammulina velutipes*, antioxidant, anticancer, 3057
Prostate cancer, genetic polymorphisms, biomarkers, diagnosis, review, 317
Prostate cancer, genetic polymorphisms, next generation sequencing, prognosis, susceptibility, 2941
Prostate cancer, genotype, MMP-2, polymorphism, 343
Prostate cancer, GNRH2, androgen deprivation therapy, survival, 4023
Prostate cancer, image-guided radiotherapy, exacTrac, cone beam computed tomography, fat tissues, personalized radiation therapy, 4077
Prostate cancer, immunotherapy, cancer, tissue vaccine, matrisome, lobund-Wistar rat, melanoma, 335
Prostate cancer, local radiation dose, low-dose-rate brachytherapy, biologically effective dose, radiation therapy, 3159
Prostate cancer, MGMT, follow-up, SNP, PSA, recurrence, 369
Prostate cancer, migration, cabazitaxel, CCL2, chemo-resistance, 2561
Prostate cancer, MRI, serum PSA, sE-cadherin, EPCA-2, prostatic hyperplasia, 441
Prostate cancer, multidisciplinary tumor boards, virtualization, adherence to guidelines, 501
Prostate cancer, neurodegeneration, alzheimer’s disease, androgen deprivation therapy, 437
Prostate cancer, neuroendocrine cancer, aggressive cancer, second-line therapy, review, 3841
Prostate cancer, *PDIA6*, maspin, tumor, cancer therapeutics, serpin family, *PDI-P5*, *SERPIN B5*, *ERP5*, *TXNDC7*, 5331
Prostate cancer, PI-RADS v2.1, radical prostatectomy, risk classification, tumor volume, 5705
Prostate cancer, prostate-specific antigen, angiotensin receptor blockers, real-world data, medical history, 5629
Prostate cancer, pterocarpanquinone, akt, MMP-9, 359
Prostate cancer, radiation dosimeters, urinary catheters, *in vivo* dosimetry, 2259
Prostate cancer, radiomics, MRI, hypoxia, 351
Prostate cancer, radiotherapy, emotional problems, risk factors, 2103
Prostate cancer, radiotherapy, image-guided radiotherapy, cone-beam CT, fiducial markers, 405
Prostate cancer, renal impairment, androgen deprivation therapy, estimated glomerular filtration rate, review, 305
Prostate cancer, recurrence, radiation therapy, radical prostatectomy, magnetic resonance imaging, simplified prostate magnetic resonance imaging for reporting (S-PI-RADS), prostate magnetic resonance imaging for local recurrence reporting (PI-RRADS), review, 297
Prostate cancer, statin, autophagy, rapamycin, 5377
Prostate cancer, testosterone, seminal vesicle fluid, 4249
Prostate cancer, thymidine kinase 1, STK1, serum biomarker, 1675

Prostate cancer, transglutaminase-4, prostate transglutaminase, TGM4, metastasis, review, 291
Prostate cancer, α-trifluoromethyl chalcone, YS71, androgen receptor, 2433
Prostate carcinogenesis, animal models, mice, rats, rodents, review, 323
Prostate magnetic resonance imaging for local recurrence reporting (PI-RRADS), prostate cancer, recurrence, radiation therapy, radical prostatectomy, magnetic resonance imaging, simplified prostate magnetic resonance imaging for reporting (S-PI-RADS), review, 297
Prostate specific antigen, alpha blocker, benign prostate hyperplasia, five-alpha reductase inhibitor, prostate cancer, 485
Prostate transglutaminase, transglutaminase-4, TGM4, prostate cancer, metastasis, review, 291
Prostate-specific antigen, angiotensin receptor blockers, prostate cancer, real-world data, medical history, 5629
Prostate, brain metastases, WBRT, SRS, FSRT, review, 311
Prostatic carcinoma, PET/MRI, 68Ga-PSMA-11, tumor aggressiveness, 449
Prostatic hyperplasia, MRI, serum PSA, sE-cadherin, EPCA-2, prostate cancer, 441
Prostatic neoplasms, neoadjuvant therapy, radiotherapy, salvage therapy, treatment outcome, 3589
Protein–protein interaction, TNBC, cell adhesion, miRNA, lncRNA, 2951
Proteinuria, colorectal cancer, long-term treatment, cumulative dose, adverse events, hypertension, bleeding, thromboembolic events, bevacizumab, 2085
Proton beam therapy, centrally located, non-small cell lung cancer, moderate hypofractionation, radiation pneumonitis, dose volume histogram, 2003
Proton pump inhibitors, chemotherapy-induced peripheral neuropathy, drug repositioning, oxaliplatin, 5613
Proton, lenvatinib, hepatocellular carcinoma, survival, portal vein thrombosis, 1361
Protons, bone sarcoma, particle beam therapy, carbon ions, qualitative research, 2031
Proximal gastrectomy, gastric cancer, continuous glucose monitoring, glycemic profile, postgastrectomy syndromes, 857
PSA, MGMT, follow-up, SNP, recurrence, prostate cancer, 369
Pseudoaneurysm rupture, SSPPD, peripheral stent graft, POPF, 3639
Pseudomyxoma peritonei, acetylcysteine, bromelain, novel therapy, 4735
PSM, distal pancreatectomy, lymphadenectomy, pancreatic ductal adenocarcinoma, prognosis, 201
PSM, taTME, rectal cancer, embryology, fascia, 3597
Psoas muscle loss, esophageal cancer, neoadjuvant therapy, 1309
Pterocarpanquinone, akt, MMP-9, prostate cancer, 359
PTHLH, lung cancer, cachexia, TCF4, TWIST1, streptonigrin, 1149
Pulmonary metastasis, colorectal, cancer, thermal ablation, microwave ablation, review, 2899
QoL, breast cancer, in-breast-tumor-recurrence, IBTR, mastectomy, TARGIT-IORT, BREAST-Q, 733
QOL, degarelix, prostate cancer, injection site reaction, 1817
Qualitative research, bone sarcoma, particle beam therapy, protons, carbon ions, 2031
Quality of care, breast cancer, sARS-CoV-2, COVID 19, breast screening programs, 2235
Quality of life, elderly, limb function, malignant bone tumor, soft tissue sarcoma, 3273
RAC1 signaling pathway, integrin αvβ8, squamous cell carcinoma, cell motility, invasion, 4833
RAD51AP1, E2F7, endometrial cancer, fatty acid metabolism, 5-FU, 4905
Radiation dosimeters, prostate cancer, urinary catheters, *in vivo* dosimetry, 2259
Radiation necrosis, fractionated stereotactic radiotherapy, brain metastases, biologically effective dose, local control, overall survival, 2757
Radiation necrosis, hypofractionated stereotactic radiation therapy, brain metastases, local control, radiation oncology, 4543
Radiation oncology, hypofractionated stereotactic radiation therapy, brain metastases, local control, radiation necrosis, 4543
Radiation pneumonia, esophageal cancer, squamous cell cancer, VMAT, toxic effects, esophagitis, esophageal stricture, pericardial effusion, 2791
Radiation pneumonitis, breast cancer, CDK4/6 inhibitors, 3539
Radiation pneumonitis, non-small-cell lung cancer, chemoradiotherapy, lung diseases, interstitial, 1797
Radiation pneumonitis, proton beam therapy, centrally located, non-small cell lung cancer, moderate hypofractionation, dose volume histogram, 2003
Radiation therapy, androgen deprivation therapy, life expectancy, overall survival, prostate cancer, radical prostatectomy, 473
Radiation therapy, early-stage MALT lymphoma, duodenal MALT lymphoma, rectal MALT lymphoma, long-term outcomes, 2851
Radiation therapy, glioblastoma, hypofractionation, overall survival, local control, prognostic score, 2725
Radiation therapy, HDR-BT, metastatic prostate cancer, oncological outcome, 3135
Radiation therapy, local radiation dose, low-dose-rate brachytherapy, prostate cancer, biologically effective dose, 3159

Radiation therapy, multiple brain metastases, surgical resection, graded prognostic assessment, Karnofsky performance status, 5107
Radiation therapy, prostate cancer, recurrence, radical prostatectomy, magnetic resonance imaging, simplified prostate magnetic resonance imaging for reporting (S-PI-RADS), prostate magnetic resonance imaging for local recurrence reporting (PI-RRADS), review, 297
Radiation therapy, urothelial carcinoma, upper tract urothelial cancer, bladder cancer, immune checkpoint inhibitor, 2119
Radical nephroureterectomy, adjuvant systemic chemotherapy, intravesical recurrence, upper urinary tract urothelial carcinoma, 1725
Radical prostatectomy, androgen deprivation therapy, life expectancy, overall survival, prostate cancer, radiation therapy, 473
Radical prostatectomy, prostate cancer, PI-RADS v2.1, risk classification, tumor volume, 5705
Radical prostatectomy, prostate cancer, recurrence, radiation therapy, magnetic resonance imaging, simplified prostate magnetic resonance imaging for reporting (S-PI-RADS), prostate magnetic resonance imaging for local recurrence reporting (PI-RRADS), review, 297
Radical surgery, p16 expression, vulvar squamous cell carcinoma, inguinofemoral lymphadenectomy, relapse, 1643
Radio-chemotherapy, head-and-neck cancer, radiotherapy alone, emotional distress, 2227
Radioactive iodine, thyroid carcinoma, airway emergency, 1853
Radiochemotherapy, esophageal cancer, radiotherapy, multimodal treatment, 2733
Radiomic score, radiomics, prediction, recurrence pattern, lung cancer, SBRT, 5003
Radiomics, esophageal cancer, skeletal muscle, radiotherapy, 1749
Radiomics, locally advanced rectal cancer, magnetic resonance imaging, chemo-radiotherapy, 781
Radiomics, MRI, prostate cancer, hypoxia, 351
Radiomics, radiomic score, prediction, recurrence pattern, lung cancer, SBRT, 5003
Radiosensitization, glioma, arsenite, heavy ion beam, p53, 2551
Radiosensitizer, IL28, pancreatic cancer, survivin, clonogenic survival, 1885
Radiosurgery, metastasis, spine, breast, intramedullary, review, 523
Radiotherapy alone, head-and-neck cancer, radio-chemotherapy, emotional distress, 2227
Radiotherapy, automated gown handling system, automatic recycling machine, infection control, soiled hospital gowns, 3213
Radiotherapy, bone metastasis, asymptomatic states, analgesics, observational study, 865
Radiotherapy, breast cancer, heart mortality, asian, SEER, 3571
Radiotherapy, breast cancer, helical IMRT, tomotherapy, lymph node negative, secondary malignoma, lymphedema, long-term results, 2041
Radiotherapy, carotid artery stenosis, head and neck tumors, CT scans, 5657
Radiotherapy, cervical cancer, squamous cell carcinoma, CD8, tumor-infiltrating lymphocytes, 2077
Radiotherapy, esophageal cancer, radiochemotherapy, multimodal treatment, 2733
Radiotherapy, esophageal cancer, skeletal muscle, radiomics, 1749
Radiotherapy, Ewing sarcoma, osteosarcoma, chemotherapy, surgery, outcome, 4975
Radiotherapy, head and neck cancer, distress scores, increased distress, risk factors, 4149
Radiotherapy, hypoxia, treatment resistance, hypoxia-selective drugs, natural drugs, 5319
Radiotherapy, lung cancer, chemoradiotherapy, pre-treatment emotional distress, 2111
Radiotherapy, malignant disease, distress thermometer, distress scores, risk factors, 4143
Radiotherapy, MALT lymphoma, long-term outcomes, hypofractionated radiotherapy, 3673
Radiotherapy, neoadjuvant chemotherapy, rectal cancer, 5713
Radiotherapy, neoadjuvant therapy, prostatic neoplasms, salvage therapy, treatment outcome, 3589
Radiotherapy, non-metastatic prostate cancer, androgen deprivation therapy, cancer treatment-induced bone loss, 493
Radiotherapy, prognostic model, overall survival, metastatic cancer, geriatric patients, octogenarians, 741
Radiotherapy, prognostic model, overall survival, metastatic cancer, cerebral metastases, geriatric patients, octogenarians, 749
Radiotherapy, prognostic model, overall survival, metastatic cancer, brain metastases, spine metastases, 3167
Radiotherapy, prostate cancer, emotional problems, risk factors, 2103
Radiotherapy, prostate cancer, image-guided radiotherapy, cone-beam CT, fiducial markers, 405
Radium-223, metastasis castration resistant prostate cancer, prognostic factors, overall survival, 1809
RADPLAT, localized maxillary sinus cancer, IMRT, 2859
RAGE, nuclear respiratory factor 1, NRF1, mitochondrial biogenesis, bladder cancer, epithelial–mesenchymal transition, EMT, high-mobility group box-1, HMGB1, receptor for advanced glycation end-products, 1521

Ramucirumab, hepatocellular carcinoma, angiogenesis, alpha-fetoprotein, 3203
Ramucirumab, older adults, gastric cancer, paclitaxel, 5663
Rapamycin, prostate cancer, statin, autophagy, 5377
Ras genes, neoadjuvant therapy, rectal neoplasms, watchful waiting, antineoplastic protocols, 2015
Raster scanning, cyberKnife, stereotactic body radiotherapy, prostate cancer, 1637
Rat, high-dose methotrexate, HD-MTX, glycyrrhizin, pharmacokinetic interactions, dosing interval, hepatic dysfunction, 1493
Rats, animal models, mice, prostate carcinogenesis, rodents, review, 323
RBM17/SPF45, splicing factor, non-small cell lung cancer, immune checkpoint inhibitor, chemotherapy, predictive marker, chemosensitivity, 4663
RCC, kidney cancer, expression, metastases, 1503
Re-expression of estrogen receptor, hormone receptor positive breast cancer, eribulin, resistance to endocrine therapy, 603
Re-operation rate, axillary staging, axillary dissection, micrometastasis, regional lymphatic recurrence, operative time, 2161
Reactive oxygen species, 7, 8-diacetoxy-3, 4-diarylcoumarin, cell cycle, *in vitro* cytotoxicity, mitochondrial membrane potential, MMP, ROS, apoptosis, 1001
Reactive oxygen species, breast cancer, fenbendazole, cytotoxicity, 1207
Reactive oxygen species, primary effusion lymphoma, dihydroartemisinin, apoptosis, 1139
Real-life practice, enzalutamide, abiraterone acetate, metastatic, castration-resistant prostate cancer, 463
Real-world data, head and neck cancer, checkpoint inhibitor, pembrolizumab, immunotherapy, 1273
Real-world data, nivolumab, NSCLC, cost analysis, efficacy, 2799
Real-world data, prostate-specific antigen, angiotensin receptor blockers, prostate cancer, medical history, 5629
Real-world, ovarian cancer, bevacizumab, safety, efficacy, chemotherapy, molecular-targeting agents, 3097
Rebastinib, breast cancer, CDK16 inhibitor, triple negative breast cancer, luminal cancer, kinase inhibitor, 2609
Receptor for advanced glycation end-products, nuclear respiratory factor 1, NRF1, mitochondrial biogenesis, bladder cancer, epithelial–mesenchymal transition, EMT, high-mobility group box-1, HMGB1, RAGE, 1521
Receptor tyrosine kinase, gastric cancer, peritoneal metastasis, oncolytic adenovirus, p53, 4809
Reconstruction, bone tumor, femur, endoprosthesis, kyocera Modular Limb Salvage System, femoral-bone tumor, cemented stem, outcome, 3507
Reconstruction, laparoscopic surgery, staple line reinforcement, less invasive surgery, 175
Rectal adenocarcinoma, pelvic neoadjuvant radiotherapy, systemic therapy, 1843
Rectal adenocarcinoma, rectal cancer, local recurrence, pelvic recurrence, multivisceral resection, 765
Rectal cancer surgery, carbon-ion radiotherapy, prostate cancer, toxicity, 2691
Rectal cancer, circumferential resection margin (CRM), propensity-score matching analysis, recurrence-free survival, local recurrence-free survival, cancer-specific survival, prognosis, 3623
Rectal cancer, colon cancer, prognosis, lymph node metastasis, dissection, 4213
Rectal cancer, endometriosis, CUP, endometrial cancer, 1857
Rectal cancer, left colic artery, high-tie, low-tie, oncological outcome, 3225
Rectal cancer, local recurrence, high sacrectomy, complications, local re-recurrence-free survival rate, 5061
Rectal cancer, local recurrence, rectal adenocarcinoma, pelvic recurrence, multivisceral resection, 765
Rectal cancer, lymph node metastasis, UFT/LV, 2219
Rectal cancer, lymphocyte-to-monocyte ratio, locally advanced cancer, neoadjuvant chemoradiotherapy, neutrophil-to-lymphocyte ratio, 2179
Rectal cancer, neoadjuvant chemoradiotherapy, *PIK3CA*, mutation, prognosis, 1513
Rectal cancer, neoadjuvant chemotherapy, radiotherapy, 5713
Rectal cancer, organ-sparing surgery, lymph node metastasis, watch and wait, neoadjuvant chemoradiotherapy, complete pathological response, clinical complete response, 2813
Rectal cancer, ta-TME, total pelvic exenteration, transanal endoscopic surgery, 2211
Rectal cancer, taTME, PSM, embryology, fascia, 3597
Rectal MALT lymphoma, early-stage MALT lymphoma, duodenal MALT lymphoma, radiation therapy, long-term outcomes, 2851
Rectal neoplasms, neoadjuvant therapy, ras genes, watchful waiting, antineoplastic protocols, 2015
Rectum, anal canal, anatomy, indocyanine green, lymphatic system, robotic surgery, 1591
Rectum, colon, tubular adenomas. nondysplastic colon crypts. abnormal branching, 4947
Recurrence pattern, radiomics, radiomic score, prediction, lung cancer, SBRT, 5003
Recurrence-free survival, circumferential resection margin (CRM), rectal cancer, propensity-score matching analysis, local recurrence-free survival, cancer-specific survival, prognosis, 3623

Recurrence, 95-Gene classifier, eR-positive node-negative breast cancer, prediction model, 707
Recurrence, gastric cancer, conversion surgery, adjuvant chemotherapy, 3305
Recurrence, hepatocellular carcinoma, viral hepatitis B, surgery, next-generation sequencing, 4709
Recurrence, MGMT, follow-up, SNP, PSA, prostate cancer, 369
Recurrence, non-small cell lung cancer, osimertinib, liquid biopsy, next-generation sequencing, 5031
Recurrence, prostate cancer, radiation therapy, radical prostatectomy, magnetic resonance imaging, simplified prostate magnetic resonance imaging for reporting (S-PI-RADS), prostate magnetic resonance imaging for local recurrence reporting (PI-RRADS), review, 297
Recurrent head and neck cancer, squamous cell carcinoma, intensity-modulated radiotherapy, local control, prognosis, immunotherapy, salvage surgery, 1255
Recurrent olfactory neuroblastoma, peputide receptor radionuclide therapy, surgical site infection, cranioplasty, 5723
Recurrent or metastatic head and neck squamous cell carcinoma, nivolumab, pembrolizumab, platinum sensitive, 3679
Recursive partitioning analysis, ABE index, advanced hepatocellular carcinoma, atezolizumab plus bevacizumab, 1599
Refractory fistula, esophageal cancer, esophagogastric anastomosis, anastomotic leakage, orofacial dyskinesia, 2873
Regional lymphatic recurrence, axillary staging, axillary dissection, micrometastasis, operative time, re-operation rate, 2161
Regorafenib, hepatocellular carcinoma, 18β-glycyrrhetinic acid, apoptosis, mTOR, 4403
Regulatory T cells, atezolizumab, bevacizumab, hepatocellular carcinoma, immunity, programed cell death-ligand 1, interleukin-6, tumor necrosis factor-alpha, interleukin-2 receptor, membrane-bound class I-related chain A, 4601
Regulatory T-cell, epithelial-mesenchymal transition, biliary tract cancer, tumor microenvironment, 645
Relapse, hypofractionated radiotherapy, glioblastoma, chemoradiotherapy, high-grade glioma, 2155
Relapse, p16 expression, vulvar squamous cell carcinoma, radical surgery, inguinofemoral lymphadenectomy, 1643
Relapsed and refractory, multiple myeloma, next-generation flow, measurable residual disease, carfilzomib, lenalidomide, dexamethasone (KRD), 157
Relapsed ovarian cancer, ovarian cancer, olaparib, BRCA mutation, routine clinical practice, pARPi, platinum, BRCA, 653
Relative biological effectiveness, carbon ion radiotherapy, linear energy transfer, estimation, treatment planning, 2975
Relative biological effectiveness, carbon-ion radiotherapy, osteosarcoma, dose distribution, 4873
Relative dose intensity, metastatic castration-resistant prostate cancer, cabazitaxel, 4611
Renal cancer, pazopanib, lipomatosis, 789
Renal cell cancer, pregnancy, diagnosis, treatment, review, 3871
Renal cell cancer, treatment, mechanisms of resistance, overcoming resistance, review, 4781
Renal cell carcinoma, cancer of unknown primary, immune checkpoint inhibitors, tyrosine kinase inhibitors, 2359
Renal cell carcinoma, cryoablation, computed tomography, local anesthesia, 1699
Renal cell carcinoma, everolimus, mTOR, multidrug resistance, 4349
Renal cell carcinoma, interferon-alpha, 2645
Renal cell carcinoma, pathological upgrade, plasma fibrinogen, 4229
Renal cell carcinoma, PD-L1, PD-1, nivolumab, immune checkpoint inhibitors, 841
Renal cell carcinoma, robotic surgery, minimally invasive surgery, transperitoneal, retroperitoneal, learning curve, 2741
Renal cell carcinoma, t1a, metastasis, histological nuclear grade, histological growth pattern, 4061
Renal cell carcinoma, targeted therapy, immune therapy, new drug modalities, drug-resistance, review, 983
Renal impairment, androgen deprivation therapy, prostate cancer, estimated glomerular filtration rate, review, 305
Repolarization, TAM, M2 macrophage, itraconazole, cervical cancer, 569
Resectable, pancreatic cancer, neoadjuvant chemotherapy, venous thromboembolism, d-dimer, adverse event, risk factor, predictive factor, 1741
Resection margin involvement, skin, epidermal carcinoma, mohs micrographic surgery, frozen section examination, 2707
Resection, brain metastases, post-operative radiotherapy, fractionated stereotactic radiotherapy, whole-brain irradiation, simultaneous integrated boost, 2763
Resection, brain tumor, temporal, herniation, neuro-oncological, 663
Resistance to endocrine therapy, hormone receptor positive breast cancer, eribulin, re-expression of estrogen receptor, 603
Resistance, osimertinib, NSCLC, omics analysis, H1975/OSI, 5459
Retrograde catheterization, hyperchloremic metabolic acidosis, total pelvic exenteration, 5149

Retroperitoneal, renal cell carcinoma, robotic surgery, minimally invasive surgery, transperitoneal, learning curve, 2741
Retroviral replicating vectors, ovarian cancer, prodrug activator gene therapy, cancer virotherapy, amphotropic murine leukemia virus, gibbon ape leukemia virus, 5311
Retroviral vector, Gregor Mendel, Watson & Crick, human genome project, deltaRex-G, targeted gene delivery, holy Grail of Gene Therapy, gene therapy, adenoassociated vector, CAR-T cell therapy, 4257
Review, animal models, mice, prostate carcinogenesis, rats, rodents, 323
Review, animal models, prostate cancer, 275
Review, atypical lipomatous tumor, well-differentiated liposarcoma, dedifferentiation, ordinary lipoma, treatment, MDM2, ring chromosome, 4295
Review, breast cancer, survival, hER2-low, prognosis, meta-analysis, 4303
Review, cancer cachexia, anamorelin hydrochloride, 511
Review, CDK4/6 inhibitors-resistance, breast cancer, palbociclib, ribociclib, abemaciclib, 5283
Review, cervical cancer, small cell neuroendocrine carcinoma, chemotherapy, etoposide, platinum, 1397
Review, circulating tumor cells, metastasis, neuroblastoma, 4327
Review, colorectal, cancer, pulmonary metastasis, thermal ablation, microwave ablation, 2899
Review, dendritic cells, vaccine, irreversible electroporation, osteosarcoma, combination therapies, 3389
Review, endometriosis, ovarian clear cell carcinoma, endometriosis-associated ovarian cancer, oxidative stress, 3401
Review, gastric cancer, adenocarcinoma, stomach, lower gastroesophageal junction, treatment algorithm, 2889
Review, gene therapy, *CCNG1*+, HR+, HER2+, early-stage breast cancer, deltaRex-G, trastuzumab, letrozole, 2383
Review, hepatocellular carcinoma, liver resection, macroscopic vascular invasion, molecular therapy, 4285
Review, homologous recombination, PARP, olaparib, talazoparib, triple-negative, 967
Review, kynurenines, breast cancer, tryptophan, IDO/TDO, KMO inhibitors, kynurenic acid, cytokines, 5275
Review, liver, cancer, carcinoma, hepatocellular, cholangio-carcinoma, pregnancy, birth, fertility, 3861
Review, metastasis, spine, breast, intramedullary, radiosurgery, 523
Review, metastasis, survivorship, primary palliative care, clinical nurse specialist, 1387
Review, neuroblastoma, MYCN, ALK, targeted therapy, immunotherapy, 3829
Review, non-small cell lung cancer, small cell lung cancer, platinum-based chemotherapy, check-point inhibitor, tyrosine kinase inhibitor, progesterone receptor, antagonist/modulators, 951
Review, nutritional assessment, inflammation assessment, pancreatic cancer, 3849
Review, patient-derived orthotopic xenograft, PDOX, concordance, clinical, drug resistance, chemotherapy, sarcoma, carcinoma, precise individualized therapy, 4277
Review, prostate cancer, bone metastasis, bone turnover markers, diagnosis, liquid biopsy, 283
Review, prostate cancer, genetic polymorphisms, biomarkers, diagnosis, 317
Review, prostate cancer, neuroendocrine cancer, aggressive cancer, second-line therapy, 3841
Review, prostate, brain metastases, WBRT, SRS, FSRT, 311
Review, renal cell cancer, pregnancy, diagnosis, treatment, 3871
Review, renal cell cancer, treatment, mechanisms of resistance, overcoming resistance, 4781
Review, renal cell carcinoma, targeted therapy, immune therapy, new drug modalities, drug-resistance, 983
Review, renal impairment, androgen deprivation therapy, prostate cancer, estimated glomerular filtration rate, 305
Review, prostate cancer, recurrence, radiation therapy, radical prostatectomy, magnetic resonance imaging, simplified prostate magnetic resonance imaging for reporting (S-PI-RADS), prostate magnetic resonance imaging for local recurrence reporting (PI-RRADS), 297
Review, statins, chemotherapy, chemoprevention, metastasis, anticancer, 4263
Review, tonsil cancer, base of tongue cancer, oropharyngeal cancer, tonsillectomy, prevention, 3881
Review, transglutaminase-4, prostate transglutaminase, TGM4, prostate cancer, metastasis, 291
Review, tumor stroma ratio, proportion of tumor, oncological outcomes, gastrointestinal cancer, 1877
Review, VEGF family, angiogenesis, head and neck squamous cell carcinoma, 4315
Rhabdomyosarcoma, epigallocatechin gallate, EGCG, transwell migration assay, cell proliferation, clonal cell growth, Hedgehog pathway, 1025
Rhabdomyosarcoma, sinonasal, survival, pathology, 4517
Rhenium, selenium, pharmacokinetics, 1017
Ribociclib, CDK4/6 inhibitors-resistance, breast cancer, palbociclib, abemaciclib, review, 5283
Right aortic arch, esophageal cancer, anatomical anomalies, azygos lobe, arteria lusoria, esophagectomy, 3553
Right side colon cancer, learning curve, cumulative sum analysis, intracorporeal anastomosis, laparoscopic surgery, 3341

Ring chromosome, atypical lipomatous tumor, well-differentiated liposarcoma, dedifferentiation, ordinary lipoma, treatment, MDM2, review, 4295
Risk assessment model, pancreatic ductal adenocarcinoma, venous thromboembolism, KHORANA score, 137
Risk classification, prostate cancer, PI-RADS v2.1, radical prostatectomy, tumor volume, 5705
Risk factor, niraparib, ovarian cancer, creatinine, hematologic toxicity, 4533
Risk factor, pancreatic cancer, resectable, neoadjuvant chemotherapy, venous thromboembolism, d-dimer, adverse event, predictive factor, 1741
Risk factors, febrile neutropenia, breast cancer, neoadjuvant chemotherapy, 247
Risk factors, head and neck cancer, radiotherapy, distress scores, increased distress, 4149
Risk factors, malignant disease, distress thermometer, distress scores, radiotherapy, 4143
Risk factors, pancreatic cancer, FOLFIRINOX, grade 4 neutropenia, febrile neutropenia, 4115
Risk factors, prostate cancer, radiotherapy, emotional problems, 2103
RNA expression, *TBL1XR1*, *NCOR1*, diffuse large B-cell lymphoma, plasmablastic lymphoma, follicular lymphoma, primary testicular lymphoma, 4801
RNA sequencing, breast cancer, endocrine resistance, medium replacement, estrogen-responsive gene, autocrine factor, 4447
Robotic stereotactic body radiotherapy, oligometastatic, lung metastases, cyberknife®, 4125
Robotic surgery, anal canal, anatomy, indocyanine green, lymphatic system, rectum, 1591
Robotic surgery, esophagus, esophagectomy, neuroendocrine carcinoma, neoadjuvant therapy, tumor response, 3289
Robotic surgery, renal cell carcinoma, minimally invasive surgery, transperitoneal, retroperitoneal, learning curve, 2741
ROC, blood in stool, fecal immunochemical test, FIT, screening, sensitivity, specificity, false negative, false positive, 1569
Rodents, animal models, mice, prostate carcinogenesis, rats, review, 323
ROS, 7, 8-diacetoxy-3, 4-diarylcoumarin, cell cycle, *in vitro* cytotoxicity, mitochondrial membrane potential, MMP, reactive oxygen species, apoptosis, 1001
ROS, artesunate, urothelial carcinoma, synergy, cisplatin, 1175
Routine clinical practice, ovarian cancer, olaparib, BRCA mutation, pARPi, platinum, BRCA, relapsed ovarian cancer, 653
S-1, gastric cancer, docetaxel, oxaliplatin, adjuvant therapy, 5015
S100b, uveal melanoma, tumor marker, MIA, threshold optimization, 4525
Safety, ovarian cancer, bevacizumab, efficacy, real-world, chemotherapy, molecular-targeting agents, 3097
SALL4, entinostat, gastric cancer, EMT, target therapy, 4389
Salmonella typhimurium (VNP20009), schwannoma, antibiotic, bacterial cancer therapy, 1
Salvage radiotherapy, postoperative prostate cancer, biochemical recurrence, 5115
Salvage surgery, recurrent head and neck cancer, squamous cell carcinoma, intensity-modulated radiotherapy, local control, prognosis, immunotherapy, 1255
Salvage therapy, neoadjuvant therapy, prostatic neoplasms, radiotherapy, treatment outcome, 3589
Sarcoma center, soft-tissue sarcoma, multidisciplinary therapy, clinical practice guideline, 2317
Sarcoma, chondrosarcoma, biopsy, local recurrence, 3069
Sarcoma, intensity-modulated, carbon-ion radiotherapy, bone and soft tissue tumors, clinical outcome, 2777
Sarcoma, patient-derived orthotopic xenograft, PDOX, concordance, clinical, drug resistance, chemotherapy, carcinoma, precise individualized therapy, review, 4277
Sarcopenia, gastric cancer, gastrectomy, elderly patients, skeletal muscle loss, laparoscopic surgery, 4207
Sarcopenia, gastric cancer, gastrectomy, skeletal muscle loss, 223
Sarcopenia, gastric cancer, skeletal muscle reduction, surgical resection, survival outcome, 3779
Sarcopenia, portal vein embolization, liver hypertrophy, skeletal muscle loss, nutritional indicator, 209
SARS-CoV-2, breast cancer, COVID 19, breast screening programs, quality of care, 2235
SARS-CoV-2, COVID-19, PCR, false-negative, thoracic cancer, 919
SARS-SOV-2, breast neoplasm, COVID-19, anxiety, breast cancer, decision-making process, surgery, surgery refusal, 3255
SAS-bearing mice, imipramine, oral squamous cell carcinoma, anti-depressants, drug repurposing, 3987
SBRT, radiomics, radiomic score, prediction, recurrence pattern, lung cancer, 5003
Schwannoma, *Salmonella typhimurium* (VNP20009), antibiotic, bacterial cancer therapy, 1
Screening, adenoma, blood in stool, fecal immunochemical test, FIT, 3517
Screening, blood in stool, fecal immunochemical test, FIT, sensitivity, specificity, false negative, false positive, ROC, 1569
SE-cadherin, MRI, serum PSA, EPCA-2, prostate cancer, prostatic hyperplasia, 441
Second-line chemotherapy, gastric cancer, skeletal muscle mass, prognostic factor, 5051

Second-line therapy, prostate cancer, neuroendocrine cancer, aggressive cancer, review, 3841
Second-line treatment, biliary tract cancer, efficacy, pemetrexed, erlotinib, 4161
Secondary malignoma, breast cancer, radiotherapy, helical IMRT, tomotherapy, lymph node negative, lymphedema, long-term results, 2041
Secondary surgery, colorectal cancer, time-to-next-treatment, chemotherapy, tumor sidedness, metastases, colorectal liver metastases, 5589
SEER, breast cancer, radiotherapy, heart mortality, asian, 3571
SEER, dermatology, oncology, epidemiology, survival, melanoma, lower limbs and hips, surgery, 4105
Selenium, rhenium, pharmacokinetics, 1017
Selenoester, multidrug resistance, breast cancer, doxorubicin, p-glycoprotein (ABCB1, p-gp), apoptosis, 4865
Self-help group, nutrition, malnutrition, head and neck cancer, carcinoma, narrative interview, weight trajectory, nutrition impact symptom, patient reported outcome, PRO, 1663
Semaphorin 3A, sodium valproate, HDAC inhibitor, osteosarcoma, 2539
Seminal vesicle fluid, testosterone, prostate cancer, 4249
Senescence, osimertinib resistance, *EGFR*, GBM, osimertinib, stemness, p21, YTHDF3, 5485
Sensitivity, blood in stool, fecal immunochemical test, FIT, screening, specificity, false negative, false positive, ROC, 1569
Sentinel lymph node biopsy, breast cancer, node positive, neoadjuvant chemotherapy, 4643
Sentinel lymph node biopsy, cutaneous melanoma, 31-GEP, gene expression profiling, prognosis, prognostic testing, 4511
Sentinel lymph node biopsy, sentinel lymph node, breast neoplasm, ultrasound, mammary, ultrasonography, contrast-enhanced ultrasound, axillary imaging, lymphoscintigraphy, 557
Sentinel lymph node, sentinel lymph node biopsy, breast neoplasm, ultrasound, mammary, ultrasonography, contrast-enhanced ultrasound, axillary imaging, lymphoscintigraphy, 557
Sequential boost, breast cancer, adjuvant irradiation, simultaneous integrated boost, toxicities, treatment outcomes, 4651
Serous ovarian carcinoma, UBE2L6, ABCB6, platinum resistance, chemotherapy, 3787
SERPIN B5, prostate cancer, *PDIA6*, maspin, tumor, cancer therapeutics, serpin family, *PDI-P5*, *ERP5*, *TXNDC7*, 5331
Serpin family, prostate cancer, *PDIA6*, maspin, tumor, cancer therapeutics, *PDI-P5*, *SERPIN B5*, *ERP5*, *TXNDC7*, 5331
Serum biomarker, prostate cancer, thymidine kinase 1, STK1, 1675
Serum cholesterol, gastric cancer, prognosis, perioperative, total cholesterol, 903
Serum PSA, MRI, sE-cadherin, EPCA-2, prostate cancer, prostatic hyperplasia, 441
Serum starvation, nasopharyngeal carcinoma, matrix metalloproteinase 9, cell invasion, 2583
Serum, biomarker, CCL7, metastatic colorectal cancer, prognosis, 105
SGK-1, lung adenocarcinoma, glucocorticoid receptor, NDRG-1, 2965
SGLT2, *C*-glycoside, interactive analysis, 3747
ShRNA, glypican-1, chemo-sensitization, drug resistance, esophageal adenocarcinoma, 5-fluorouracil, 3411
Signalling pathways, WNT, NOTCH, PDGFR, CXCR, oral squamous cell carcinoma, prognosis, 591
Signet-ring cell carcinoma, MSI, MMR, colon, immunotherapy, 4729
Simplified prostate magnetic resonance imaging for reporting (S-PI-RADS), prostate cancer, recurrence, radiation therapy, radical prostatectomy, magnetic resonance imaging, prostate magnetic resonance imaging for local recurrence reporting (PI-RRADS), review, 297
Simultaneous integrated boost, brain metastases, resection, post-operative radiotherapy, fractionated stereotactic radiotherapy, whole-brain irradiation, 2763
Simultaneous integrated boost, breast cancer, adjuvant irradiation, sequential boost, toxicities, treatment outcomes, 4651
Simultaneous integrated boost, unresected brain metastases, whole-brain radiotherapy, intracerebral control, overall survival, 3107
Sindbis virus, oncolytic, PKR, NF-κB, iFN-β, 2923
Single nucleotide polymorphism, breast cancer, chemotherapy-induced nausea and vomiting, 2671
Single nucleotide polymorphism, DNA ligase 4, genotypes, lung cancer, non-homologous end-joining, Taiwan, 3447
Sinonasal tract, 18F-fluorodeoxyglucose uptake, mutation status of epidermoid growth factor receptor, metabolic tumor volume, squamous cell carcinoma, 3247
Sinonasal, rhabdomyosarcoma, survival, pathology, 4517
Sinularia flexibilis, 11-epi-sinulariolide acetate, oral squamous cell carcinoma, PI3K/AKT/FOXO, apoptosis, 2625
Sinuses, melanoma, nasal cavity, survival, prognosis, 4551
SIRT1, sirtuin 1, gastric cancer, enzyme-linked immunosorbent assay, biomarker, 1485
Sirtuin 1, SIRT1, gastric cancer, enzyme-linked immunosorbent assay, biomarker, 1485
Size selection, circulating tumor cell, lung cancer, filter, validation test, 4683

Skeletal muscle loss, gastric cancer, gastrectomy, elderly patients, sarcopenia, laparoscopic surgery, 4207
Skeletal muscle loss, gastric cancer, sarcopenia, gastrectomy, 223
Skeletal muscle loss, portal vein embolization, liver hypertrophy, sarcopenia, nutritional indicator, 209
Skeletal muscle mass, gastric cancer, second-line chemotherapy, prognostic factor, 5051
Skeletal muscle reduction, gastric cancer, sarcopenia, surgical resection, survival outcome, 3779
Skeletal muscle, esophageal cancer, radiomics, radiotherapy, 1749
Skin bridge technique, colostomy, emergency surgery, ileostomy, postoperative complications, 4189
Skin cancer, disparity, treatment, 5555
Skin, epidermal carcinoma, mohs micrographic surgery, resection margin involvement, frozen section examination, 2707
Skip lymph node metastasis, D3 lymphadenectomy, propensity score matching, 4169
SMAD, mesothelioma, FOXM1, IGF2BP3, migration, invasion, 3961
SMAD2, hER2-positive gastric cancer, MET, lymph node metastasis, 4359
SMAD4, pancreatic cancer, microenvironment, hypoxia, 5393
Small cell lung cancer, non-small cell lung cancer, platinum-based chemotherapy, check-point inhibitor, tyrosine kinase inhibitor, progesterone receptor, antagonist/modulators, review, 951
Small cell neuroendocrine carcinoma, cervical cancer, chemotherapy, etoposide, platinum, review, 1397
Small field, PPC40, PPC05, parallel-plate ionization chamber, electron beam, percentage depth dose, 1967
Smoking intervention, acetium® lozenge, e-Training, nicotine-free, nicotine replacement therapy (NRT), post-training survey, health care professionals, medical doctor, nurse, pharmacy staff, awareness, interest, acceptance, 4961
Smoking, breast cancer, bevacizumab, chemotherapy, prognosis, 849
Smoking, head and neck cancer, chemoradiation, alcohol, treatment outcomes, 823
Smoking, immunotherapy, lung cancer, non-smoker, programmed death-ligand, 2185
SN38, lee011, colorectal cancer cells, 1933
Snail, breast cancer, FOXJ3, migration, invasion, 2995
SNP, MGMT, follow-up, PSA, recurrence, prostate cancer, 369
Sodium valproate, HDAC inhibitor, osteosarcoma, semaphorin 3A, 2539
Soft tissue sarcoma, elderly, limb function, quality of life, malignant bone tumor, 3273
Soft tissue sarcoma, neutrophil, lymphocyte, monocyte, platelet, immune marker, 3349
Soft-tissue sarcoma, sarcoma center, multidisciplinary therapy, clinical practice guideline, 2317
Soiled hospital gowns, automated gown handling system, automatic recycling machine, infection control, radiotherapy, 3213
Solanaceae, leukemia, apoptosis, *Aureliana fasciculata*, var. *fasciculata*, withanolides, aurelianolides, 1245
Solid tumor, CAR T cell therapy, melanoma, HVEM, BTLA, immunology, 3419
Solitary fibrous tumor, oral mucosa, giant cell angiofibroma, 1869
Somatic variants, DNA damage response, ovarian cancer, 1891
Sorafenib, hepatic cell carcinoma, lenvatinib, 755
SOX10, melanoma, PD-L1, immunological resistance, 1477
SOX4, PHRF1, kras, p53, HCT116, 5437
SOX40, colorectal cancer, kynurenine pathway, miR-138-5p, plasma, 3281
Sp1, propofol, nFATc2, cFos, pancreatic cancer, cancer, proliferation, cell cycle, 4897
Special competence in palliative medicine, decision-making, end-of-life care, advanced prostate cancer, advanced dementia, physicians, medical students, 3631
Specificity, blood in stool, fecal immunochemical test, FIT, screening, sensitivity, false negative, false positive, ROC, 1569
Spheroids, mast cells, melanoma, adhesion molecules, transcriptome, 1415
Sphingosine-1-phosphate, phospho-sphingosine kinase 1, pancreatic ductal adenocarcinoma, lymph node metastasis, lymphatic invasion, prognosis, 3969
Spinal cord compression, caudal-related homeobox transcription factor 2 (CDX2), CRC, chemotherapy, metastatic spinal tumor, cetuximab, manual muscle testing, 2879
Spine metastases, prognostic model, overall survival, metastatic cancer, brain metastases, radiotherapy, 3167
Spine, metastasis, breast, intramedullary, radiosurgery, review, 523
Spleen, neutron, BNCT, carcinogenesis, malignant lymphoma, 1455
Splenic flexure colon cancer, colorectal cancer, laparoscopic surgery, accessory middle colic artery, vascular anatomy, splenic flexure, 3295
Splenic flexure, colorectal cancer, splenic flexure colon cancer, laparoscopic surgery, accessory middle colic artery, vascular anatomy, 3295
Splicing factor, RBM17/SPF45, non-small cell lung cancer, immune checkpoint inhibitor, chemotherapy, predictive marker, chemosensitivity, 4663

Spontaneous regression, T cells, NK cells, meLiM, swine melanoma, 631
Spontaneous reporting database, bortezomib, azoles, japanese, 1341
SPP1, CD44, ccRCC, immune infiltration, metastasis, 3493
Squamous cell cancer, esophageal cancer, VMAT, toxic effects, esophagitis, radiation pneumonia, esophageal stricture, pericardial effusion, 2791
Squamous cell carcinoma, 18F-fluorodeoxyglucose uptake, mutation status of epidermoid growth factor receptor, metabolic tumor volume, sinonasal tract, 3247
Squamous cell carcinoma, cervical cancer, radiotherapy, CD8, tumor-infiltrating lymphocytes, 2077
Squamous cell carcinoma, head and neck, pembrolizumab, immune checkpoint inhibitor, 2717
Squamous cell carcinoma, integrin αvβ8, cell motility, invasion, RAC1 signaling pathway, 4833
Squamous cell carcinoma, nivolumab, head and neck cancer, prognostic factor, cetuximab, immunotherapy, oral cancer, 1681
Squamous cell carcinoma, papillary thyroid carcinoma, dedifferentiation, immunohistochemistry, prognosis, 255
Squamous cell carcinoma, recurrent head and neck cancer, intensity-modulated radiotherapy, local control, prognosis, immunotherapy, salvage surgery, 1255
Src, chemokine (C-C motif) ligand 2, C-C chemokine receptor type 2, epidermal growth factor receptor, human epidermal growth factor receptor 2, 1079
SRS, prostate, brain metastases, WBRT, FSRT, review, 311
SSNA1, hepatocellular carcinoma, metastasis, EMT, prognosis, 3479
SSPPD, pseudoaneurysm rupture, peripheral stent graft, POPF, 3639
Stage III colorectal cancer, poorly differentiated cluster, oxaliplatin, 3235
Staple line reinforcement, laparoscopic surgery, reconstruction, less invasive surgery, 175
Starburst, carcinoma of unknown primary, positron emission tomography, 4237
Stat3, breast cancer stem cells, isophysalin A, IL-6, 1091
STAT3, fluoxetine, osteosarcoma, metastasis, angiogenesis, 1193
STAT3, osimertinib, polymorphism, *CYP3A5*, *ABCG2*, adverse event, non-small cell lung cancer, 1775
Stathmin1, phosphorylated STMN1, triple-negative breast cancer, epithelial–mesenchymal transition, 5341
Static magnetic stimulation, cancer, proliferation, autophagy, mitochondria, 1427
Statin, prostate cancer, autophagy, rapamycin, 5377
Statins, chemotherapy, chemoprevention, metastasis, anticancer, review, 4263
Stem-like phenotype, c4orf47, gallbladder cancer, hypoxia, EMT, 1925
Stemness, osimertinib resistance, *EGFR*, GBM, osimertinib, p21, senescence, YTHDF3, 5485
Stereotactic body radiotherapy, cyberKnife, prostate cancer, raster scanning, 1637
Sterol regulatory element-binding proteins 1, high-throughput sequencing, differentiated thyroid cancer, microRNAs, 4435
STK1, prostate cancer, thymidine kinase 1, serum biomarker, 1675
Stomach neoplasms, laparoscopy, gastrectomy, x-ray, 3685
Stomach, gastric cancer, adenocarcinoma, lower gastroesophageal junction, treatment algorithm, review, 2889
Streptonigrin, lung cancer, cachexia, TCF4, TWIST1, PTHLH, 1149
Stroke, lung cancer, thromboembolism, BRAF, oncogenic driver, 935
Substantial lymph-vascular space, endometrial cancer, brachytherapy, p53, 149
Surface functionalization, ceramic, click chemistry, aptamer, confocal microscopy, 1053
Surgery refusal, breast neoplasm, COVID-19, SARS-SOV-2, anxiety, breast cancer, decision-making process, surgery, 3255
Surgery, body composition, pancreatic fistula, gastric cancer, dorsal subcutaneous fat, postoperative infectious complications, 2171
Surgery, breast cancer, bleeding, chemotherapy, prognosis, 191
Surgery, breast neoplasm, COVID-19, SARS-SOV-2, anxiety, breast cancer, decision-making process, surgery refusal, 3255
Surgery, d-dimer, pancreatic cancer, survival outcomes, 3173
Surgery, dermatology, oncology, epidemiology, survival, melanoma, lower limbs and hips, SEER, 4105
Surgery, Ewing sarcoma, osteosarcoma, chemotherapy, radiotherapy, outcome, 4975
Surgery, hepatocellular carcinoma, viral hepatitis B, recurrence, next-generation sequencing, 4709
Surgery, laparoscopic, colorectal cancer, chronic heart failure, 5645
Surgical outcome, primary lung cancer, bronchoplasty, 1719
Surgical resection, gastric cancer, sarcopenia, skeletal muscle reduction, survival outcome, 3779
Surgical resection, hepatocellular carcinoma, oligometastasis, 5189
Surgical resection, multiple brain metastases, radiation therapy, graded prognostic assessment, Karnofsky performance status, 5107
Surgical site infection, laparoscopic liver resection, organ-space, postoperative infectious complication, 2273

Surgical site infection, peputide receptor radionuclide therapy, recurrent olfactory neuroblastoma, cranioplasty, 5723
Survival advantage, gynaecological cancer, comprehensive genomic profiling, germline findings, 2091
Survival outcome, gastric cancer, sarcopenia, skeletal muscle reduction, surgical resection, 3779
Survival outcomes, d-dimer, pancreatic cancer, surgery, 3173
Survival prognosis, bone metastases, irradiation, very elderly patients, individualized treatment, prognostic tools, 801
Survival rate, metastatic spinal cord compression (MSCC), decompressive surgery, ambulation recovery, 1767
Survival, activin, head and neck cancer, epithelial-to-mesenchymal transition, TGF-β, 5299
Survival, ALCAM, CD166, gastric cancer, neoadjuvant chemotherapy, drug resistance, gastric cell model, 1463
Survival, breast cancer, hER2-low, prognosis, meta-analysis, review, 4303
Survival, dermatology, oncology, epidemiology, melanoma, lower limbs and hips, surgery, SEER, 4105
Survival, esophageal squamous cell carcinoma, intraoperative blood loss, 5173
Survival, GNRH2, prostate cancer, androgen deprivation therapy, 4023
Survival, head and neck squamous-cell carcinoma, chemoradiation, cisplatin regimens, toxicity, loco-regional control, 795
Survival, laparoscopy, pancreatic adenocarcinoma, outcome, 4983
Survival, melanoma, sinuses, nasal cavity, prognosis, 4551
Survival, proton, lenvatinib, hepatocellular carcinoma, portal vein thrombosis, 1361
Survival, rhabdomyosarcoma, sinonasal, pathology, 4517
Survival, TNM staging, immunohistochemistry, tumor recurrence, 831
Survivin, IL28, radiosensitizer, pancreatic cancer, clonogenic survival, 1885
Survivorship, metastasis, primary palliative care, clinical nurse specialist, review, 1387
Susceptibility, prostate cancer, genetic polymorphisms, next generation sequencing, prognosis, 2941
Suspension culture, oral cancer cells, anchorage-independent survival, transcriptome, 3905
Swine melanoma, T cells, NK cells, meLiM, spontaneous regression, 631
Symptom, synovial sarcoma, indolent, nerve, MRI, differential diagnosis, 5729
Synchrony, cyberKnife, motion tracking accuracy, DVH, 231
Synergism, oral squamous cell carcinoma, mild hyperthermia, chromone derivatives, G_2/M blocker, 3429
Synergy, artesunate, urothelial carcinoma, ROS, cisplatin, 1175
Synergy, colon cancer, peritoneal metastasis, HCT-116, GFP, methionine addiction, Hoffman effect, methioninase, oral administration, 5-FU, oxaliplatinum, combination, Hoffman protocol, 19
Synovial sarcoma, bone, diagnosis, chemotherapy, immunohistochemistry, fluorescence *in situ* hybridization, 4241
Synovial sarcoma, indolent, nerve, MRI, differential diagnosis, symptom, 5729
Synovial sarcoma, metastasis; cryoablation, t-cell receptor-engineered T-cell therapy, beta-catenin, immune checkpoint protein, 5737
Synthetic lethality, pancreatic cancer, *BRCA2*, olaparib, oxaliplatin, 5523
Systemic chemotherapy, urachal carcinoma, 5-fluorouracil and irinotecan (FOLFIRI), 5699
Systemic inflammatory response, hepatocellular carcinoma, 5-5-500 rule, prognosis, hepatic resection, 1623
Systemic therapy, pelvic neoadjuvant radiotherapy, rectal adenocarcinoma, 1843
T cells, NK cells, meLiM, swine melanoma, spontaneous regression, 631
T-cell receptor-engineered T-cell therapy, synovial sarcoma, metastasis; cryoablation, beta-catenin, immune checkpoint protein, 5737
T1a, renal cell carcinoma, metastasis, histological nuclear grade, histological growth pattern, 4061
T4a, advanced gastric cancer, laparoscopic gastrectomy, t4b, 3145
T4b, advanced gastric cancer, laparoscopic gastrectomy, t4a, 3145
T790M mutation, biopsy, non-small-cell lung cancer, *EGFR*-tyrosine kinase inhibitor, epidermal growth factor receptor, 2243
Ta-TME, rectal cancer, total pelvic exenteration, transanal endoscopic surgery, 2211
Tacrolimus, p-gp, calcineurin inhibitor, pimecrolimus, 1103
Taiwan, colorectal cancer, genotype, *MMP-8*, phenotype, polymorphism, 3979
Taiwan, DNA ligase 4, genotypes, lung cancer, non-homologous end-joining, single nucleotide polymorphism, 3447
Taiwan, genotype, MMP-7, polymorphism, 381
Talazoparib, homologous recombination, PARP, olaparib, triple-negative, review, 967
TAM, M2 macrophage, repolarization, itraconazole, cervical cancer, 569
Tamoxifen, monocarboxylate transporter, oxidative stress, breast cancer, 1113
Target therapy, SALL4, entinostat, gastric cancer, EMT, 4389

Targeted gene delivery, Gregor Mendel, Watson & Crick, human genome project, deltaRex-G, holy Grail of Gene Therapy, gene therapy, retroviral vector, adenoassociated vector, CAR-T cell therapy, 4257
Targeted therapy, *nab*-sirolimus, nivolumab, mTOR inhibitor, immune checkpoint inhibitor, immunotherapy, 1993
Targeted therapy, neuroblastoma, MYCN, ALK, immunotherapy, review, 3829
Targeted therapy, renal cell carcinoma, immune therapy, new drug modalities, drug-resistance, review, 983
Targeted therapy, triple-negative breast cancer, classification, bRCAness, hER2-low, 5067
TARGIT-IORT, breast cancer, in-breast-tumor-recurrence, IBTR, mastectomy, BREAST-Q, qoL, 733
TaTME, rectal cancer, PSM, embryology, fascia, 3597
Tazarotene-induced gene 1, VAC14, mammalian target of rapamycin, p70 S6 kinase, cyclin, 2635
TBI/CY conditioning regimens, chemotherapy, medication guidance sheet, adverse events, allogeneic hematopoietic cell transplantation 4067
TBL1XR1, *NCOR1*, RNA expression, diffuse large B-cell lymphoma, plasmablastic lymphoma, follicular lymphoma, primary testicular lymphoma, 4801
TCF4, lung cancer, cachexia, TWIST1, PTHLH, streptonigrin, 1149
TCGA, CTHRC1, gastric cancer, immune escape, biomarker, 115
TCR, anti-*EGFR*, anti-VEGF, metastatic colorectal cancer, tumor-infiltrating lymphocytes, 613
Telemedicine, breaking bad news, COVID-19 pandemic, communication, oncology, 773
Temporal, brain tumor, resection, herniation, neuro-oncological, 663
Terpyridine, nanoparticles, cyclodextrins, doxorubicin, antiproliferative activity, tumor cells, 5409
Testicular, germ cell tumors, miRNA, m371-test, 1649
Testosterone, seminal vesicle fluid, prostate cancer, 4249
Texture, computed tomography, lymph node, cholangiocarcinoma, 5089
TFE3-rearranged renal cell carcinomas, PRCC, *TFE3*, cell culture, 3463
TFE3, tFE3-rearranged renal cell carcinomas, PRCC, cell culture, 3463
TGF-β, activin, head and neck cancer, epithelial-to-mesenchymal transition, survival, 5299
TGM4, transglutaminase-4, prostate transglutaminase, prostate cancer, metastasis, review, 291
The American Society of Anesthesiologists score, colorectal cancer, elderly patients, laparoscopic surgery, 5637
Therapeutic drug monitoring, preclinical pharmacokinetics, pharmacometrics, cancer chemotherapy, prodrug(s), 1121
Therapeutic ultrasound, low intensity pulsed ultrasound, uterine cervical neoplasms, cisplatin, chemotherapy, 4793
Therapeutic, pan-cancer, KREMEN2, biomarker, immune, 4491
Thermal ablation, colorectal, cancer, pulmonary metastasis, microwave ablation, review, 2899
Thoracic cancer, COVID-19, PCR, sARS-CoV-2, false-negative, 919
Thoracic cancer, mirtazapine, nausea, vomiting, platinum-based chemotherapy, 1301
Thoracoscopic surgery, COPD, non-small cell lung cancer, 5215
Three-dimensional (3D)-printing, motion phantom, breast cancer, intensity-modulated radiation therapy (IMRT), 4425
Three-dimensional computed tomography, vasculature of right-side colon, minimally invasive surgery, 5621
Three-dimensional culture, hepatocarcinoma, hepG2 cells, pEG-based hydrogels, 4373
Threshold optimization, uveal melanoma, tumor marker, s100b, MIA, 4525
Thromboembolic events, colorectal cancer, long-term treatment, cumulative dose, adverse events, proteinuria, hypertension, bleeding, bevacizumab, 2085
Thromboembolism, lung cancer, stroke, BRAF, oncogenic driver, 935
Thymidine kinase 1, prostate cancer, STK1, serum biomarker, 1675
Thyroid cancer, inequities, disparity, treatment, 5025
Thyroid carcinoma, radioactive iodine, airway emergency, 1853
Thyroid differentiation marker, anaplastic thyroid carcinoma, EZH2 inhibitor, dZNep, TP53 mutation, 1073
Tianeptine, antidepressant, imipramine, mainserin, moclobemide, hepatocellular carcinoma, 1201
Tight junction, claudin-10, CLDN10, brain endothelial, blood brain barrier, breast cancer, metastasis, 3923
TIME evaluation, immunoscore, foxp3, colorectal cancer, 3793
Time-to-next-treatment, colorectal cancer, chemotherapy, secondary surgery, tumor sidedness, metastases, colorectal liver metastases, 5589
TIPE2, oral leukoplakia, malignant transformation, biomarker, dormancy, 4937
Tissue microarray, colorectal cancer, apoptosis, invasive front, CD163, p53, 3935
Tissue tolerable plasma, cold atmospheric plasma, cold atmosphere pressure plasma, microRNA-1, AKT1, 7
Tissue vaccine, immunotherapy, cancer, matrisome, lobund-Wistar rat, melanoma, prostate cancer, 335
Tissue-resident memory T cells, CD103, esophageal cancer, biopsy, 4823
TNBC, cell adhesion, protein–protein interaction, miRNA, lncRNA, 2951
TNBC, triple-negative breast cancer, hR-positive, hER2-positive, PD-1 inhibitor, ICI, immune checkpoint inhibitor, 85

TNM staging, immunohistochemistry, survival, tumor recurrence, 831
Toll-like receptor 4, tumor-associated macrophages, M2 polarization, tumor microenvironment, nuclear factor-κB, 1985
Toll-like receptors, esophageal cancer, adenocarcinoma, esophagectomy, outcomes, prognosis, 3183
Tomotherapy, breast cancer, radiotherapy, helical IMRT, lymph node negative, secondary malignoma, lymphedema, long-term results, 2041
Tonsil cancer, base of tongue cancer, oropharyngeal cancer, tonsillectomy, prevention, review, 3881
Tonsillectomy, tonsil cancer, base of tongue cancer, oropharyngeal cancer, prevention, review, 3881
Topical treatment, warts, plantar wart, HPV, viral infections, phytotherapy, 2025
Total cholesterol, serum cholesterol, gastric cancer, prognosis, perioperative, 903
Total *en bloc* spondylectomy (TES), neoadjuvant chemotherapy, osteosarcoma, pediatric spinal tumor, 4739
Total mesorectal excision, lateral lymph node dissection, transanal approach, two-team surgery, laparoscopic surgery, 3311
Total pelvic exenteration, hyperchloremic metabolic acidosis, retrograde catheterization, 5149
Total pelvic exenteration, rectal cancer, ta-TME, transanal endoscopic surgery, 2211
Total scalp irradiation, hyperArc, helical tomotherapy, volumetric-modulated arc therapy, angiosarcoma of the scalp, 3079
Totally minimally invasive esophagectomy, esophageal cancer, hand-sewn esophago-gastric anastomosis, anastomotic leak, outcomes, 2749
Toxic effects, esophageal cancer, squamous cell cancer, VMAT, esophagitis, radiation pneumonia, esophageal stricture, pericardial effusion, 2791
Toxicities, breast cancer, adjuvant irradiation, simultaneous integrated boost, sequential boost, treatment outcomes, 4651
Toxicity, carbon-ion radiotherapy, prostate cancer, rectal cancer surgery, 2691
Toxicity, chemotherapy, colon cancer, Ashkenazi and Sephardic Jews, 239
Toxicity, head and neck squamous-cell carcinoma, chemoradiation, cisplatin regimens, loco-regional control, survival, 795
TP53 mutation, anaplastic thyroid carcinoma, EZH2 inhibitor, dZNep, thyroid differentiation marker, 1073
TRAIL, canine, B cell, anti-tumor effect, interleukin 21, anti-BCR, granzyme B, apoptosis, 4007
Transanal approach, lateral lymph node dissection, total mesorectal excision, two-team surgery, laparoscopic surgery, 3311
Transanal endoscopic surgery, rectal cancer, ta-TME, total pelvic exenteration, 2211
Transarterial chemoembolization (TACE), liver metastasis, colon cancer, irinotecan loaded drug-eluting beads TACE (DEBIRI-TACE), overall survival, 3647
Transcription, *INK4* locus, p16, H1.2, YB-1, 3441
Transcriptome, mast cells, melanoma, spheroids, adhesion molecules, 1415
Transcriptome, oral cancer cells, suspension culture, anchorage-independent survival, 3905
Transfection, NADPH oxidase 2, colon cancer, biomarker, immunohistochemistry, 2601
Transglutaminase-4, prostate transglutaminase, TGM4, prostate cancer, metastasis, review, 291
Translation, initiation, eukaryotic initiation factors (eIFs), bladder cancer, urothelial carcinoma, 1437
Transperitoneal, renal cell carcinoma, robotic surgery, minimally invasive surgery, retroperitoneal, learning curve, 2741
Transurethral resection of bladder tumor, bladder cancer, NMIBC, photodynamic diagnosis, PDD-TURBT, pDD-assisted targeted biopsy, 3615
Transwell migration assay, epigallocatechin gallate, EGCG, rhabdomyosarcoma, cell proliferation, clonal cell growth, Hedgehog pathway, 1025
Trastuzumab, gene therapy, *CCNG1+*, HR+, HER2+, early-stage breast cancer, deltaRex-G, letrozole, review, 2383
Treatment algorithm, gastric cancer, adenocarcinoma, stomach, lower gastroesophageal junction, review, 2889
Treatment discontinuation, lenvatinib, ALBI grade, hepatocellular carcinoma, 1317
Treatment outcome, neoadjuvant therapy, prostatic neoplasms, radiotherapy, salvage therapy, 3589
Treatment outcomes, breast cancer, adjuvant irradiation, simultaneous integrated boost, sequential boost, toxicities, 4651
Treatment outcomes, head and neck cancer, chemoradiation, smoking, alcohol, 823
Treatment planning, carbon ion radiotherapy, linear energy transfer, estimation, relative biological effectiveness, 2975
Treatment planning, uterine cervical cancer, combined intracavitary/ interstitial brachytherapy, 3265
Treatment resistance, hypoxia, radiotherapy, hypoxia-selective drugs, natural drugs, 5319
Treatment, atypical lipomatous tumor, well-differentiated liposarcoma, dedifferentiation, ordinary lipoma, MDM2, ring chromosome, review, 4295
Treatment, high-grade squamous intraepithelial lesion (HSIL), cervical dysplasia, pregnancy, mode of delivery, 3153
Treatment, inequities, thyroid cancer, disparity, 5025
Treatment, pancreatic cancer, disparities, hispanic, comorbidity, delayed treatment, 4969

Treatment, renal cell cancer, mechanisms of resistance, overcoming resistance, review, 4781
Treatment, renal cell cancer, pregnancy, diagnosis, review, 3871
Treatment, skin cancer, disparity, 5555
Treg cells, NSCLC, anti-CTLA-4 antibody, tumor size, biomarker, 4155
Triage, colorectal cancer, clinical features, colonoscopy, FIT, diagnosis, multivariate analysis, 5535
Triciribine, drug resistance, endometrial cancer, ABC transporter, 2501
Trifluridine/tipiracil, gastric cancer, gastroesophageal junction cancer, neutrophil-to-lymphocyte ratio/serum albumin ratio, 1689
Trifluridine/tipiracil, gastric cancer, nivolumab, irinotecan, 2831
Trifluridine/tipiracil, unresectable colorectal cancer, chemotherapy-induced nausea and vomiting, bevacizumab, 2351
Triple negative breast cancer, breast cancer, CDK16 inhibitor, rebastinib, luminal cancer, kinase inhibitor, 2609
Triple negative breast cancer, diallyl trisulfide, DATS, cell cycle, antibody microarray, caspase, apoptosis, flow cytometry, breast cancer, 2393
Triple-negative breast cancer, *Cannabis sativa*, cannabinoids, cannabidiol, delta-9-tetrahydrocannabinol, 993
Triple-negative breast cancer, classification, targeted therapy, bRCAness, hER2-low, 5067
Triple-negative breast cancer, GD2, tumor infiltrating lymphocytes (TILs), prognosis, early-stage, 4045
Triple-negative breast cancer, gene signature, tumor immunity, 1731
Triple-negative breast cancer, imipramine, metastasis, apoptosis, 2985
Triple-negative breast cancer, lncRNA SEMA3B-AS1, prognosis, disease development, cellular processes, miR-513c-5p, 5475
Triple-negative breast cancer, stathmin1, phosphorylated STMN1, epithelial–mesenchymal transition, 5341
Triple-negative breast cancer, TNBC, hR-positive, hER2-positive, PD-1 inhibitor, ICI, immune checkpoint inhibitor, 85
Triple-negative breast cancer, tumor-infiltrating lymphocyte, positron emission tomography, neoadjuvant chemotherapy, cD8/forkhead box P3 ratio, 127
Triple-negative, homologous recombination, PARP, olaparib, talazoparib, review, 967
Tryptophan, kynurenines, breast cancer, IDO/TDO, KMO inhibitors, kynurenic acid, cytokines, review, 5275
Tubular adenomas. nondysplastic colon crypts. abnormal branching, colon, rectum, 4947
Tumor aggressiveness, prostatic carcinoma, PET/MRI, 68Ga-PSMA-11, 449
Tumor budding, breast carcinoma, neoadjuvant chemotherapy, pathological complete response, 2323
Tumor budding, breast, early-stage breast carcinoma, oncotype DX Recurrence Score, 5563
Tumor cells, nanoparticles, cyclodextrins, terpyridine, doxorubicin, antiproliferative activity, 5409
Tumor extent, breast cancer, dual-energy computed tomography, iodine map, magnetic resonance imaging, 4133
Tumor immunity, triple-negative breast cancer, gene signature, 1731
Tumor infiltrating lymphocytes (TILs), GD2, triple-negative breast cancer, prognosis, early-stage, 4045
Tumor location, esophageal squamous cell cancer, neoadjuvant chemotherapy, prognostic factor, 2697
Tumor marker, uveal melanoma, s100b, MIA, threshold optimization, 4525
Tumor microenvironment, autophagy, colonic neoplasms, chromosomal instability, immune evasion, 1943
Tumor microenvironment, cuproptosis, AML, immunotherapy, molecular subtypes, 3943
Tumor microenvironment, epithelial-mesenchymal transition, biliary tract cancer, regulatory T-cell, 645
Tumor microenvironment, tumor-associated macrophages, M2 polarization, toll-like receptor 4, nuclear factor-κB, 1985
Tumor necrosis factor-alpha, atezolizumab, bevacizumab, hepatocellular carcinoma, immunity, regulatory T cells, programed cell death-ligand 1, interleukin-6, interleukin-2 receptor, membrane-bound class I-related chain A, 4601
Tumor prognosis, β2-GPI, breast cancer, overall survival, disease-free survival, 3455
Tumor recurrence, TNM staging, immunohistochemistry, survival, 831
Tumor response, esophagus, esophagectomy, neuroendocrine carcinoma, neoadjuvant therapy, robotic surgery, 3289
Tumor sidedness, colorectal cancer, time-to-next-treatment, chemotherapy, secondary surgery, metastases, colorectal liver metastases, 5589
Tumor size, NSCLC, treg cells, anti-CTLA-4 antibody, biomarker, 4155
Tumor stroma ratio, proportion of tumor, oncological outcomes, gastrointestinal cancer, review, 1877
Tumor volume, prostate cancer, PI-RADS v2.1, radical prostatectomy, risk classification, 5705
Tumor-associated macrophages, itraconazole, drug repurposing, 1981
Tumor-associated macrophages, M2 polarization, tumor microenvironment, toll-like receptor 4, nuclear factor-κB, 1985

Tumor-infiltrating lymphocyte, triple-negative breast cancer, positron emission tomography, neoadjuvant chemotherapy, cD8/forkhead box P3 ratio, 127
Tumor-infiltrating lymphocytes, anti-*EGFR*, anti-VEGF, metastatic colorectal cancer, TCR, 613
Tumor-infiltrating lymphocytes, cervical cancer, squamous cell carcinoma, radiotherapy, CD8, 2077
Tumor-initiating cells, blood-brain barrier, differentiation, epigenetic modulator, 1131
Tumor-suppressor microRNA, vesicular stomatitis virus, osteosarcoma, 1185
Tumor, prostate cancer, *PDIA6*, maspin, cancer therapeutics, serpin family, *PDI-P5*, *SERPIN B5*, *ERP5*, *TXNDC7*, 5331
Tumour invasion, CD73, MMP, emmprin, fibroblasts, 3735
Tumour lysis syndrome, breast cancer, liver metastasis, disseminated intravascular coagulation, 2371
TUNEL, miR-21 inhibitor, HNSCC, lipid nanoparticles, xenograft, 3487
Turner syndrome, gonadoblastoma, breast cancer, ovarian cancer, colon cancer, 5073
TWIST1, lung cancer, cachexia, TCF4, PTHLH, streptonigrin, 1149
Two-stage resection, oligometastases, conversion surgery, 5223
Two-team surgery, lateral lymph node dissection, transanal approach, total mesorectal excision, laparoscopic surgery, 3311
TXNDC7, prostate cancer, *PDIA6*, maspin, tumor, cancer therapeutics, serpin family, *PDI-P5*, *SERPIN B5*, *ERP5*, 5331
Type 2 diabetes, endometrial carcinoma, metformin, oxidative stress, nrf2, keap1, mnSOD, 5545
Tyrosine kinase inhibitor, non-small cell lung cancer, small cell lung cancer, platinum-based chemotherapy, check-point inhibitor, progesterone receptor, antagonist/modulators, review, 951
Tyrosine kinase inhibitors, renal cell carcinoma, cancer of unknown primary, immune checkpoint inhibitors, 2359
UBE2L6, serous ovarian carcinoma, ABCB6, platinum resistance, chemotherapy, 3787
UFT/LV, lymph node metastasis, rectal cancer, 2219
Ulcerative colitis, colitis-associated neoplasms, colorectal neoplasms, laparoscopy, proctocolectomy, 5245
Ultra-high dose-rate, flash, carbon-ion beam, 581
Ultrasonography, sentinel lymph node, sentinel lymph node biopsy, breast neoplasm, ultrasound, mammary, contrast-enhanced ultrasound, axillary imaging, lymphoscintigraphy, 557
Ultrasound-guided vacuum-assisted breast biopsy, breast hematoma, ultrasound-guided vacuum-assisted evacuation, hematoma evacuation, breast cancer, 2135
Ultrasound-guided vacuum-assisted evacuation, breast hematoma, ultrasound-guided vacuum-assisted breast biopsy, hematoma evacuation, breast cancer, 2135
Ultrasound, sentinel lymph node, sentinel lymph node biopsy, breast neoplasm, mammary, ultrasonography, contrast-enhanced ultrasound, axillary imaging, lymphoscintigraphy, 557
Unique cartilage matrix-associated protein, vitamin K-dependent protein, γ-carboxylation, breast cancer, 1959
Unresectable colon cancer, CDX2, primary tumor resection, 3763
Unresectable colorectal cancer, chemotherapy-induced nausea and vomiting, trifluridine/tipiracil, bevacizumab, 2351
Unresectable locally advanced pancreatic cancer, conversion surgery, adjuvant surgery, neoadjuvant chemotherapy, overall survival, 4097
Unresected brain metastases, whole-brain radiotherapy, simultaneous integrated boost, intracerebral control, overall survival, 3107
Upper tract urothelial cancer, urothelial carcinoma, bladder cancer, immune checkpoint inhibitor, radiation therapy, 2119
Upper tract urothelial carcinoma, chemo-resistant urothelial carcinoma, pembrolizumab, lower tract urothelial carcinoma, 5041
Upper urinary tract cancer, enfortumab vedotin, urothelial carcinoma, bladder cancer, antibody-drug conjugate, 4055
Upper urinary tract urothelial carcinoma, adjuvant systemic chemotherapy, intravesical recurrence, radical nephroureterectomy, 1725
Upper urinary tract urothelial carcinoma, HER2, *EGFR*, nectin-4, 167
Urachal carcinoma, systemic chemotherapy, 5-fluorouracil and irinotecan (FOLFIRI), 5699
Urinary catheters, radiation dosimeters, prostate cancer, *in vivo* dosimetry, 2259
Urothelial carcinoma, artesunate, ROS, synergy, cisplatin, 1175
Urothelial carcinoma, avelumab, organ-specific response rate, maintenance therapy, platinum-based chemotherapy, 5689
Urothelial carcinoma, body mass index, pembrolizumab, obesity, 269
Urothelial carcinoma, enfortumab vedotin, bladder cancer, upper urinary tract cancer, antibody-drug conjugate, 4055
Urothelial carcinoma, immune check point inhibitors, cisplatin, pembrolizumab, atezolizumab, 1331
Urothelial carcinoma, immune checkpoint inhibitor, pembrolizumab, eosinophil, neutrophil-to-eosinophil ratio, 4701
Urothelial carcinoma, translation, initiation, eukaryotic initiation factors (eIFs), bladder cancer, 1437

Urothelial carcinoma, upper tract urothelial cancer, bladder cancer, immune checkpoint inhibitor, radiation therapy, 2119
Uterine cervical cancer, combined intracavitary/ interstitial brachytherapy, treatment planning, 3265
Uterine cervical neoplasms, low intensity pulsed ultrasound, therapeutic ultrasound, cisplatin, chemotherapy, 4793
Uterus, mesonephric-like adenocarcinoma, endometrial carcinoma, L1 cell adhesion molecule, immunohistochemistry, 4559
Uterus, mesonephric-like adenocarcinoma, mismatch repair protein, microsatellite instability, 1785
Uveal melanoma, tumor marker, s100b, MIA, threshold optimization, 4525
VAC14, tazarotene-induced gene 1, mammalian target of rapamycin, p70 S6 kinase, cyclin, 2635
Vaccine, dendritic cells, irreversible electroporation, osteosarcoma, combination therapies, review, 3389
Vaginal cancer, vaginal intraepithelial neoplasia, colposcopy, human papilloma virus, 4637
Vaginal intraepithelial neoplasia, vaginal cancer, colposcopy, human papilloma virus, 4637
Validation test, circulating tumor cell, lung cancer, size selection, filter, 4683
Valinomycin, β-catenin, herpesvirus, ionophore, KSHV, mitochondrial damage, nigericin, nonactin, p38 MAPK, PEL, wnt, 2455
Var. *fasciculata*, leukemia, apoptosis, solanaceae, *Aureliana fasciculata*, withanolides, aurelianolides, 1245
Vascular anatomy, colorectal cancer, splenic flexure colon cancer, laparoscopic surgery, accessory middle colic artery, splenic flexure, 3295
Vascular endothelial growth factor, non-metastatic colorectal cancer, 2333
Vasculature of right-side colon, three-dimensional computed tomography, minimally invasive surgery, 5621
VEGF family, angiogenesis, head and neck squamous cell carcinoma, review, 4315
VEGF, PFKP, hIF-1α, *EGFR*, breast cancer, 75
Venous thromboembolism, pancreatic cancer, resectable, neoadjuvant chemotherapy, d-dimer, adverse event, risk factor, predictive factor, 1741
Venous thromboembolism, pancreatic ductal adenocarcinoma, risk assessment model, KHORANA score, 137
Very elderly patients, bone metastases, irradiation, individualized treatment, survival prognosis, prognostic tools, 801
Vesicular stomatitis virus, tumor-suppressor microRNA, osteosarcoma, 1185
VIM3, prostate cancer, ATG7, P53, miRNA, *miR-371a-3p*, 2407
Viral hepatitis B, hepatocellular carcinoma, recurrence, surgery, next-generation sequencing, 4709
Viral infections, warts, plantar wart, HPV, phytotherapy, topical treatment, 2025
Virtualization, prostate cancer, multidisciplinary tumor boards, adherence to guidelines, 501
Vitamin B12 deficiency, gastric cancer, vitamin B12 treatment, 689
Vitamin B12 treatment, vitamin B12 deficiency, gastric cancer, 689
Vitamin C, colorectal cancer, oxidative stress, cadherins, oxaliplatin, 4461
Vitamin K-dependent protein, unique cartilage matrix-associated protein, γ-carboxylation, breast cancer, 1959
VMAT, esophageal cancer, squamous cell cancer, toxic effects, esophagitis, radiation pneumonia, esophageal stricture, pericardial effusion, 2791
Voltage-gated calcium channel, hepatocellular carcinoma, cancer stem cell, amlodipine, 4855
Volumetric-modulated arc therapy (VMAT), head and neck cancer, image guided radiotherapy (IGRT), intensity-modulated proton therapy (IMPT), image registration, anatomical change, positioning error, patient positioning, 1827
Volumetric-modulated arc therapy, hyperArc, helical tomotherapy, total scalp irradiation, angiosarcoma of the scalp, 3079
Vomiting, mirtazapine, nausea, platinum-based chemotherapy, thoracic cancer, 1301
Vulvar squamous cell carcinoma, p16 expression, radical surgery, inguinofemoral lymphadenectomy, relapse, 1643
Warts, plantar wart, HPV, viral infections, phytotherapy, topical treatment, 2025
Watch and wait, rectal cancer, organ-sparing surgery, lymph node metastasis, neoadjuvant chemoradiotherapy, complete pathological response, clinical complete response, 2813
Watchful waiting, neoadjuvant therapy, rectal neoplasms, ras genes, antineoplastic protocols, 2015
Watson & Crick, Gregor Mendel, human genome project, deltaRex-G, targeted gene delivery, holy Grail of Gene Therapy, gene therapy, retroviral vector, adenoassociated vector, CAR-T cell therapy, 4257
WBRT, prostate, brain metastases, SRS, FSRT, review, 311
Weight trajectory, nutrition, malnutrition, head and neck cancer, carcinoma, narrative interview, nutrition impact symptom, patient reported outcome, PRO, self-help group, 1663
Well-differentiated liposarcoma, atypical lipomatous tumor, dedifferentiation, ordinary lipoma, treatment, MDM2, ring chromosome, review, 4295

Whole-brain irradiation, brain metastases, resection, post-operative radiotherapy, fractionated stereotactic radiotherapy, simultaneous integrated boost, 2763
Whole-brain radiotherapy, unresected brain metastases, simultaneous integrated boost, intracerebral control, overall survival, 3107
Withanolides, leukemia, apoptosis, solanaceae, *Aureliana fasciculata*, var. *fasciculata*, aurelianolides, 1245
Wnt, ketamine, genes, breast cancer, BMP, *EGFR*, 5415
WNT, NOTCH, PDGFR, CXCR, signalling pathways, oral squamous cell carcinoma, prognosis, 591
Wnt, β-catenin, herpesvirus, ionophore, KSHV, mitochondrial damage, nigericin, nonactin, p38 MAPK, PEL, valinomycin, 2455
X-ray, laparoscopy, gastrectomy, stomach neoplasms, 3685
Xenograft, miR-21 inhibitor, HNSCC, lipid nanoparticles, TUNEL, 3487
Xenopus laevis oocyte, monocarboxylate transporter, l-lactate, atorvastatin, 3015
YB-1, *INK4* locus, p16, transcription, H1.2, 3441
Yes-associated protein, high-glucose stimulation, atypical protein kinase C, partitioning defective 3, pancreatic cancer, diabetes mellitus, 4843
YS71, prostate cancer, α-trifluoromethyl chalcone, androgen receptor, 2433
YTHDF3, osimertinib resistance, *EGFR*, GBM, osimertinib, stemness, p21, senescence, 5485
YWHAH, miR-33b-5p, lung adenocarcinoma, chemoresistance, 5447
α-Bisabolol, cyclodextrin, FAK, pancreatic cancer, antitumor effects, apoptosis, 1009
α-fetoprotein, hepatocellular carcinoma, lenvatinib, albumin-bilirubin grade, 911
α-trifluoromethyl chalcone, prostate cancer, YS71, androgen receptor, 2433
β-catenin, herpesvirus, ionophore, KSHV, mitochondrial damage, nigericin, nonactin, p38 MAPK, PEL, valinomycin, wnt, 2455
β2-GPI, breast cancer, tumor prognosis, overall survival, disease-free survival, 3455
β3 adrenoceptor agonist, desmopressin, nocturia, LUTS, 455
γ-carboxylation, unique cartilage matrix-associated protein, vitamin K-dependent protein, breast cancer, 1959
γδ T cells, hepatic intrasinusoidal, phospho-antigen, NK receptors, cancer immunotherapy, 63
γδ T cells, multiple myeloma, hypoxia, myeloma stem-like cells, isopentenyl pyrophosphate, mevalonate pathway, 547

Authors Index

(Figures refer to page numbers)

Aamer S, 3579
Aasai K, 4663
Abe H, 2683, 3935
Abe K, 201, 1493, 1761
Abe M, 1265
Abe S, 3969
Abe T, 675, 3265, 3755, 5149
Abrignani V, 5499
Aburatani H, 2069
Acun T, 3029
Adachi E, 2069, 2873
Adachi J, 569
Adachi N, 1185
Adamo MA, 663
Adeleke S, 3871
Adler W, 3153
Adomi S, 167
Agawa K, 3755, 3763
Agolli L, 5573
Aguiari G, 317, 2941
Ahmadi N, 817
Ahmed SG, 1
Ahmed SH, 4969, 5025, 5555
Ahn BC, 63
Ahn S-J, 1797
Ahn S, 2281
Ahrend H, 1909
Ahtikoski A, 5545
Aida R, 5387
Aida T, 1265
Aiello D, 4077
Aihara T, 4179
Aikata H, 5189
Aikawa K, 4611
Aisa MC, 297
Aizawa R, 2119, 3589
Aizawa Y, 2571
Ajiki T, 2299, 3755
Akagi H, 2879
Akagi Y, 3779, 3793, 3807
Akaike H, 903, 2601
Akamatsu S, 2119, 3589
Akamine T, 5215
Akasaka S, 269
Akashi K, 3321, 4067
Akashi M, 3727
Akashi T, 35
Akaza S, 5149
Akazawa M, 3817
Akbarpour F, 2025
Akgun O, 3029
Akhter A, 4801
Akiba J, 2683, 3727
Akimoto K, 5629
Akino Y, 231, 1637
Akita H, 4197, 5015
Akita M, 2299
Akiyama H, 2841, 5663
Akpolat-Basci L, 733
Al-Salool A, 2103, 2111, 2227
Alam S, 789
Alapi H, 3129
Albanese A, 5499
Alberich-Bayarri A, 781
Alberico D, 4637
Alder KD, 1549
Altieri V, 501
Alvarez-Asteinza C, 1681
Alves Fontão APG, 1245
Alzahrani N, 2899
Amann A, 2889
Amanna A, 5437
Amano M, 4543
Amano S, 3429
Amatya VJ, 3961, 5367
Amemiya H, 903, 2601
Amemiya K, 3623
Anakura M, 2975
Anastasopoulou E, 2243
Andersson B-Å, 2671
Ando H, 1283
Ando K, 2077
Ando M, 3755, 5723
Ando S, 2865
Ando T, 3905
Andreadis C, 2243
Angel NL, 1993
Angele M, 1857
Angelicone I, 2813
Angelov A, 1207
Antonelli M, 2659
Antoniou EA, 3861
Antosik P, 1503
Antov G, 1207
Ao J, 1043
Aoe K, 3961, 5367
Aoki I, 1213
Aoki M, 3003, 3135, 3159, 3735, 4295
Aoki S, 5223
Aoki T, 2219, 5235, 5583
Aoki Y, 3507
Aoshika T, 675, 3265
Aoyagi C, 3607
Aoyagi K, 3779
Aoyama J, 2571
Aoyama R, 4359
Aoyama S, 2433, 4619
Aoyama T, 689, 713, 1689, 1741, 1877, 2069, 2145, 2697, 2865, 3089, 3849, 5181, 5181, 5605
Aperdannier L, 2593
Appel B, 1909
Arai J, 1043
Arai S, 3727
Arai T, 1053, 3615
Arai Y, 2571
Arakane T, 4683
Araki K, 209, 2273
Aramaki S, 4543
Arapantoni-Dadioti P, 1709
Arasawa T, 5261
Aravantinos G, 2799
Arena C, 781
Aretin M-B, 1273
Ari F, 3029
Arico D, 501
Arigami T, 3305
Arigami T, 3597
Arihiro K, 127
Arima K, 4729
Arima S, 1611
Arimura H, 5003
Aristei C, 493
Arita T, 4855
Arrat C, 1053
Aruga T, 1731
Asai K, 2185, 5003
Asaka S, 5139
Asako K, 1563
Asakura R, 2299
Asano T, 5149
Asano Y, 191, 247, 603, 849, 2127
Asanuma K, 5737
Asari S, 2299
Åsenlund U, 2671
Ashihara E, 547
Ashizawa N, 903
Ashizawa T, 4241
Aso S, 455
Asselain B, 653
Assumpção JAF, 1427
Athanasiadis E, 2243
Augustin Y, 1581
Aust D, 4365
Awazu Y, 3097
Aweys H, 4781
Ayub A, 1543
Baba H, 35, 943, 4729
Baba J, 3905
Baba K, 2003, 3305, 4887
Baba M, 4061, 5067
Baba S, 183
Baba T, 935, 1009, 1265
Baba Y, 2455
Baek JH, 1513
Bafaloukos D, 2799
Baghalipour N, 5657
Bagheri MS, 695
Baglio I, 5499
Bai P, 4413
Bai Q, 1885, 2933
Bainaud M, 4723
Baka S, 2243
Bakalova R, 1207, 1213
Baldari S, 501
Baldinu M, 3881
Balducci G, 2813
Bamba Y, 2179
Bandlamuri S, 663
Bando Y, 841
Bandow K, 3429
Bangcoy MLS, 2127
Banno E, 167
Bansal S, 4969, 5025, 5555
Bar J, 591
Barat S, 3529, 4237, 4657
Barbara G, 4637
Barbarewicz F, 1869, 3709
Baretton GB, 4365

Baron B, 1159, 1239
Baroni M, 493
Barranger E, 2235
Barriere G, 1053
Bass R, 5331
Basso U, 2359
Bau D-T, 343, 381, 2467, 3447, 3979, 5073, 5359
Baues C, 2733, 4125
Beckmann MW, 3153
Behrens AS, 3153
Behring J, 2407
Bekeschus S, 7
Belatti E, 297
Bellavita R, 493
Benes EN, 1407
Benigno UE, 5499
Benson C, 1581
Beppu S, 3247
Beppu T, 1863, 4285
Berardi S, 1555
Berking C, 4525
Berssenbruegge H, 1255
Bertola N, 5409
Berton D, 653
Besselink MG, 4983
Bettoni S, 3881
Bianchi N, 2941
Bianchi S, 2161
Bianco V, 755
Biecek P, 2527
Bielack SS, 4975
Bien-Möller S, 7
Bimbatti D, 2359
Bimonte S, 993
Binder C, 2593
Blank AT, 3069
Blattmann C, 4975
Bleckmann A, 1255, 2593
Bleys R, 3553
Boeck S, 1857
Boehm K, 4365
Boero V, 4637
Böhlke M, 4793
Bohnet S, 2111, 2445
Boku N, 4115
Bondevik H, 2031
Bondoc M, 663
Bonfili D, 3881
Bonmati LM, 781
Bonomo I, 2235
Bonosi L, 523, 5499
Bonsanto MM, 2725
Borgonovo K, 4303
Borsellino N, 501
Bortolato B, 405
Bosas P, 1065
Boukovinas I, 2243
Bourien H, 653
Boussios S, 3871, 4781
Boutis A, 2243, 2799
Bouvet M, 19
Braicu I, 1655
Braz-Silva P, 1533
Brenner B, 239
Brenner GJ, 1
Brigham DA, 2383, 4257
Brinkman EJ, 3513
Broida SE, 1549
Brown LJ, 5331
Bruchhage KL, 795, 2227, 2445, 5349
Bruendl E, 4897
Bruland ØS, 2031
Brunasso L, 5499
Bruzzaniti P, 2659
Buechler C, 831
Buentzel J, 1663, 2593
Bundscherer A, 4897
Buonomo OC, 557, 1555, 2135, 3255
Burbos N, 4593
Burges A, 1857
Buryska S, 5299
Busch OR, 4983
Busk M, 5319
Butler EB, 3539
Butt MA, 3579
Buttignol S, 405
Byun J, 1513
Caccialanza R, 2821
Caglayan A, 3871
Cahen-Doidy L, 143
Cai X, 5681
Caia C, 4637
Cao L, 115
Cao Y, 4491
Capelli P, 2015
Caponnetto S, 755
Capoun O, 1675
Carbajales-Alvarez M, 1681
Caretto M, 53, 149
Carlsen BT, 3513
Carnaghi C, 2821
Carneiro AC, 4983
Carosi G, 2659
Caruso M, 1291
Casadei-Gardini A, 1599
Cascella M, 993
Cascinu S, 1599
Caspi J, 1555, 3255
Caumo W, 1427
Cavanna L, 2015
Cavasin N, 2359
Ceccacci A, 2813
Celik E, 2733, 4125
Cerbon D, 4953
Cervelli V, 557
Cetera GE, 4637
Chae SW, 2707
Chai J-W, 1699
Chakiba C, 653
Chan DL, 2899
Chang C-C, 5485
Chang C-M, 5283
Chang CM, 4403
Chang H-M, 645
Chang L-W, 485, 1809, 3193
Chang M-S, 5437
Chang P-L, 3987
Chang S-C, 1843, 5713
Chang T-S, 2625
Chang W-S, 343, 381, 2467, 3447, 3979, 5359
Chang Y-C, 2583, 4015, 5127
Chang Y, 1167
Chao C-N, 1175
Characiejus D, 1065
Charalabopoulos A, 2749, 3183
Chauhan A, 3411
Chawla SP, 2383, 4257
Check D, 951
Check JH, 951
Chen C-C, 1809, 2467, 3057, 5359
Chen C-H, 381, 2467
Chen C-S, 485, 1331, 1809, 3193
Chen H-C, 1843
Chen H, 4937
Chen I-J, 4015
Chen J-C, 5073
Chen J-H, 1933
Chen J, 4491, 5459
Chen K-B, 5415
Chen K-Y, 343, 2467
Chen KL, 4735
Chen L-C, 1843
Chen L-H, 3447
Chen L-K, 5415
Chen L, 5415
Chen M-L, 2635
Chen P-J, 1167, 4879
Chen S-C, 5073
Chen S-K, 2985
Chen S-S, 5415
Chen S-Y, 1175
Chen S, 1985, 3401
Chen W-T, 1193, 2985
Chen WT-L, 1843, 5713
Chen X, 1885, 4905
Chen XT, 1549
Chen Y-C, 1843
Chen Y-H, 1361, 1377, 3203, 4709, 5127
Chen Y-T, 3987, 4403
Chen Y-Y, 1361, 1377, 3203
Chen Y, 4169, 5681
Chen Z, 3493
Cheng C-L, 485, 1331, 1809, 3193
Cheng E, 817
Cheng J-Y, 1361
Cheng K-C, 2625
Cheng K, 5509
Cheng L, 939, 3411
Cheng Q, 4379
Cheng Y-H, 3057
Cheon J, 1599
Cheong H-T, 639
Chestkov AV, 2609
Chi H-C, 5485
Chiang C-P, 3455
Chiang I-T, 4403
Chiang S-L, 5073
Chiba H, 4155
Chiba T, 1043
Chiba Y, 1265
Chidimatsu H, 105
Chien C-R, 1843, 5713
Chijiiwa Y, 4295
Chin Y-T, 3979, 5359
Chinczewski L, 1655
Chiou J-K, 3193
Chiu K-Y, 485, 1331, 1699, 18093193
Chiu W-C, 3455
Chiyo T, 3769
Cho H, 689, 5181, 5605

Cho IJ, 1797
Cho SY, 1943
Cho Y, 4559
Cho YB, 85
Choi E-Y, 3047
Choi GS, 1513
Choi HS, 1091
Choi JU, 3419, 3897
Choi S, 3871
Choi SU, 3419
Choi Y-J, 2707
Choi YE, 4425
Choo-Wosoba H, 4023
Choudhuri SK, 1031
Christiansen H, 2155
Christopoulou A, 2799
Chu J, 2323, 2707, 5563
Chua-Alcala VS, 1993
Chung HH, 3331
Chung Y, 2707
Chusangnin P, 4461
Cierpikowski P, 591
Cipolla C, 4643
Cipollina G, 5499
Citterio C, 2015
Claus K, 4125
Coccia N, 149
Cocuzza P, 781
Coeffic D, 653
Coelho Kaplan MA, 1245
Coelho MGP, 359
Cofré A, 1663
Colaco B, 275
Colbourne JRM, 409
Collard O, 653
Collery P, 1017
Colman MW, 3069
Colomba E, 653
Colombi H, 1053
Conte B, 4953
Copel E, 1387
Cornelis F, 143
Cornila C, 653
Cortesi E, 755
Cosio S, 53, 1643
Costa PRR, 359
Costanzo R, 523, 5499
Costi R, 3881
Cremers F, 3107
Cristaudo A, 4657
Cristaudo AT, 4237
Cuesta M, 3553
Cuniolo L, 765
Cuomo A, 993
Cusimano LM, 5499
Czajkowski K, 5083
Czapiewski P, 1437
D'Agati E, 4643
D'Agostino F, 3881
D'Andrea A, 297
D'Andrea G, 2659
D'Elia C, 1649
D'Mello K, 2933
D'Alessandro-Gabazza CN, 3487
Da Costa RMG, 275
Dafar A, 1533
Dai L, 4923
Daino K, 2551
Daizumoto K, 4627
Dalhaug A, 749
Dalianis T, 3829
Damaskos C, 3861
Danset M, 2367
Danuser H, 1649
Dardavesis TI, 773
Darinskas A, 1065
Darling-Reed S, 2393
Dauri M, 1555
Davakis S, 2749, 3183
De Bem GF, 359
De Carvalho Sabino KC, 359
De Castro Resende A, 359
De Cian F, 765
De Cicco L, 405
De Fano M, 493
De Giacomo F, 2813
De La Motte Rouge T, 653
De La Pinta C, 311
De Mattos BB, 369
De Moura Lima SC, 1245
De Nóbrega M, 369
De Souza MF, 369
De Syllos Cólus IM, 369
Debus J, 2041
Deguchi S, 2171
Del Secco L, 781
Delides A, 1709
Delikanli C, 801, 4143, 4149
Dell'Atti L, 317, 2941
Della Bosca E, 405
Delpech Y, 2235
Den Boer R, 3553
Denecke T, 5089
Deng S, 3037
Deng Y, 3979
Deng Z, 115
Derezinska-Wolek E, 4551
Deutsch TM, 1449
Di Blasi A, 297
Di Bonaventura R, 5499
Di Domenico S, 765
Di Grazia A, 501
Di Loreto E, 4637
Di Marzo A, 297
Di Pietro F, 2135
Diacon A, 409
Dietl AK, 3153
Dimitroulis D, 3861
Dionese M, 2359
Do J, 5563
Do KBS, 4969
Do S-I, 2323, 2707, 4089, 5563
Doi H, 1965
Doki Y, 2425, 3913, 5061, 5645
Dolci V, 1643
Dominguez-Alvarez E, 4865
Domoto H, 2879
Dong KS, 4425
Donizy P, 2527
Dorman K, 1857
Dos Santos FLC, 4517, 4551
Dottorini L, 4303
Dou QP, 3923
Douchi D, 5223
Dreyer J, 239
Du L, 4389
Du Q, 5509
Du R, 4923
Dudde F, 1869, 3709
Dumitru C-S, 4315
Duncan T, 4593
Duranti M, 493
Durślewicz J, 1503
Durzynska M, 4517, 4551
Dzięgiel P, 97
Ebata T, 621, 1009, 1309
Ebi H, 1283
Ebi N, 713
Eckardt P, 1387
Economopoulou P, 1709
Efferth T, 1031
Egashira N, 3321, 4067
Eggert MC, 4651
Eggertsen PP, 5319
Eguchi H, 2425, 3913, 5061, 5645
Eich HT, 1255
Eisterer W, 2889
Elinder E, 2671
Elsayad K, 1255
Emi A, 127
Emi M, 3289
Emoto S, 3935, 4213
Emoto T, 455, 3607
Emoto Y, 1749
Enami Y, 5235, 5583
Endo I, 875, 2841, 3961, 5367, 5663
Endo J, 725, 1301
Endo S, 1485, 2199, 3235, 3685
Endo T, 4583
Enei Y, 3159
Enomoto D, 1317, 4349
Entezami P, 663
Erasun D, 683
Erb HHH, 4365
Erben P, 417
Erbetta E, 2359
Erdmann M, 4525
Erdrich J, 4263
Eroglu Z, 5573
Eskelinen Maaret, 1569, 3113, 3517, 5535
Eskelinen Matti, 1569, 3113, 3517, 5535
Eto K, 2293
Eto M, 4061, 4249
Evers G, 1255
Fabbro M, 653
Faggioni L, 781
Falaschi Z, 781
Falorni A, 493
Familiari P, 2659
Fan J, 2733
Fan W-L, 4709
Fanelli GN, 53
Fang C-Y, 1175
Fang J, 5447
Fang WH, 2025
Fang X-Q, 1149
Fang Y, 115, 1885, 2933
Fang Z, 3923
Fanucchi A, 1643
Farach A, 3539
Fardilha M, 275

Fauske L, 2031
Faustino-Rocha AI, 275, 323
Fazio I, 501, 4077
Federico M, 4077
Federman N, 4257
Feldhaus FW, 1655
Feng K, 2609
Feng W, 5509
Feng Y, 3997
Ferda J, 449
Ferdová E, 449
Fergadis EG, 2243
Ferguson DT, 2393
Ferini G, 4077
Fernandes N, 1873
Fernandez-Laguna CL, 1681
Ferrari C, 765
Ferraz JM, 4983
Ferreira R, 275
Festa E, 493
Feuerhake F, 2155
Fiala O, 463
Fiala V, 1675
Figg WD, 4023
Figueiredo MR, 1245
Fikrle T, 695
Filippi-Chiela EC, 1427
Filippidis T, 1709
Finek J, 463
Finkelmeier F, 1599
Fischer N, 2741
Fiser CK, 4953
Fisher C, 1581
Flauzino T, 369
Fleckner J, 2445, 5349
Foshag L, 2383
Fountzilas E, 2799
Fountzilas G, 2799
Fourie L, 3553
Franco Sampaio AL, 1245
Franzen KF, 2445
Frati A, 2659
Fregni F, 1427
Frey L, 417
Fricker G, 1031
Fridman D'Alessandro V, 3487
Friedlander P, 1407
Froudarakis ME, 2243
Fu S, 4379
Fuchs J, 1025
Fuentes T, 149
Fuereder T, 1273
Fuganti PE, 369
Fujieda H, 5149
Fujihara S, 3769
Fujii H, 1301, 2351, 5099
Fujii K, 3349
Fujii N, 25
Fujii T, 35, 217, 4683, 5341
Fujikawa A, 455
Fujikawa H, 25, 2865
Fujikawa M, 4179
Fujimori A, 5235, 5583
Fujimori H, 5031
Fujimoto A, 5705
Fujimoto K, 473, 4739
Fujimoto M, 2425
Fujimoto N, 269, 429, 3841, 4055, 4573, 4701, 5689
Fujimoto S, 167
Fujimoto T, 5167
Fujimoto Y, 893
Fujimuro M, 2455
Fujino H, 5311
Fujino S, 3807
Fujioka N, 4683
Fujioka S, 201, 1761, 4097
Fujisawa M, 841
Fujita A, 4155
Fujita F, 3727, 3779, 3793, 3807
Fujita H, 4729
Fujita K, 167, 3769
Fujita M, 713, 3755
Fujita N, 3769
Fujiwara H, 857, 4045, 4855
Fujiwara K, 231, 1043, 5197
Fujiwara T, 223, 4809, 5597
Fujiwara Y, 2199, 3235, 3665, 3685, 4843, 5051
Fujiyoshi K, 3793
Fujiyoshi S, 5245
Fukagawa T, 1563
Fukahori M, 1611
Fukasawa T, 1591
Fukawa T, 4627
Fukaya M, 1309
Fukaya Y, 1919
Fuks T, 239
Fukuda A, 919
Fukuda Satoshi, 2085
Fukuda Soma, 2085
Fukuda T, 35, 3097
Fukuhara S, 5189
Fukuhara T, 5031
Fukuhara Y, 3607
Fukui M, 1301, 2185
Fukui Y, 5705
Fukumori T, 4627
Fukumoto T, 911, 1317, 2299, 3755
Fukumura K, 4663
Fukuoka T, 4823
Fukuokaya W, 1817
Fukushige T, 3463
Fukushima H, 5155
Fukushima K, 2299
Fukushima KSDSQ, 369
Fukushima S, 1283
Fukushima Y, 1563
Fukutomi S, 3727
Fumino S, 2417
Funaba M, 4739
Funakoshi M, 4133
Funasaka K, 4673
Furini HH, 369
Furubayashi N, 4701, 5689
Furugen A, 1113, 3015
Furukawa J, 841
Furukawa K, 1623, 1761, 4097, 5155
Furusawa K, 1689, 2831
Furuse J, 2831
Furuta A, 3159
Furuta M, 1689, 2831
Furuta T, 1185
Furutani S, 4627
Furuya K, 613
Furuya S, 903, 2601
Fushimi C, 2717
Fushimi H, 167
Fust L, 2671
Futani H, 2539
Fyta E, 773
Gabazza EC, 3487
Gabelloni M, 781
Gabriel E, 4969, 5025, 5555
Gadducci A, 53, 149, 1643
Gaffney J, 351
Gaffney PM, 5299
Gal J, 2235
Galuppini F, 2359
Gamerith G, 1273
Ganapathy S, 3583
Ganesh D, 1533
Gao S, 4473
Garbay D, 653
Garbini F, 53
Garmpi A, 3861
Garmpis N, 3861
Garrett C, 4657
Garrett H, 3411
Garrone O, 4303
Gashi J, 4793
Gass P, 3153
Gaume J-B, 4723
Gavoille C, 653
Gavoille L, 653
Gayet B, 4983
Gebbia V, 501, 1291, 2821, 4643
Geiersbach KB, 939
Gencur J, 5657
Genova P, 4643
George A, 4969, 5555
Georgoulias V, 2243
Geppert C, 3153
Gerger A, 2889
Gesolfo CS, 501
Gezer U, 3281
Ghidini M, 4303
Ghilardi M, 4303
Ghose A, 3871, 4781
Ghosh M, 85
Ghosh-Ray S, 789
Giani M, 2161
Gianno F, 2659
Giardina K, 5499
Giessen-Jung C, 1857
Giglio D, 1533
Gigliotti PE, 1555
Gim S-E, 4915
Giorgia L, 501
Giotakis I, 1709
Giotta F, 1291
Giovannini A, 523
Girlando A, 501
Gitelis S, 3069
Giudice F, 53
Givens NT, 115
Glaser N, 4525
Glava C, 1709
Glazer AM, 4511
Gliemroth J, 2763, 3107
Gocho T, 201, 4097
Goda N, 4133
Goel N, 4953
Gogbashian A, 789
Gomyo T, 1301
Gon H, 2299

Gordon EM, 1993, 2383, 4257
Gordon N, 239
Gornicka B, 5083
Goshima S, 2859
Gosset M, 2235
Goto H, 3145, 3755, 5649
Goto K, 2211
Goto S, 4249
Goto T, 911, 2119, 2203, 2299, 4115
Goto W, 191, 247, 603, 849
Goto Y, 919, 3615, 3727, 5705
Goumas G, 773
Grabsch HI, 2697
Graceffa G, 4643
Graen P, 2155
Graf B, 4897
Granai AV, 3255
Granot T, 239
Grassi N, 4643
Graziano F, 523
Greil R, 1273, 2889
Grivas A, 2799
Grosser M, 4365
Grujic M, 1415
Grünberger B, 2889
Grzanka D, 1503
Guembarovski RL, 369
Guggino R, 501, 2821
Guigonis J-M, 1017
Guimaraes DP, 1569, 3517, 5535
Gunge N, 455, 3607
Guo J, 3389
Guo S, 3471
Haapasalmi S, 3631
Haba R, 5671
Habermehl D, 5573
Hachiya H, 2219
Haga N, 455, 3607
Hagi T, 5737
Hagiwara E, 935
Hagiwara H, 5387
Hagiwara K, 209, 2273
Hagiwara Y, 1767, 2085, 2317, 3273
Haimoto S, 5723
Hakan MT, 3281
Hakim SG, 795, 823, 2227
Halama N, 5589
Hall FL, 2383, 4257
Hallin M, 1581
Halvax P, 59
Hamabe A, 3913, 5061, 5645
Hamada A, 919, 2219
Hamada J-I, 1159
Hamada Y, 1919, 3597
Hamaguchi T, 1689, 2831
Hamai Y, 3289
Hämäläinen E, 3113
Hamana T, 4833
Hamasaki K, 707
Hamasaki M, 3735
Hamasuna R, 269
Hamatake M, 3543
Hamatani N, 581
Hamidi M, 4801
Hamura R, 201, 1623, 4097
Han B, 2025, 4915
Han C-K, 3057
Han GE, 1149
Han H, 4389
Han M, 63, 1731
Han Q, 19
Han S-H, 3047
Han S, 1943
Han SH, 939
Han Y-H, 2951
Hanada N, 4729
Hanai N, 3247, 5723
Hanaki T, 3665, 4843, 5051
Hanazaki K, 175, 3701
Hanazawa T, 5149
Handa T, 5341
Hanouskova L, 1675
Hanspeter E, 1649
Hanyu K, 2717
Haque W, 3539
Hara H, 4197, 5015
Hara K, 689, 2069, 2697, 5181, 5605
Hara M, 2333
Hara N, 2455
Hara T, 841
Harada H, 3145, 3571, 3755, 3787, 5115, 5649
Harada K-I, 269
Harada K, 3841, 4055
Harada M, 269, 4055, 4701
Harada S, 269
Harada T, 713
Harada-Takeda A, 3003
Haraguchi E, 4207
Haraguchi N, 5015
Haraguchi Y, 5689
Haramaki Y, 1341
Harasawa H, 2309
Harikar MM, 4077
Harimoto N, 209, 2273
Haro H, 4241
Hartinger E-M, 1031
Hartman A, 3153
Hartung F, 417
Haruki K, 201, 1623, 1761, 4097
Haruma T, 3653
Hasegawa H, 3755, 5649
Hasegawa K, 4993, 5311
Hasegawa S, 4197, 5015
Hasegawa T, 3225, 3665, 5051
Hashiguchi Y, 1563
Hashimoto I, 35, 689, 1689, 1877, 2831, 3849, 5173, 5181, 5605
Hashimoto K, 183, 1835, 3817, 4533
Hashimoto M, 167
Hashimoto N, 1283
Hashimoto S, 1477, 4673
Hashinokuchi A, 5215
Hashizume J, 2309
Hasine K, 4061
Hassenpflug W, 4975
Hasséus B, 1533
Hata M, 2791, 2851
Hata S, 2965
Hata T, 3913, 5061, 5645
Hataji O, 5197
Hatakeyama H, 2571
Hatakeyama S, 5041
Hatanaka KC, 707
Hatanaka Y, 707
Hatano T, 25, 2571
Hattori N, 3173
Hauer L, 5657
Haukland EC, 741, 3167
Hauswald H, 2041
Hayama T, 1563
Hayano K, 1485, 5261
Hayase S, 4691
Hayashi H, 725, 4115, 4285, 5261
Hayashi K, 1689, 2127, 2831, 3241, 4277
Hayashi M, 3173
Hayashi R, 3241
Hayashi S, 4583
Hayashi T, 5041
Hayashi Y, 3905
Hayashido Y, 4833
Hayata Y, 3653
Haybaeck J, 1437
Hazama S, 105, 613
He Y, 5393
Héchard T, 1415
Hecker-Nolting S, 4975
Heetfeld C, 2155
Heidenreich A, 2407
Heinemann V, 1857
Helwig C, 2235
Hendolin P, 4961
Henkel K-O, 1869, 3709
Heppt MV, 4525
Hering D, 1255
Hes O, 449
Heslin AJ, 115
Higai K, 4601
Higaki E, 5149
Higashi C, 4045
Higashi M, 2417, 3597
Higashida M, 2199, 3235, 3685
Higashijima K, 4055
Higashinaka N, 231
Higuchi T, 4277
Higurashi T, 1493
Hikita K, 1725
Hiles MC, 335
Hinata N, 841
Hippner-Kunicka M, 2527
Hirai R, 675, 3265
Hirai T, 865, 883, 2199, 3241, 5235, 5583
Hirakawa H, 3727
Hiraki M, 4887
Hiramatsu K, 2425
Hirano K, 35, 3289
Hirano R, 713
Hirano Y, 4169, 5681
Hirashima M, 3769
Hirata M, 2859
Hirata T, 3799
Hirata Y, 5107
Hiratsuka K, 2561
Hiratsuka M, 3659
Hirayama K, 903
Hirohashi Y, 1477, 4155
Hirohata R, 3289

Hirokawa J, 2265
Hirokawa T, 2333
Hirooka Y, 4673
Hirose C, 725, 1301, 2351
Hirose Y, 3969
Hiroshima Y, 2003, 2145
Hirota S, 2091, 3693
Hirotaki K, 1827
Hisaka T, 3727, 3807
Hisano K, 5167
Hiyama E, 4327
Hizawa N, 4583
Hjira N, 2367
Ho A, 2899
Hoang BX, 2025
Hoefel S, 2041
Hoegdall CK, 1891
Hoegdall EV, 1891
Hoehn A-K, 5089
Hoell PA, 1255
Hoenscheid P, 4365
Hoffman RM, 19, 3507, 3623, 4277
Hoffmann MA, 2741
Hoffmann O, 733
Hojo N, 865
Hojo S, 35
Holdaway M, 663
Holopainen A, 3113
Holster T, 4037
Holzhauser S, 3829
Homma S, 5245
Homma Y, 875
Hompland T, 351
Honda C, 217
Honda M, 1725, 3089, 3135
Honda T, 1611
Honda Y, 4155
Hondo N, 4341
Hong J, 1981
Hong JY, 4161
Hong K-T, 2467
Hong S-E, 1973
Hong SD, 85
Hongo F, 4061
Hongo T, 183
Honjo K, 3623
Honjo O, 4155
Honma K, 3639
Honma T, 3647
Honmyo N, 5189
Hontsu S, 4683
Hora M, 449, 463
Horak V, 631
Hori N, 4809
Hori S, 473
Hori T, 1775
Hori Y, 4701, 5689
Horiguchi S-I, 1731
Horikoshi T, 5705
Horikoshi Y, 4843
Horimoto Y, 5253
Horino T, 943
Horinouchi H, 919
Horita Y, 4115
Horiuchi T, 1623
Horozoglu C, 3281
Horsman MR, 5319
Hosaka H, 927
Hosek P, 463
Hoshii Y, 105
Hoshino D, 1073
Hoshino K, 209, 2273
Hosogi S, 547
Hosoi N, 5205
Hosomura N, 903, 2601
Houdek MT, 1549, 3513
Houfkova K, 695
Hsia T-C, 343, 381, 3447
Hsiao H-C, 3987
Hsieh C-C, 5485
Hsieh L-L, 3987
Hsieh M-C, 5127
Hsieh M-H, 1843
Hsieh P-F, 1521
Hsu C-C, 2583, 4015, 4879
Hsu C-W, 5127
Hsu CY, 485, 1331
Hsu F-T, 1193, 2985, 3987, 4403
Hsu L-C, 3987
Hsu P-C, 5359
Hsu S-W, 343, 381, 2467
Hsu W-L, 381, 2467
Hu B, 3997
Hu P-S, 381
Hu X, 3479
Hu Y, 115
Huang B-M, 2583
Huang B-S, 1361
Huang C-C, 4709
Huang C-I, 1933
Huang C-L, 1843
Huang C-W, 1843
Huang E-Y, 4709
Huang H-Y, 1175
Huang J, 5475
Huang K-M, 3213
Huang L, 115, 2899
Huang T-J, 3213
Huang W-C, 343, 381
Huang W-L, 1521
Huang X, 4905
Huang Y-H, 1201
Huang Y-K, 1933
Huang Y-L, 3057
Huang Y-N, 5073
Huang Z-X, 5415
Huber PE, 2041
Hübner J, 1663
Huchon C, 143
Hung C-H, 1377, 3203
Hung S-C, 485, 1331, 1809, 3193
Hung S-W, 1699
Hung Y-C, 3979
Hunt A, 3539
Hur J, 85
Hwang HJ, 63
Hwang S, 63
Iacopino DG, 523, 5499
Iafrate G, 557
Ibaragi S, 4993
Ibuki E, 5671
Ichikawa D, 903, 2601
Ichikawa H, 3969
Ichikawa J, 4241, 5729
Ichikawa N, 5245
Ichikawa T, 3615, 5705
Ichimiya S, 2909
Ichimura K, 1591
Ichimura T, 3097
Ichiro O, 2791
Ide Y, 1611
Idel C, 823, 2227, 2445, 5349
Ideta Y, 3905
Ido E, 2923
Idrovo JP, 3411
Iehara T, 2417
Ieiri I, 3321, 4067
Ielpo B, 557
Igami T, 621, 1009
Igarashi K, 2127, 4277
Igari M, 675, 3265
Igata F, 713
Iguchi M, 2417
Ihara K, 3349
Ihashi T, 4207
Ii Y, 3623
Iida G, 4221
Iida K, 1485
Iida M, 105, 613
Iida S, 1485
Iihara H, 725, 1301, 2351, 5099
Iimori N, 191, 247, 603, 849
Iino M, 675, 3265
Ijaz K, 255
Ijichi H, 2371
Ikeda H, 4739
Ikeda J-I, 4061
Ikeda J, 5637
Ikeda M, 1373
Ikeda S, 935, 2055
Ikeda T, 713, 3799, 5671
Ikeda Y, 2069, 2873
Ikegami T, 201, 1623, 1761, 4097
Ikemoto E, 1985
Ikemura K, 5613
Ikenohira T, 2859
Ikeuchi N, 713
Ikoma H, 4855
Ikota H, 2077
Ikushima H, 4627
Ikushima S, 1775
Ikuta S, 4179
Ilczuk T, 5083
Illari SI, 4077
Im CM, 4915
Imada H, 4241, 5729
Imada K, 4249
Imai A, 2859
Imai H, 5699
Imai K, 3097, 4285
Imai M, 3647
Imai Y, 3135, 4611
Imaizumi A, 2909
Imaizumi K, 1591, 5245
Imamura Y, 3615, 5705
Imanishi S, 3241
Imano N, 2265, 3673
Imaoka T, 2551
Imatoh T, 1341
Inaba Y, 5149, 5723
Inagaki M, 4583
Inagaki Y, 1325, 2771
Ingrosso G, 493
Inokawa Y, 3173
Inokuchi J, 4249
Inokuchi Y, 1689, 2831

Inomata M, 3241
Inoue H, 713, 1631, 1719
Inoue K, 5223
Inoue M, 943
Inoue S, 5067
Inoue T, 865, 1325
Inoue Y, 2179
Inubushi S, 5067
Inui S, 3079
Inui T, 1301
Ioka T, 105, 613
Ippolito C, 2941
Irie D, 2077
Irie K, 1283
Irie T, 3623
Irino Y, 919
Irisawa A, 2219
Iseki M, 5223
Ishida M, 5223
Ishida S, 3321, 4067
Ishida Y, 4833
Ishida-Yamamoto A, 1477
Ishigami K, 5003
Ishiguro M, 3463, 4045, 5737
Ishihara S, 3935, 4213
Ishihara T, 1749, 4543
Ishii KJ, 2425
Ishii N, 209, 2273
Ishii W, 2783
Ishikawa H, 2003, 4583, 5629
Ishikawa R, 5671
Ishikawa S, 2069, 3913
Ishikawa T, 3647
Ishikura S, 3717
Ishimoto M, 689
Ishinaga H, 3487
Ishino T, 1043
Ishioka C, 5699
Ishitobi M, 4045
Ishiyama S, 3623
Ishizaki S, 1761
Ishizaki T, 3341, 5621
Ishizuka M, 2219
Ishizuka Y, 5253
Isiko T, 1863, 4285
Islam MN, 939
Islam S, 1239
Ismail A, 3871
Iso Y, 2219
Isobe T, 3779
Isoda L, 5311
Isoda T, 183
Isohashi F, 231
Isokawa M, 1591
Isono-Taniguchi R, 1981, 2091, 3693
Isoyama-Shirakawa Y, 5003
Itabashi M, 2179
Itano O, 3763
Ito A, 5115, 5197
Ito C, 3023
Ito E, 2851
Ito H, 3905
Ito K, 865, 1591, 2119, 4061, 4887, 5041, 5197
Ito M, 1827
Ito R, 1631, 1719, 2211
Ito S, 1901, 2055, 2873, 5031, 5149
Ito T, 1775, 1965, 2717, 3679, 4683
Ito Y, 1121, 3235, 5149
Itoh M, 3023
Ivanova D, 1207, 1213
Iwabuchi S, 1477
Iwama H, 3769
Iwamoto H, 1351, 1725, 2433, 2561, 4619
Iwamoto N, 1925
Iwamoto T, 883
Iwanaga A, 3647
Iwanaga R, 3349, 4739
Iwanaga T, 1043
Iwasaki H, 1073, 2145, 3463, 4207
Iwasaki Y, 2203
Iwase R, 201
Iwashita K, 1749
Iwata H, 1283
Iwata S, 919
Iwatani K, 3135, 3159, 4611
Iyengar G, 2383
Izumi H, 3787
Izumi K, 1351, 2433, 2561, 4619
Izumi M, 2185, 4663
Izumi N, 1631, 1719
Izumi T, 3639
Jacobsen KM, 5319
Jandrig B, 1437
Jang S-H, 4447
Jang S-K, 1973
Jang S-W, 2995
Janssen S, 801, 823, 2757, 4143, 4149, 4651
Jarell A, 1873
Jaworski D, 1503
Jebsen NL, 2031
Jeffrey SL, 4257
Jenkinson SE, 5331
Jeong HG, 3897
Jeong J-U, 1797
Jeong JH, 645
Jeong WG, 1797
Jeong Y, 1079
Ji J, 1463
Ji K, 1463
Ji L, 4923
Ji W, 3923
Jia S, 1463
Jia Y, 1463
Jian C, 2609
Jiang H, 2609
Jiang J, 3997
Jiang P, 2951
Jiang WG, 291, 1463, 3923
Jimbo R, 3647
Jimenez PB, 4969, 5025, 5555
Jin H-O, 1981
Jin M-H, 2951
Jingu K, 3571, 5115
Jiromaru R, 183
Jo E-K, 1943
Joehrens K, 4365
Johan MP, 1185
Johannwerner L, 2757, 2763, 3107
Jojima K, 4055, 4573
Jones CM, 3069
Jones RL, 1581
Joo Y-E, 4915
Jota-Baptista C, 323
Judge M, 4125
Jung BD, 639
Jung D-H, 63
Jung G-H, 3047
Jung J-Y, 3057
Jung L, 1909
Jung R, 831
Jung S-H, 3047
Junkins K, 4333
Jursenaite J, 1065
Jursic B, 1407
Justo G, 359
Jyubashi T, 4241, 5729
Kaburagi T, 4583
Kadomoto S, 1351, 2433, 2561, 4619
Kadono Y, 1351, 2433, 4619
Kadota K, 5671
Kadoya T, 127
Kafiri G, 1709
Kagabu M, 1265
Kagamu H, 675
Kagawa S, 223, 4809, 5597
Kagawa Y, 5061
Kager L, 4975
Kageyama S, 5737
Kai S, 3225
Kaido Y, 1265
Kaira K, 675
Kaito D, 1301
Kakeji Y, 3145, 3755, 3763, 5649
Kakimoto N, 2265
Kakinuma S, 2551
Kakizoe K, 2055
Kaku H, 3779
Kakuma T, 3807
Kalbermatten DF, 4105
Kalinski T, 1437
Kamada H, 3769
Kamada T, 2691, 2777
Kambara K, 3241
Kambara T, 3961
Kambe K, 2417
Kamei K, 4115
Kamei T, 5223
Kameri E, 2407
Kamijima T, 2433, 4619
Kamimura G, 3003
Kamioka Y, 809, 1741
Kamiya M, 1741, 2859
Kamiya N, 5181
Kamoda H, 1767, 2317, 3273
Kamohara K, 3659
Kan J-Y, 3455
Kan M, 1043
Kanai T, 581
Kanai Y, 3913
Kanaji S, 3145, 3755, 5649
Kanao H, 4533
Kanaoka K, 2771
Kanaseki T, 1477
Kanayama H-O, 4627
Kanazawa H, 5637
Kanda M, 35, 3089, 3173

Kanda T, 1043
Kaneda H, 2185, 4663
Kaneko K, 1563
Kaneko M, 4133
Kaneko Y, 2179
Kanematsu K, 1689, 2831, 5173
Kanematsu N, 2975
Kanemori M, 3653
Kanemoto H, 4993
Kanemura T, 4197, 5015
Kanesaka M, 5705
Kang MK, 1513
Kang MS, 85
Kang S, 1943
Kang Y, 63
Kanga KJW, 2393
Kanga LHB, 2393
Kaniski AJ, 3891
Kanitakis J, 2367
Kankuri-Tammilehto M, 2645
Kanno H, 3727
Kanno S, 4241, 5729
Kano H, 2433, 4619
Kano K, 689, 1689, 2691, 2777, 2865, 5173
Kano MT, 1001
Kanogawa N, 1043
Kantorova A, 1675
Kanzaki H, 1043
Kao J, 1387
Kaparelou M, 2799
Kapelouzou A, 3183
Kapetanos A, 3579
Karadimou A, 2243
Karamouzis MV, 2243, 3861
Karashima R, 4285
Karic U, 1449
Karihtala P, 5545
Kariya R, 1139
Kartaloglu EB, 3029
Kasahara K, 2841, 3341, 5621, 5663
Kasahara N, 5311
Kasahara Y, 5699
Kasai M, 4179
Kasajima H, 1591
Kasajima R, 1073
Kasashima H, 4823
Kaser E, 2933
Kashiwabara K, 3089
Kashiwagi E, 4249
Kashiwagi S, 191, 247, 603, 849
Kasson L, 3069
Katagiri M, 3807
Katano Y, 4673
Kataoka M, 4341
Kataoka Y, 1373
Kato A, 5181, 5605
Kato C, 2783
Kato H, 3913
Kato J, 1043
Kato K, 3321, 4067
Kato M, 865, 3799, 4229, 5041
Kato N, 1053
Kato S, 675, 1731, 3265
Kato T, 283, 3145, 3755, 4061
Kato Y, 865, 5041
Katoh H, 809, 2691, 2777
Katsarakes P, 4793
Katsuki R, 3507
Katsuta T, 2265, 3673
Katuwal NB, 85
Kaufmann MD, 4525
Kawabata T, 713
Kawabe N, 4673
Kawada J, 3685
Kawada M, 2477
Kawae D, 1301
Kawaguchi K, 2371
Kawaguchi M, 3623
Kawaguchi S, 1351, 4619
Kawaguchi T, 2185, 4663, 4683
Kawaguchi Y, 903, 2601
Kawahara A, 2683, 3793
Kawahara D, 1749
Kawahara S, 809, 1741, 5181, 5605
Kawai M, 3623
Kawai S, 865
Kawai Y, 4543
Kawaida H, 2601
Kawaida H, 903
Kawakami K, 4533
Kawamoto H, 1919
Kawamura T, 1325
Kawamura Y, 5699
Kawanaka H, 3225
Kawanaka T, 4627
Kawano Y, 1493, 5107
Kawaoka T, 5189
Kawasaki T, 4241, 5729
Kawashima J, 3295
Kawashima M, 4873
Kawashiri T, 3321, 4067
Kawazoe T, 2055, 2873
Kawecka W, 5083
Kazama K, 689, 2069, 5181, 5605
Ke T-W, 1843, 3979, 5713
Kellokumpu-Lehtinen P-LI, 3631
Kerrouch H, 2367
Kesmodel SB, 4953
Kevric M, 4975
Kida T, 1965
Kido H, 1731
Kido M, 911, 2299
Kiem D, 1273
Kihara K, 3665, 5051
Kikuchi M, 217
Kikuchi N, 4583
Kikuchi R, 4213
Kikuchi S, 223, 4809, 5107
Kim C-H, 1973
Kim C, 5523
Kim D-Y, 639
Kim D, 645, 5523
Kim E-H, 3057
Kim E, 4793
Kim EN, 3331
Kim EY, 2281
Kim G, 1973
Kim H-A, 1973
Kim H-C, 4793
Kim H-D, 645
Kim H-S, 1785, 2323, 2707, 4089, 4559, 5563
Kim H, 1079, 1785, 2343
Kim HJ, 1513, 4425
Kim HS, 1103
Kim IS, 1943
Kim J-E, 1957
Kim J-K, 4447
Kim J-S, 4915
Kim J-W, 3331
Kim J, 2995
Kim JE, 3419
Kim JG, 1513
Kim JM, 1943
Kim JY, 1943
Kim K-J, 3057
Kim K-P, 645, 5523
Kim KC, 4373
Kim KS, 1973
Kim M, 63, 645
Kim MA, 2343
Kim MJ, 19
Kim N, 63
Kim S-G, 85
Kim S-L, 1091
Kim S-M, 3057
Kim S-Y, 645
Kim S, 1079
Kim SI, 3331
Kim SK, 85
Kim ST, 4161
Kim Yong-Hyub, 1797
Kim Yun-Hyeon, 1797
Kim Y-S, 1149
Kim Y, 3419, 3897
Kim YJ, 1973
Kimura A, 927
Kimura J, 2841
Kimura K, 3639
Kimura N, 5671
Kimura T, 1397, 1817, 1919, 3135, 3159, 4061, 4611
Kimura Y, 127
Kimuro R, 4055
Kinashi Y, 1455
Kincses A, 4865
Kinomura M, 1301
Kinoshita E, 713
Kinoshita F, 5215
Kinoshita H, 1767, 2317, 3273
Kinoshita K, 1485, 1863
Kinoshita S, 1767, 3273
Kinoshita T, 5149
Kirfel J, 5349
Kishida K, 3571, 5115
Kishida T, 2417, 2717
Kiss I, 59
Kita Y, 2119, 5041
Kitagawa H, 175, 3701, 4887
Kitagawa T, 1159, 1239, 2211
Kitahara T, 5149
Kitakaze M, 4197, 5061
Kitamura H, 935, 4061, 5041
Kitamura M, 2491
Kitamura N, 2491
Kitamura Y, 183, 1301

Kitanaka C, 1131
Kitano G, 4229
Kitano S, 2783
Kitazawa M, 4341
Kitazawa R, 3563
Kittas C, 1709
Kittel C, 1255
Kiyama S, 2351, 5099
Kiyono S, 1043
Kiyoshima K, 5689
Kiyotani K, 613
Kleinheinz J, 1255
Klepper R, 2041
Klimberg VS, 1543
Knizkova T, 695
Knoll A, 3153
Knorr H, 4525
Knyphausen AZ, 1869
Ko Y-C, 1091
Koba H, 4155
Koba Y, 2259
Kobara H, 3769
Kobari A, 3623
Kobayashi A, 5613
Kobayashi D, 4611
Kobayashi H, 4701
Kobayashi K, 1043, 3769, 4601
Kobayashi M, 175, 1113, 1159, 1239, 3015, 3701
Kobayashi N, 4115, 5235
Kobayashi O, 919
Kobayashi R, 1301, 2351, 5099
Kobayashi S, 1741, 4115
Kobayashi T, 2119, 2211, 3589, 4683, 5041, 5189
Kobayashi Y, 3647
Kobuchi S, 1121
Koch EAT, 4525
Koch MC, 3153
Kocher M, 4125
Kodaira T, 3247
Kodama H, 2491
Kodama T, 5003
Kodama Y, 911, 2309
Kodera Y, 35, 3173
Köditz B, 2407
Koga F, 1611
Koga K, 3735
Koga S, 2909
Koga T, 5689
Koge H, 2691, 2777
Kogo R, 183
Kogure N, 927
Koh I, 2509
Koh K-N, 63
Kohno M, 5215
Koi C, 3787
Koike Y, 3135
Koizumi M, 581, 3079
Koizumi T, 3429
Kojima A, 5107
Kojima M, 2491, 4327
Kojima T, 4229
Kokumai T, 5223
Kokuryo T, 621, 1009
Kolar J, 463
Kolawole Q, 1001
Kolberg H-C, 733
Kolberg-Liedtke C, 733
Koliou G-A, 2799
Komatsu H, 1631, 1719
Komatsu S, 911, 935, 1317, 2299, 4855, 5637
Kometani T, 3543
Komine C, 259, 3311
Komine K, 5699
Komizo N, 725
Komohara Y, 1863, 4729
Komori A, 1611
Komori K, 689, 2865, 5149, 5181, 5605
Kondo E, 3799
Kondo H, 2179, 2841, 5663
Kondo M, 5613
Kondo T, 1043
Kondo T, 2601, 2717
Kondo Y, 5597
Kong W, 3401
Konishi H, 857, 4855
Konishi K, 1835, 2859, 3079, 4543
Konishi M, 2265
Konishi T, 1775
Konishi T, 5637
Kono H, 903
Kono J, 2119
Kono K, 4691
Kono T, 3235, 3769
Kono Y, 3665, 5051
Kontogiorgos I, 2799
Kontzoglou K, 3861
Korantzis I, 2243
Koriyama C, 3597
Korkolopoulou P, 1709
Koroki K, 1043
Korosue M, 3693
Korunkova H, 463
Kosaka T, 2841, 5663
Koschny R, 5589
Koshino K, 2179
Kosmidis P, 2799
Kostopoulou ON, 3829
Kosuga T, 4855
Kosugi T, 2859, 4543
Kotake Y, 3441
Kotaska K, 1675
Koufaki M-I, 2799
Koufopoulos N, 1709
Kouhashi R, 191, 247, 603, 849
Koulouris N, 2243
Koumarianou A, 2243, 2799
Kouno T, 231
Kouraklis G, 3861
Koushi K, 3793
Kouso H, 3543
Koustas E, 3861
Kowalewski A, 1503
Kowalke T, 2741
Kowkabany G, 4969, 5025, 5555
Koyama M, 4341
Koyama N, 5107
Koyi H, 669
Kozai A, 3653
Kozuka Y, 4045
Kristiansen C, 801
Kristof E, 4865
Kubo A, 4627
Kubo K, 1965
Kubo M, 4197
Kubo S, 5311
Kubo T, 1185, 1477
Kubo-Kaneda M, 3799
Kubota H, 1749, 2199
Kubota T, 857, 943, 4855
Kubota Y, 2975, 5705
Kuboyama Y, 5621
Kudo M, 1599
Kudo Y, 2509
Kudou M, 4855
Kuhne T, 4975
Kulle CB, 3281
Kumada T, 1599
Kumagai Y, 201
Kumamoto T, 875, 2179
Kumazaki Y, 675, 3265
Kumazu Y, 2697, 5235
Kunihisa T, 5067
Kunimasa K, 1325
Kunisaki C, 875, 2841, 5663
Kunz WG, 1857
Kuo C-C, 5359
Kuo C-Y, 2635
Kuo S-H, 3213
Kuo Y-H, 3203
Kurahara H, 3305, 3597
Kuramitsu K, 911, 2299
Kuramitsu Y, 1159, 1239
Kuramoto J, 5107
Kurashima K, 4855
Kurata Y, 1485, 5261
Kuretake K, 4055
Kurihara S, 3653
Kurimoto K, 3173
Kurishima K, 4583
Kurita T, 1397, 3787
Kuroda S, 223, 4809, 5189
Kurogochi T, 2293
Kuroiwa K, 4701, 5689
Kurokawa Y, 2425
Kuroki H, 4729
Kuroshima N, 3305
Kurushima M, 1591
Kusaka A, 5223
Kusakabe Y, 1043
Kusano T, 5235, 5583
Kushitani K, 3961, 5367
Kusuhara Y, 4627
Kuusiniemi E, 5545
Kuwabara N, 547
Kuwabara Y, 5107
Kuwada K, 223
Kuwahara T, 2571
Kuzuya T, 4673
Kwon T, 2951
Kwon YS, 2343
Kyoyama H, 5107
Kyriakoulis KG, 3183
La Franca A, 2813
La Pira B, 2659
La Russa M-C, 4593
Lai C-Y, 3057
Lai E, 2359
Lai J, 939
Lakhani A, 789
Laliscia C, 149, 1643
Lam HYP, 5283
Lampaki S, 2243, 2799
Lampinen M, 1415

Lan Y-Y, 2583, 4015, 4879
Lanceni AG, 405
Landström F, 1853
Lang-Schwarz C, 4947
Lapitan P, 4781
Lapolla P, 2659
Lassoued W, 4023
Laszkiewicz A, 2527
Lawrentschuk N, 409
Lee BC, 1797
Lee C, 3331
Lee D-S, 1091
Lee DS, 645, 5523
Lee DY, 3419, 3897
Lee H-H, 5485
Lee H-M, 1933
Lee H-T, 2467
Lee HK, 3419
Lee HY, 1885
Lee J-H, 75, 3047
Lee J, 2995
Lee JE, 1079
Lee JH, 2519
Lee JM, 4373
Lee JS, 1091
Lee K-H, 1943
Lee L, 3069
Lee M, 3331
Lee R, 639
Lee S-H, 1957
Lee S-J, 2951
Lee S, 645, 1149, 2171, 4823, 5523
Lee SH, 2519
Lee ST, 4373
Lee W-C, 1167
Lee W, 2985
Lee Y-C, 3455
Lee Y-H, 1521, 3447
Lee Y-J, 1957
Lee YJ, 4373
Leech M, 351
Leenutaphong P, 1221
Lefevre LB, 653
Legay L, 143
Lehmann S, 7
Lehrer S, 437
Lehto JT, 3631
Leijenaar RTH, 351
Lenis VP, 5331
Leonhardi J, 5089
Leppert J, 2725
Lequio M, 2933
Lertsuwan J, 5425
Leveau-Vallier AS, 143
Leventakou D, 1709
Levey G, 4031
Lewin F, 2671
Lewin N, 2671
Lewis D, 4781
Li C-C, 5713
Li C-H, 3447
Li F, 5459
Li H-T, 3455
Li J-R, 485, 1331, 1809, 3193
Li K, 441
Li L, 441
Li P-H, 343
Li Q, 3997, 4379
Li R, 441
Li S, 5475
Li X, 3923
Li Y-C, 2985
Li Y-F, 4413
Li Y, 115, 4809
Li Z, 4435
Liakakos T, 2749, 3183
Liakou C, 4593
Liang H, 3997
Liang J-A, 5713
Liao C-H, 343, 381
Liao TL, 4403
Liao W-T, 5485
Liao Y-M, 1843, 5713
Libutti G, 4637
Lieser A, 4125
Lim C-H, 1149
Lim C-J, 4915
Lim DH, 2343
Lim G-H, 4007
Lim H, 3331
Lim HY, 1599
Lim J-H, 1149
Lim J-W, 4915
Lim JM, 4373
Lim SH, 4161
Lim W, 4447
Lim Y-K, 4425
Lin C-F, 3213
Lin C-H, 1843, 2583, 4015, 5713
Lin C-T, 3057
Lin C-Y, 1809
Lin CN, 3987
Lin F-H, 1193
Lin H-C, 1167
Lin H-W, 5437
Lin J-C, 1699
Lin J-J, 2625
Lin K-H, 3987
Lin P-M, 1933
Lin S-C, 4879
Lin VC, 1521
Lin W-C, 1193
Lin Y-F, 3057
Lin Y-H, 1167
Lin Y-L, 4879
Lin Y-T, 1699
Lin Y, 5509
Linardou H, 2243, 2799
Linde P, 2733, 4125
Linhartova A, 1675
Liolis E, 2799
Lis-Nawara A, 591
Liu B, 5447
Liu D, 441
Liu F-Q, 4879
Liu J, 137, 4435, 4435, 4491, 4923
Liu K-W, 5073
Liu M-C, 1699
Liu M, 4923
Liu SN, 4953
Liu T-T, 4709
Liu T, 4023
Liu X, 5509
Liu Y-F, 3447
Liu Y, 3471
Llorca J, 683
Lo E, 1079
Lo S-C, 4879
Lochrin S, 4023
Loevey G, 733
Lombardo E, 2135
Lonardi S, 1599
Longo B, 557
Longo G, 2813
Lopacinska-Joergensen J, 1891
Lorphelin H, 143
Lorusso R, 405
Lozano-Blazquez A, 1681
Lu F, 389
Lu J, 3943
Lu K, 485, 1331, 1809, 3193
Lu Y-T, 3213
Luan Q, 441
Lubarsky M, 4953
Lucas B, 653
Luciani A, 4303
Lucio M, 1017
Luechtefeld HD, 2933
Lukoseviciute M, 3829
Luo D, 3401
Luzha J, 1437
Lv J, 4435
Lyng H, 351
Ma J, 3493
Ma K-Y, 4915
Ma X, 2923, 3389
Ma Y, 1043, 3037
Mabuchi N, 231, 1637
Machida N, 1689, 2831
Machimoto T, 2203
Macia-Rivas L, 1681
Madaffari I, 2813
Madduri S, 4105
Maeda A, 1283, 2333
Maeda F, 2179
Maeda H, 175, 3089, 3701
Maeda K, 603, 849, 191, 247, 2171, 3003, 4359, 4823
Maeda S, 2831, 5223
Maeda T, 1835
Maeda Y, 2333
Maeda-Minami A, 1493, 5629
Maehara S, 2055
Maehara Y, 2069
Maeta T, 1901
Maezawa Y, 689, 2865, 3849, 5181, 5605
Magnes T, 1273
Maguz A, 733
Mahringer A, 1031
Mai H-C, 1521
Maier-Stocker C, 4897
Makino H, 2841
Makino T, 2425
Makinoya M, 3665, 5051
Makishima Y, 5629
Makiyama A, 1611, 2351, 5099
Malicka I, 97
Malsy M, 4897
Manaise HK, 4969, 5025, 5555
Manako T, 183
Mancioli FM, 297

Mancuso RM, 405
Manenti G, 2135
Mannsåker B, 741, 3167
Mano Y, 893, 1493, 5629
Mansoor A, 4801
Mao Y-Y, 2951
Maragoudakis P, 1709
Maray I, 1681
Marchand E, 143
Marchese VA, 4077
Marignol L, 351
Marnitz S, 4125
Marrocco GA, 755
Marsella VE, 3255
Martin BJ, 4511
Martin TA, 3923
Martin-Salamanca B, 683
Martineau J, 4105
Martino T, 359
Martorana E, 297, 1291, 4077
Martynowicz H, 97
Maruo K, 4359
Maruyama H, 1043
Maruzzo M, 2359
Marx S, 7
Marzoli L, 405
Masai N, 1637
Masaki T, 3769
Masaoka H, 4701
Mascherini M, 765
Masi G, 1599
Massimi F, 2813
Mastuda A, 2069
Masubuchi T, 2717
Masuda H, 305
Masuda K, 919
Masuda M, 1741, 2069
Masuda S, 1925, 2909
Masudo K, 1073
Masui K, 2119
Masuike Y, 4197
Masumori N, 4061
Masumoto N, 127
Masuyama H, 3653
Matek C, 4947
Materazzo M, 557, 1555, 2135, 3255
Matozzo CMM, 4637
Matsubara D, 5637
Matsubara H, 1485, 2923, 5261
Matsubara K, 5189
Matsubara Y, 2145
Matsuda C, 5015
Matsuda D, 3639
Matsuda K, 1563, 5235, 5583
Matsuda T, 3145, 3755, 3763, 4601, 5649
Matsuda Y, 1325, 2771
Matsudo K, 5215
Matsue K, 157
Matsufuji N, 2259
Matsuhashi N, 2351, 5099
Matsui A, 2145
Matsui C, 2783
Matsui H, 105
Matsui H, 613
Matsui K, 35
Matsui S, 3241
Matsui T, 4601
Matsukawa T, 429, 4055, 4573
Matsuki T, 2717
Matsumoto A, 2293
Matsumoto H, 269, 2199, 4061
Matsumoto K, 5003
Matsumoto M, 1761, 3241, 4097
Matsumoto S, 1053, 2259
Matsumoto T, 1341, 2219, 3225, 3717, 4249
Matsumoto Y, 1317, 1485, 4663, 5261
Matsumura A, 2975
Matsumura F, 1863
Matsumura K, 1863
Matsunaga T, 3665, 5051
Matsuno Y, 707
Matsuo M, 183
Matsuo T, 45
Matsuo Y, 2333
Matsuoka H, 455, 3653
Matsuoka K, 247
Matsuoka S, 2351
Matsuoka T, 2119
Matsuoka W, 455
Matsuoka Y, 5597
Matsura T, 4843
Matsushita D, 3305
Matsushita Y, 5041
Matsusue R, 2203
Matsuura K, 5099
Matsuyama R, 875
Matsuyama Y, 5629
Matsuzaki H, 455, 3607
Matti DI, 3891
Mattioni R, 149
Matuszczyk A, 4551
Maugeri R, 523, 5499
Mauri D, 2799
Mavroudis D, 2243
Mayanagi S, 3089
Mayberry TG, 2933
Mayeda A, 4663
Mayer BFB, 1025
Mazaki J, 3341, 5621
Mazda O, 2417
Mazzotta AD, 4983
McLaughlin AJ, 3891
Mecocci P, 493
Medeiros HR, 1427
Meguid RA, 3411
Mehlhorn G, 3153
Mekata E, 2491
Meklin J, 1569, 3517, 5535
Melamed G, 3129
Melchardt T, 1273
Mendonca P, 2393
Meng X, 3411
Mercado M, 817
Mercantini P, 2813
Mercuri J, 3881
Merten R, 2155
Mesquita Marques A, 1245
Messina A, 2821
Messina C, 501
Messina M, 501
Messina S, 2821
Metsänoja R, 3631
Mettmann V, 4975
Meucci R, 557, 1555, 2135
Meyer H-J, 5089
Meyer RG, 939
Mezzadri M, 143
Miah AB, 1581
Mian C, 1649
Miazek A, 2527
Michalek IM, 4517, 4551
Michalke B, 1017
Michel MS, 417
Migita K, 1341
Mihara A, 3349
Mikami S, 5107
Mikami-Saito Y, 5107
Mikamori M, 5015
Miki J, 1817, 4611
Miki K, 3135, 3159, 4611
Miki M, 5067
Miki Y, 2171, 4823
Mills GL, 3513
Mima K, 4285
Mimoun C, 143
Mimura K, 4691
Minagawa R, 3639
Minami K, 581, 3639
Minami T, 167, 3779, 5605
Minasi S, 2659
Minato A, 269, 3841, 4055, 4701, 5689
Minoji T, 3913
Minowa T, 1477
Miquel C, 143
Mírka H, 449
Misawa K, 2859, 5149
Mitobe Y, 1131
Mitsudo K, 3429, 3905
Mitsugi K, 1611
Mitsunari K, 45
Mitsuoka S, 2185, 4663
Miura K-I, 5155
Miura K, 2717, 3969
Miura N, 3543
Miura N, 5215
Miura T, 5223
Miura Y, 675
Miwa K, 3727, 3807
Miwa S, 2127, 4277
Miwa T, 35, 3241
Miyagi Y, 2145
Miyahara N, 3659
Miyahara R, 4673
Miyajima K, 1817, 3135
Miyake M, 473, 5041
Miyake S, 3755, 4887
Miyake T, 2491
Miyamoto H, 1863, 2171, 3841, 4055
Miyanari N, 943
Miyasaka Y, 2077
Miyashita S, 2219
Miyata H, 4197, 5015
Miyata K, 621, 1009, 1309
Miyata T, 45, 943, 1563, 1863, 4285
Miyatani K, 3665, 5051
Miyawaki D, 1749
Miyazaki K, 4583
Miyazaki M, 3079
Miyazaki S, 1493, 4341

Miyazaki T, 455, 3607
Miyazaki Y, 2425
Miyazawa Y, 5377
Miyoshi A, 1397
Miyoshi N, 3913, 5061, 5645
Miyoshi S, 2265
Miyoshi T, 5155
Mizoguchi N, 2691, 2777
Mizokami A, 1351, 2433, 2561, 4619
Mizowaki T, 2119, 3589
Mizue Y, 1477
Mizuguchi H, 537
Mizuma M, 5223
Mizumoto M, 2003
Mizumoto S, 5067
Mizumoto T, 943
Mizuno N, 4115
Mizuno T, 621, 1009, 4045
Mizuta K, 3507
Mizuta T, 1611
Mizuuchi Y, 5167
Mochizuki D, 2859
Mochizuki E, 3321, 4067
Mochizuki K, 2601
Mochizuki M, 5031
Mohr J, 5589
Mondera F, 755
Mong M-C, 3979
Monga DK, 137
Monji K, 4249
Montali F, 3881
Montesanto F, 2135
Monti E, 4637
Montrone S, 781
Monzen H, 1965
Moon S, 4937
Moon YW, 85
Moons L, 3553
Moradkhani A, 1993
Moran SL, 1549, 3513
Moreira-Goncalves D, 275
Morgan LR, 1407
Morganti R, 149
Mori K, 3295
Mori M, 2501
Mori S, 2219, 3597
Mori Y, 4533
Morihara K, 4701
Morimatsu H, 5597
Morimura R, 4855
Morinaga S, 809, 1741, 2127
Morine Y, 1985
Morino K, 2203
Morioka A, 1317
Morioka D, 875
Morisaki S, 1925, 2909
Morisaki T, 191, 247, 603, 849
Morishige J-I, 1283
Morishita H, 1485
Morita J, 689,5173, 5181
Morita K, 4683
Morita M, 893, 2783, 3225, 5031
Moriwaki T, 2085
Moriya S, 1827
Moriyama G, 5107
Morizane S, 1725
Morizono S, 3003
Moro K, 3969
Morris D, 3529
Morris DL, 817, 2899, 4237, 4657, 4735
Morvan A, 653
Motegi S, 3623
Motohara T, 1863
Motohashi S, 1053
Motoi F, 5223
Motomura H, 25
Mountzios G, 2243, 2799
Mouret-Reynier M-A, 653
Moztarzadeh O, 5657
Mpaili E, 2749
Mpoura M, 3183
Mu N, 4473
Muangthong T, 4461
Mubarak F, 5555
Mukai Y, 1113, 3015, 4197, 5015
Mukaida H, 4133
Mukohyama J, 3763
Mukoyama T, 3145, 3755, 5649
Mukoyoshi W, 581
Müller S, 1909
Munekage M, 175
Murai A, 1477
Murakami F, 5253
Murakami G, 3003
Murakami H, 3807
Murakami K, 1485, 5261
Murakami M, 2003, 3787
Murakami N, 3779
Murakami Y, 2265, 3665, 3673, 5051
Murakawa M, 809, 1741
Muramatsu K, 3349
Muranushi R, 209, 2273
Murata K, 1477, 2077
Murata R, 157
Murata S, 2491
Murayama D, 2145
Murayama K, 5099
Murayama M, 5139
Murayama T, 943
Murohisa G, 4115
Muroi Y, 2091
Murono K, 3935, 4213
Muroyama R, 1043, 2923
Musa MA, 1001
Musso S, 5499
Mustea A, 7
Muto H, 4673
Muto M, 3089
Mutoh M, 5629
Muttillo EM, 2813
Mylonakis A, 3183
Myung D-S, 4915
Na K, 4089
Na L, 1925, 2909
Nabeshima K, 3735
Naccarato AG, 53, 1643
Nadai T, 1113
Nadjiri L, 2733
Naeem B, 1543
Nagahashi M, 2091, 3969
Nagai H, 4601
Nagai S, 5167
Nagaishi S, 5583
Nagakawa Y, 3341, 5621
Nagamine H, 2185, 4663
Nagano H, 105, 613
Nagano T, 5215
Naganuma A, 927
Nagao K, 3799
Nagao S, 1925, 2909
Nagaraj A, 3583
Nagaro H, 3969
Nagasaka M, 4673
Nagasaka T, 3755
Nagasawa S, 1689, 2697, 2831, 5173, 5181, 5605
Nagasawa T, 1265
Nagashima A, 2211
Nagashima Y, 45
Nagasu S, 3727, 3807
Nagata S, 1835, 3639
Nagata T, 3003
Nagata Y, 269, 429, 1749, 2265, 3841, 4055, 4573
Nagayama Y, 1863
Nagayasu H, 1159
Nagayoshi K, 5167
Nagino M, 621, 1009
Naito R, 1351, 2433, 2561, 4619
Naito S, 5041
Naito Y, 2683, 3727
Naka T, 2425
Nakabayashi K, 3717
Nakabayashi Y, 2211
Nakagami Y, 105
Nakagawa C, 455, 3607
Nakagawa D, 911
Nakagawa H, 2309
Nakagawa K, 569, 1159, 1239, 1981, 2091, 3693, 5223
Nakagawa M, 1043
Nakagawa R, 1043, 1351, 2179, 2433, 4619
Nakagawa S, 547
Nakagawa T, 183
Nakagawa Y, 4673
Nakagawa-Goto K, 2433
Nakagawa-Saito Y, 1131
Nakagiri T, 3961, 5367
Nakagoshi H, 1373
Nakahama K, 2185, 4663
Nakai N, 2333
Nakai Y, 473
Nakajima K, 2425
Nakajima M, 105, 613
Nakajima T, 2551, 4179
Nakajo A, 3597
Nakajo S, 5645
Nakakaji R, 3429
Nakamoto K, 2509
Nakamoto S, 1043
Nakamura E, 3589
Nakamura H, 3321, 3653, 4067, 5067
Nakamura K, 1965, 2119, 2859, 3589, 3653, 4045
Nakamura M, 1043, 2003, 2909, 4701, 5167, 5689
Nakamura N, 455, 3607
Nakamura R, 4583

Nakamura S, 4341
Nakamura T, 1121, 2055, 5737
Nakamura Y, 45, 2965
Nakane H, 3793
Nakanishi K, 1591, 3173
Nakanishi M, 3639
Nakanishi N, 2203
Nakanishi S, 5041
Nakano A, 5261
Nakano M, 3969
Nakano T, 2077
Nakano Y, 841
Nakanoko T, 893
Nakao A, 713
Nakao K, 1325, 2771
Nakao S, 157
Nakaseko Y, 1761
Nakashima T, 2265
Nakashima Y, 893
Nakashima-Nakasuga C, 105
Nakaso K, 4843
Nakata H, 2433, 2561
Nakata K, 5167, 5387
Nakatsugawa M, 1477
Nakayama G, 3173
Nakayama H, 1073, 5377
Nakayama K, 2909
Nakayama S, 4295
Nakayama Y, 4349
Nakayoshi T, 2293
Nakazawa J, 1611
Nakazawa N, 927, 5205
Nakazawa S, 5377
Nakazawa Y, 217
Nakazono K, 3225
Nakazono M, 2697, 5605
Nam W, 4937
Namba T, 4887
Namba Y, 5189
Nambu M, 2309
Namikawa T, 175, 3701
Namima D, 3769
Nanami S, 4115
Nanba S, 5705
Nange A, 707
Nanno Y, 2299
Naoi Y, 2783
Naomi S, 4189
Nararatwanchai T, 1221
Narita K, 5149
Narita S, 569, 1981, 2091, 3693
Narumi K, 1113, 3015
Naruse T, 5155
Nascimento-Goncalves E, 275, 323
Nass N, 1437
Nathan P, 789
Natsagdorj A, 2561
Natsuki S, 4823
Natsume S, 5149
Negi R, 695
Negishi T, 4701, 5689
Negita M, 5149
Nelson CJ, 1885
Nemec S, 1273
Nemeth B, 59
Neri E, 781
Nesi I, 2161
Nestler T, 2407
Netto C, 359
Neuberger M, 417
Neumann J, 1857
Neupane P, 4691
Neuparth MJ, 275
Neureiter D, 1273
Newman B, 4031
Nguyen T, 1415
Nicholl MB, 1885
Nicoletti GF, 523
Nicosia L, 5573
Nieder C, 741, 749, 3167
Nientiedt M, 417
Niesing H, 733
Nieto J, 4593
Niisato Y, 2085
Niki M, 2219
Niki T, 3769
Niklasson J, 1533
Nikolaidi A, 2799
Nikolaou A, 2243
Nikolettos K, 3861
Nikolettos N, 3861
Nikolova B, 1207, 1213
Nilsson MP, 2671
Ninomiya K, 5003
Ninomiya Y, 2551
Nio K, 1611
Nishi K, 3717
Nishi S, 2171
Nishi Y, 2219
Nishibeppu K, 857
Nishibuchi I, 1749, 2265, 3673
Nishida K, 3507
Nishida N, 4739
Nishie A, 4221
Nishigaki T, 2425
Nishiguchi H, 1775
Nishiguchi R, 5139
Nishii Y, 5197
Nishikawa D, 3247
Nishikawa T, 4683, 5629
Nishimura G, 2571
Nishimura H, 5107
Nishimura J, 4197, 5015
Nishimura Y, 1965, 2091
Nishino K, 1325
Nishio J, 4295
Nishio M, 3247
Nishio T, 581, 3079
Nishioka R, 1749
Nishioka Y, 1485
Nishiumi S, 1981
Nishiura H, 2539
Nishiyama A, 5671
Nishiyama H, 5041
Nishiyama M, 4823
Nishiyama N, 1631, 1719, 5041
Nishizaki M, 223, 4809
Nishizaki T, 3639
Nitschke K, 417
Nitta H, 4285
Nobumoto T, 4833
Noce A, 3255
Noda S-E, 675, 2077, 3265
Noda T, 3097
Nogaki K, 5583
Noguchi K, 3023
Nohara T, 1351, 4619
Nohl EK, 2407
Nojima Y, 2571
Noma K, 223, 1965, 4809
Nomoto D, 943
Nomura T, 581
Nonomura N, 167, 283, 4061
Nori J, 2161
Nosaka S, 2509
Noshiro H, 4887
Notsu A, 2831
Nottola S, 2659
Nozawa H, 3935, 4213
Nozawa K, 1563
Nozawa M, 167
Nuhn P, 417
Numata M, 875, 2865, 5181, 5605
Numata T, 4583
Nyumura Y, 2293
O'Brien MW, 663
O'Toole TR, 939
Oba K, 3089
Obata K, 4993
Obayashi K, 1817
Obayashi S, 217, 5341
Ochi M, 3673
Ochiai H, 3321, 4067
Oda E, 1863, 4285
Oda Y, 2909
Oentoro J, 4031
Ogasawara S, 1043
Ogata K, 927
Ogata T, 1689, 2119, 2697, 2831, 2865, 3589, 3793, 5173, 5181
Ogawa H, 259, 927, 3311, 3571, 4189, 5205
Ogawa K, 231, 581, 1043, 1637, 2185, 3563, 4663
Ogawa M, 3653
Ogawa O, 2119, 3589
Ogawa R, 2333
Ogawa S, 2179
Ogawa T, 2923, 4045
Ogawa-Kobayashi Y, 5107
Ogino I, 2851
Ogino M, 217
Ogino T, 3913, 5061, 5645
Ogisawa K, 191, 247, 603, 849
Ogo A, 2199
Ogura A, 621, 1009
Ogura T, 883, 935
Ogura Y, 4229
Oh CH, 4089
Oh CR, 645
Oh H-H, 4915
Oh R-J, 1637
Ohara T, 4809
Ohashi T, 857
Ohata K, 2351
Ohba K, 45
Ohbayashi C, 4683
Ohchi T, 3793
Ohdan H, 5189
Ohe Y, 919
Ohgaki K, 2055, 2873
Ohgaki R, 3913

Ohira K, 2859
Ohira S, 3079
Ohishi T, 2477
Ohkawara T, 2425
Ohkura K, 3747
Öhman J, 1533
Ohnishi K, 2003
Ohno D, 4055
Ohno E, 4673
Ohno S, 4843
Ohno T, 2077, 2975, 4873
Ohno Y, 725, 1301, 2923
Ohsawa M, 3289
Ohshima T, 3717
Ohta T, 675, 1159, 1239, 3265
Ohtori S, 1767, 3273
Ohtsuka H, 5223
Ohtsuka T, 3305, 3597
Ohuchida K, 5167
Ohue M, 5015
Oike T, 2975
Oikonomopoulos G, 2799
Ojio H, 5149
Oka D, 5377
Oka R, 3615
Okabe H, 1863, 4285
Okabe Y, 2683, 3607, 455
Okada F, 1239
Okada M, 127, 1131, 3289
Okada S, 1139
Okada T, 259, 2717, 3235, 3311, 3679, 4189, 5205
Okamoto I, 2717, 3679
Okamoto M, 4873
Okamoto S, 2145
Okamoto T, 201, 1761, 2293, 3543
Okamoto Y, 2873, 3659
Okamura M, 1121
Okano N, 4115
Okauchi S, 4583
Okawa T, 4543
Okazaki M, 5253
Okazawa S, 3241
Okazawa Y, 3623
Okazoe Y, 2299
Oki E, 2371
Okishio K, 1325, 2771
Okuda M, 5613
Okugawa T, 3799
Okuma Y, 919
Okumura A, 707
Okumura T, 35, 2003
Okuno M, 5149
Okura T, 4809
Okuyama Y, 2783
Olevsky O, 2383
Oliva D, 2671
Oliveira DVNP, 1891
Oliveira PA, 275, 323
Omata S, 3571, 5115
Omelchenko N, 1993, 2383
Omiya S, 911, 2299
Omori K, 5155
Omori S, 2371
Omori T, 4197, 5015
Omote M, 3693
Omura G, 2717
Omura T, 1317, 1775
On R, 713
Onda S, 1623, 1761, 4097
Ondrey F, 5299
Onishi E, 893
Onishi H, 1925, 2909
Onishi M, 1731, 2783
Onishi R, 537
Onishi T, 2501
Ono A, 943
Ono C, 4133
Ono H, 2841
Ono K, 4993
Ono Masahiro, 3769
Ono Masahumi, 3769
Ono R, 537
Ono S, 3079, 4993
Onoda T, 2085
Onodera Y, 935
Onoe S, 621, 1009
Onohara K, 5729
Onuma H, 4611
Onuma S, 1689, 2831, 5173
Ooe A, 2783
Ookita G, 4241
Oranges CM, 4105
Oridate N, 2571, 2717
Orlandi E, 2015
Osaki Y, 713
Oshikiri T, 3145, 3755, 5649
Oshima T, 511, 689, 809, 1689, 1741, 1877, 2069, 2145, 2697, 2831, 2865, 3849, 5173, 5181, 5605
Oshiro H, 3507
Oshita K, 5189
Osone K, 259, 3311, 4189, 5205
Ostermann-Myrau J, 4125
Osti MF, 2813
Ota M, 893
Ota N, 4543
Otani K, 5181, 5605
Otsu S, 1611
Otsu T, 3173
Otsuji E, 857, 4855, 5637
Otsuka R, 713, 1485, 5261
Otsuka T, 1611
Otsuru M, 5155
Ou Y-C, 1809
Ouchi A, 5149
Ouchi K, 5699
Ouji-Sageshima N, 4683
Oura K, 3769
Ouyang S, 4923
Overgaard J, 5319
Oyama T, 3225, 5341
Ozaka M, 4115
Ozaki K, 3935
Ozaki N, 4285
Ozaki T, 1775
Ozawa N, 259, 3311, 3321, 4067, 4189
Ozawa Y, 865
Özgür E, 3281
Oztepe M, 3029
Paavonen J, 4037
Padhani A, 789
Paek SH, 4447
Paiar F, 149
Paiar F, 781
Paivandy A, 1415
Paku M, 5061
Palermo M, 1649
Palipoch S, 4461
Pall G, 1273
Palladino MA, 2015
Palma G, 993
Palmieri M, 2659
Palombi C, 2135
Paloniemi E, 4961
Palumbo I, 493
Panaampon J, 1139
Panayiotides IG, 1709
Panayotou G, 3583
Pandey K, 85
Pandraklakis A, 4593
Panebianco R, 5409
Pang S-T, 4709
Panotopoulos C, 3583
Pantazopoulos T, 1709
Papadakos SP, 3183
Papadopoulos V, 3871, 4781
Papageorgiou F, 2243
Papakotoulas P, 2799
Papantoniou P, 2799
Paparepa Z, 2243
Papista C, 2243
Papp A, 59
Pappalardo L, 755
Parati MC, 4303
Park CH, 3419, 3897
Park CS, 1973
Park I-C, 1981
Park J, 639
Park JH, 19, 1091
Park JO, 4161
Park JS, 1513, 3419, 3897
Park KS, 1973
Park KU, 2343
Park N, 85
Park NJ-Y, 1513
Park NR, 1957
Park S-M, 4007
Park S-Y, 4915
Park S, 3419, 4559
Park SY, 1513
Park Y-L, 4915
Park YS, 4161
Pasqualetti F, 781
Patalon T, 3129
Patel K, 5299
Patrakka I, 4961
Patsouris A, 653
Paudel D, 1159, 1239
Payuhakrit W, 4461
Pecen L, 449
Pedachenko E, 3121
Pei J-S, 2467, 5359
Pei M, 4937
Pejler G, 1415
Pellicciaro M, 557, 1555, 2135, 3255
Peng X, 4435
Pennisi M, 501
Pentheroudakis G, 2243
Perasto L, 2645
Perez A, 1543
Pernický J, 449, 5657
Perretta T, 557, 1555, 2135
Perrone F, 149
Persano M, 1599

Pesce A, 2659
Pesta M, 695
Petazzi E, 405
Peterson C, 137
Petrelli F, 4303
Petrucciani N, 4983
Petzold A, 4525
Phelan SA, 4333
Phetchengkao W, 1221
Phikulsod P, 1139
Piazza D, 501, 1291
Picotti V, 2659
Piili RP, 3631
Pino R, 3539
Pinto PC, 983
Pires MJ, 275
Piscaglia F, 1599
Pistolese CA, 557, 1555, 2135, 3255
Pistolesi S, 53, 149, 1643
Pivovarcikova K, 695
Planska D, 631
Plötze-Martin K, 2445, 5349
Podhorska-Okołów M, 97
Polemikos M, 2155
Poli E, 1053
Politi MR, 2821
Polivka J, 695
Poommarapan K, 1221
Popp K, 5025, 5555
Popp R, 4969, 5025, 5555
Poretta T, 951
Porres D, 2741
Portarena I, 1555, 3255
Porzio M, 523
Pouliakis A, 1709
Poulsen TB, 5319
Poulsen TS, 1891
Prager GW, 2889
Pratap A, 3411
Presa J, 1599
Pressiani T, 1599
Price DK, 4023
Pries R, 823, 2445, 5349
Prissel SA, 1885
Probst E, 2445
Psilopatis I, 3861
Psyrri A, 1709, 2799
Pu Z-Y, 5447
Puccini P, 149
Puistola U, 4037
Puistola U, 5545
Pulkkinen J, 3113
Puolakkainen M, 4037
Pycha A, 1649
Pycha S, 1649
Pyrhonen S, 2645
Qiang N, 1043
Qiao C-H, 4413
Qin C, 1885
Qualman A, 3411
Quon D, 1993
Ra C-S, 639
Rabbani RD, 3871, 4781
Racz B, 4865
Rades D, 795, 801, 823, 2103, 2111, 2227, 2445, 2725, 2757, 2763, 3107, 3121, 4143, 4149, 4651, 5349
Raether L, 2041
Rago A, 2359
Raica M, 4315
Raikot S, 4969, 5025
Raikot SR, 5555
Ramondo G, 2359
Rapti A, 2243
Rasclard M, 4723
Ravindran P, 2899
Rea C, 4303
Reed SL, 2393
Reizenstein J, 1853
Relucenti M, 2659
Ren J, 3943
Ren P, 4379
Ren W, 4473
Renda I, 2161
Rezac J, 1675
Rhee K-J, 639
Rheinstein PH, 437
Ribbat-Idel J, 5349
Rigakos G, 2799
Rigaud M, 1053
Rimassa L, 1599
Rimini M, 1599
Rino Y, 689, 1073, 1689, 1741, 2069, 2145, 2697, 2865, 3849, 5181, 5181, 5605
Risdon E, 4023
Rizza S, 557
Ro J-Y, 3057
Robinson HA, 2899
Rocca C, 2941
Rocca G, 2941
Rodgers AH, 1407
Rodgers M, 4333
Rodrigues MRS, 369
Rokach L, 3129
Romboli A, 2015
Ronquist G, 3583
Rosenbrock J, 2733, 4125
Roser E, 1655
Roshan TM, 4801
Rowland L, 1387
Ruatta F, 4303
Rubio CA, 4947
Rudack C, 1255
Rudnev V, 449
Rufi F, 2135
Ruge F, 1463, 3923
Ruggiero C, 493
Rummaneethorn P, 1221
Rumpold H, 2889
Ruurda J, 3553
Ryoo B-Y, 645
Ryu H, 1943
Ryu S, 2211, 4031
Ryu Y-M, 645
Ryuno Y, 675, 3265
Sabanov A, 5089
Sadaka S, 2351
Sadashima E, 2683
Saeki H, 927, 259, 3311, 4189, 5205
Sahara K, 875
Saifuddin H, 3513
Saijo H, 4155
Saijo K, 5699
Saikai T, 4155
Sailer V, 5349
Saillant A, 4723
Saimanen I, 3113
Saito A, 2069, 2145, 2697, 5173, 5181, 5605
Saito AI, 865
Saito H, 259, 5149
Saito K, 927, 2923, 4045, 4691, 5235, 5583
Saito M, 3755
Saito N, 1073
Saito R, 903
Saito S, 675, 3265
Saito Y, 707, 1113, 1985, 2425, 2433
Sakae T, 1827
Sakagami H, 3429
Sakaguchi H, 4683
Sakaguchi K, 2783
Sakaguchi T, 1185, 5197
Sakai A, 1835
Sakai C, 4843
Sakai H, 3727
Sakai K, 5107
Sakai M, 927, 2975, 3311, 4189, 5205
Sakai T, 3349, 4739
Sakai Y, 1965
Sakai-Masuda C, 1301
Sakamoto J, 3089
Sakamoto K, 3563, 3623
Sakamoto N, 4701
Sakamoto S, 3615, 5705
Sakamoto T, 201, 3665, 4097, 4583, 4843, 5051
Sakanaka K, 1817
Sakanashi K, 1925
Sakano S, 269
Sakano Y, 3665, 5051
Sakarellos P, 2749
Sakashita H, 3429
Sakata J, 3969
Sakata K, 569, 1981
Sakellariou S, 2749, 3183
Sakuda T, 1185
Sakuma T, 1043, 3015, 4359
Sakurai F, 537
Sakurai H, 2003
Sakurai K, 3905
Sakurai S, 4833
Sakurai Y, 1455
Sakuraoka Y, 2219
Saldi S, 493
Salminen E, 2645
Salvemini C, 3881
Samantas E, 2243, 2799
Samara MN, 5657
Samara W, 5657
Sambataro D, 2821
Sanches PRS, 1427
Sanchez E, 3871, 4781
Sandberg I, 1533, 1853
Sanders AJ, 291, 1463
Sangal A, 1387
Sano A, 927, 3311, 4189, 5205
Sano D, 2571
Sanò MV, 1291
Sano T, 2119, 3647
Sano Y, 547
Santoliquido M, 765
Santoro A, 2659

Santos SVM, 359
Sapkota D, 1533
Sarantis P, 3861
Sarlani E, 2749
Sasada S, 127
Sasaki E, 3247
Sasaki H, 4611
Sasaki K, 1477, 3305, 3597, 3935, 4213, 5699
Sasaki M, 4115
Sasaki R, 1749
Sasaki T, 713, 1485, 2965, 3159
Sasaki Y, 1301, 4627
Sasaki-Toda M, 5107
Satake H, 3701
Satake M, 3235
Satayavivad J, 5425
Sater HA, 4023
Satio H, 5051
Sato A, 1591
Sato E, 4543
Sato H, 2077, 2717, 3615, 4691, 5223
Sato K, 1591, 2571, 2841, 5705
Sato M, 3003
Sato R, 3647
Sato S, 547, 2055, 2841, 3135, 3159, 5663
Sato T, 875, 1901, 2069, 3647, 3727, 5663
Sato Y, 3571, 5115, 5149
Satoh H, 4583
Sawa K, 2185
Sawa K, 4663
Sawabata N, 4683
Sawabe M, 3247
Sawada A, 2119
Sawada R, 3755, 5649
Sawada Y, 875
Sawai H, 2091
Sawai T, 2539
Sawaki M, 1283
Sawata S, 3665
Sawazaki S, 689, 2865, 5181, 5605
Saze Z, 4691
Sazuka T, 3615, 5705
Scalera GB, 297
Scalia G, 523
Scampa M, 4105
Scarpello L, 2821
Scartozzi M, 1599
Schatz C, 1437
Schempp M, 2041
Schiappa R, 2235
Schild SE, 795, 801, 823
Schildt E-B, 2671
Schlegel P-G, 4975
Schmid E, 1025
Schmid-Alliana A, 1017
Schmid-Antomarchi H, 1017
Schmidt K, 4023
Schmitt W, 1655
Schnarkowski B, 5089
Schneeweiss A, 1449
Schneider J, 683
Schostak M, 1437
Schroeder HWS, 7
Schroeder N, 1437
Schulmeyer CE, 3153
Schulz M, 2593
Schwienbacher C, 1649
Scialpi M, 297
Scialpi P, 297
Scimeca J-C, 1017
Sciortino A, 5499
Sciortino C, 755
Sedlackova H, 463
Seehofer D, 5089
Segami K, 689, 5605
Sehouli J, 1655
Seibold A, 3153
Seixas F, 275
Seki N, 4701
Seki T, 209, 2273
Seki Y, 3571
Sekido Y, 3913, 5061, 5645
Sekiguchi M, 927
Sekihara K, 1073
Sekine A, 935
Sekine M, 2509
Sekine S, 35
Sekine Y, 5377
Sekito S, 4229
Selander T, 1569, 3113, 3517, 5535
Sellerstam G, 2671
Semczuk A, 5083
Semkova S, 1207, 1213
Seo AN, 1513
Seo K-W, 4007
Seo S, 175, 3701
Seo Y-E, 4915
Seo Y-J, 4915
Seo Y, 231, 2995
Seong JK, 4447
Seong M-K, 1973
Serada S, 2425
Serio ML, 2135
Serretta V, 501
Seto Z, 3241
Shabani-Rad M-T, 4801
Shah S, 137
Shamavonian R, 817
Shamoun L, 2671
Sharan S, 4969, 5025, 5555
Sharma A, 789
Sharma S, 1103
Sharp L, 2671
She Y-Y, 2625
Shen T-C, 3447, 3979
Sheriff M, 4781
Shermoen C, 4953
Shetti D, 695
Shi S-S, 4413
Shiba S, 4873
Shibahara H, 569, 1981, 2091, 3693
Shibahara K, 2501
Shibahara M, 3787
Shibamoto J, 857
Shibasaki Y, 3311, 4189
Shibata H, 5235, 5583, 5705
Shibata K, 5245
Shibata N, 4533
Shibata T, 4673
Shibuki T, 1611
Shibutani M, 191, 247, 603, 849, 4823
Shibuya K, 35, 209
Shibuya N, 2219
Shibuya T, 5041
Shiga K, 2333
Shigaki T, 3793
Shigechi T, 2371
Shigehara K, 1351, 2561, 4619
Shigemi Z, 2455
Shigenaga D, 2791
Shigeyasu K, 5597
Shih C-H, 5415
Shih H-Y, 5359
Shih T-W, 5437
Shijubo N, 4155
Shiku H, 5737
Shim S, 2995
Shima S, 2691, 2777
Shimabukuro K, 2265
Shimada H, 2965
Shimada J, 2211
Shimada M, 1985
Shimada R, 1563
Shimada S, 5115
Shimada T, 2433, 4619
Shimada Y, 3969
Shimagaki T, 893
Shimakawa T, 5139
Shimizu D, 1309, 3173
Shimizu H, 2601, 4533, 4855
Shimizu M, 1775, 3653
Shimizu R, 1725
Shimizu S, 581, 2771, 3665, 5051
Shimizu T, 2219
Shimizu Y, 5149
Shimoji M, 2491
Shimokawa M, 1611
Shimomura K, 5637
Shimomura S, 3807
Shimonosono M, 3305
Shimose S, 1599
Shimura Y, 911
Shin H-B, 4425
Shin JK, 1103
Shin SW, 4937
Shin Y, 893
Shindo N, 5031
Shindo Y, 105, 613
Shinjo H, 865
Shinno N, 4197, 5015
Shinno Y, 919
Shinoda M, 3763
Shinohara N, 4061
Shinohara Y, 1611
Shintani T, 4833
Shinzato R, 4221
Shioaki Y, 5637
Shioi I, 259, 3311, 4189
Shiokawa K, 893
Shiomi H, 231, 1637
Shiota M, 4249
Shiotsuka M, 919
Shioyama Y, 5003
Shiozaki A, 857, 4855
Shiozaki H, 201, 1761
Shiozawa S, 3235, 5139
Shiozawa T, 4583

Shirabe K, 209, 217, 259, 927, 2273, 3311, 4189, 5205, 5341
Shirai Y, 201, 1623, 4097
Shiraishi C, 883
Shiraishi K, 903, 2601
Shiraishi T, 259, 3311, 4189, 5205
Shirakawa T, 1611
Shiraki T, 2219
Shirasawa H, 2923
Shirasawa S, 3717
Shirota H, 5699
Shiroyama Y, 3653
Shishido Y, 3665, 5051
Shoda K, 903, 2601
Shoji T, 1265
Shyu R-Y, 2635
Si Q, 4923
Siddiqui S, 1387
Sihombing AM, 2491
Silletta M, 755
Simão ANC, 369
Simcock R, 1581
Simkus L, 1065
Simon H, 653
Simonetta I, 5499
Simonetti E, 1643
Simou E, 773
Sissung TM, 4023
Skalkos E, 4735
Skrzymowska J, 2527
Smith LA, 1885
Smolińska M, 1503
Smulders-Srinivasan TK, 5331
Soejima A, 4533
Soejima Y, 4341
Soga K, 5637
Sohda M, 259, 927, 3311, 4189, 5205
Soliman KFA, 2393
Soma S, 5031
Somarakis A, 2243
Sommer U, 4365
Song B, 4169
Song G-W, 63
Song W, 2609
Song Y, 4701, 5393
Soni V, 1387
Sonoda-Fukuda E, 5311
Soppi A, 4961
Sordillo LA, 5275
Sordillo PP, 5275
Sorejs O, 463
Sorg B, 4975
Soror T, 795, 823, 2103, 2227
Sortino G, 501
Sotiriou H, 1709
Soubrane O, 4983
Souchaud O, 4723
Soukup V, 1675
Spada M, 501, 1291
Spengler G, 4865
Sperduti I, 2813
Spyratos D, 2799
Srihirun S, 1221
Srisubat A, 1221
Srivastava M, 951
Stagno MJ, 1025
Stanisavljevic L, 741, 3167
Starace A, 405
Stearns A, 4593
Stefanovic S, 1449
Stein DJ, 1427
Stephanou M, 733
Stern Y, 239
Stessin A, 4031
Stewart D, 4801
Stope MB, 7, 1909
Stravodimou A, 967
Strope J, 4023
Stuebs FA, 3153
Sturiale CL, 5499
Su C-C, 5127
Su J-H, 2625
Su J, 4923
Su M, 3997
Su P-H, 5073
Su T, 3997
Su Y-C, 1167, 1933, 5127
Sucher R, 5089
Suckow MA, 335
Suda G, 1599
Sudo A, 5737
Sudo K, 4115
Sudo T, 3727, 3793, 3807
Sueda T, 4197
Suematsu H, 1689, 2831
Suenaga M, 3717
Sueoka K, 3653
Sugai A, 1131
Suganuma N, 1073, 2145
Sugase T, 2425, 4197, 5015
Sugi K, 943
Sugihara K, 4213
Sugii H, 3653
Sugimachi K, 893
Sugimoto A, 2185, 4663
Sugimoto J, 2509
Sugimoto K, 3623
Sugimoto T, 3701
Sugimura K, 4197
Sugisaki T, 4533
Sugita S, 1309
Sugita Y, 3429
Sugiura M, 2851
Sugiyama J, 1965
Sugiyama M, 893, 3225
Sukniam KB, 5025, 5555
Sulkes A, 239
Sullivan MH, 3513
Sumi T, 3097
Sumiya T, 2003
Sun A, 2609
Sun C, 3389
Sun H-N, 2951
Sun H, 4923
Sun J, 5459
Sun L, 2609
Sun R, 5459
Sun Y, 441
Sunagawa M, 621, 1009
Sunaguchi T, 4843
Sung J-N, 3455
Sung K, 4425
Suovaniemi O, 4961
Sur S-Y, 4007
Suriyachan K, 1221
Survila Z, 1065
Suryamohan K, 2383
Susini T, 2161
Sütterlin M, 1449
Suwa H, 1373
Suwannalert P, 4461
Suwanpidokkul N, 1221
Suzuki A, 725, 1301, 2069, 2351, 5031, 5099
Suzuki H, 1817, 2085, 3135, 3159, 3247, 4739, 5723
Suzuki K, 4543, 5377
Suzuki N, 105, 613
Suzuki S, 1131, 1631, 1719
Suzuki T, 2333
Suzuki Y, 3571, 4691, 5115, 5197
Svasti J, 5425
Svaton M, 695
Sweeney J, 663
Sweeney K, 4031
Syrigos KN, 2243
Syrigos N, 773
Syrjänen K, 1569, 3517, 4961, 5535
Szewczuk O, 5083
Szewczuk W, 5083
Szuba A, 97
Szylberg Ł, 1503
Tabata A, 3747
Tabata E, 935
Tabata K, 3003
Tacconi F, 3255
Tachibana A, 473
Tachibana H, 5723
Tachibana M, 455, 3607
Tachibana T, 2539
Tachihara M, 1775
Tada T, 1599, 4691
Tada Y, 2717
Tadmor T, 3129
Tadokoro T, 5189
Tagawa Y, 3429
Tagayasu Y, 943
Tago T, 3341, 5621
Taguchi H, 1611
Taguchi O, 5197
Taji T, 1373
Tajiri K, 3807
Tajiri T, 2417
Tak E, 63
Taka C, 3241
Takaba T, 4055
Takabatake H, 4155
Takada K, 191, 247, 603, 849
Takada Y, 569, 3563
Takagi K, 223
Takagi S, 2501
Takahashi D, 809
Takahashi F, 1265
Takahashi H, 2333, 2571, 2717, 3135, 3159, 3623, 3913
Takahashi I, 3673
Takahashi K, 2865, 4097
Takahashi M, 1493, 2841, 2879, 3623, 4061, 4627, 5699
Takahashi N, 3571, 5115
Takahashi T, 2351, 2425, 5107

Takahashi Y, 3079, 3639, 5261
Takakusagi Y, 2691, 2777
Takamatsu H, 157
Takami H, 3173
Takamori S, 5215
Takanari K, 5723
Takano S, 2851, 3665, 5051
Takao K, 3429
Takao M, 5197
Takao T, 167
Takara K, 4349
Takarada T, 5311
Takase Y, 2683
Takashima T, 2501
Takashina M, 581
Takata T, 1455
Takatori E, 1265
Takatsuki M, 4221
Takayama K, 537
Takebayashi K, 2491
Takebayashi T, 3563
Takeda K, 875, 5115
Takeda M, 2119, 2771, 5061
Takeda R, 5637
Takeda S, 105, 613
Takehara Y, 4691
Takei D, 5189
Takemoto K, 4855
Takenaga N, 5699
Takenaka A, 1725
Takenaka T, 3543, 5215
Takenoyama M, 3543
Takeoka T, 4197
Takeoka T, 5015
Takeshima Y, 3961, 5367
Taketani K, 1835
Taketomi A, 5245
Takeuchi A, 2127
Takeuchi K, 3487
Takeuchi Y, 2265
Takiguchi K, 2601
Takiguchi K, 903
Takiguchi N, 5061
Takiguchi S, 2333
Takimoto Y, 569, 1981, 2091, 3693
Takishima T, 1623
Takizawa K, 3969
Takuma K, 3769
Talaikis M, 1065
Tamagawa A, 689, 5605
Tamagawa H, 689, 2069, 2865, 5605
Tamai K, 5031
Tamaki T, 3247, 4221, 4691
Tamenaga S, 231
Tamiya A, 1325, 2771
Tamiya M, 1325
Tamura K, 5167
Tamura M, 3701
Tamura R, 5597
Tamura S, 4701
Tamura T, 2171, 4583, 4823
Tamura Y, 2841, 5663
Tan CQY, 2899
Tan I, 713
Tan P, 1193
Tanabe K, 217, 3597
Tanabe M, 5173, 5181
Tanabe T, 105
Tanabe Y, 5167
Tanahashi Y, 2859
Tanaka C, 3173
Tanaka H, 35, 191, 247, 603, 849, 1455, 2171, 2203, 3235, 4341, 4823
Tanaka K, 2425, 3089
Tanaka N, 473, 3173
Tanaka S, 4229
Tanaka T, 4887, 5149
Tanaka Yoshiatsu, 1159
Tanaka Yu, 3779
Tanaka Yusaku, 2841, 2879
Tanaka Yuya, 3779
Tancharoen S, 1221
Tanda M, 1775
Tang C-T, 3057, 3455
Tang F, 5509
Tang K, 2923
Tang TT, 1885
Tange Y, 2085
Tani K, 2179
Tani M, 2491
Tani Y, 2185, 4663
Taniai T, 1623
Tanigawa K, 4055
Tanigawa Y, 3441
Taniguchi F, 5637
Taniguchi M, 707
Taniguchi N, 4241
Taniguchi R, 569
Taniguchi SH, 5699
Taniguchi Y, 1325, 2127, 2771
Tanino H, 5067
Tanishima Y, 2293
Tanuma S-I, 3429
Tao Y, 3943
Taoka R, 5041
Tarukawa T, 5197
Tarumi R, 3441
Tasaka R, 3097
Tashiro K, 3135, 3159, 4611
Tashiro M, 2975
Tashiro Y, 5235, 5583
Tassavor M, 4511
Tateishi M, 5605
Tateno K, 927, 5205
Tatsuda D, 2477
Tatsumi S, 4683
Tatsuno R, 4241, 5729
Tauchi Y, 191, 247, 603, 849
Tawara I, 4045
Tayama Y, 2851
Tazawa H, 4809
Teh BS, 3539
Tei M, 5061
Teishikata T, 3659
Teixeira L, 143
Telschow T, 1869
Terada H, 3247
Terado M, 269
Teraishi F, 5597
Terakawa T, 841
Teraoka S, 1725
Teraoku H, 1985
The E, 3411
Theochari M, 2749
Thomas C, 4365
Thomas S, 2383
Thway K, 1581
Tian Z, 2923
Tixidre CG, 653
Tobe K, 3241
Toda K, 865
Toda M, 3487
Toda S, 1073, 2145
Toda Y, 547
Todaka A, 4115
Todoroki K, 725
Togashi K, 1131
Toh Y, 893, 3225
Tohda S, 3023
Tohnai I, 3429
Tokashiki K, 2717, 3679
Tokuda A, 2491
Tokuda K, 1159, 1239
Tokui K, 3241
Tokumitsu Y, 105, 613
Tokunaga T, 3003, 3639
Tokuoka S, 537
Tokuyasu N, 3665, 5051
Tomasello G, 4303
Tome Y, 3507
Tomida R, 4627
Tominaga K, 455, 3607
Tominaga Y, 4683
Tomioka K, 5235, 5583
Tomisaki I, 269, 429, 3841, 4055, 4573
Tomiyama E, 167
Tomizawa K, 1827
Tomochika S, 105, 613
Tomoda T, 4701
Tomoda T, 5689
Tomomura M, 3429
Tomonaga T, 569
Tomono K, 2509
Tong X, 5459
Tonini G, 755
Toniolo JT, 409
Tonoiso C, 4627
Topolčan O, 449, 463
Torigoe T, 1477, 4155, 5729
Torimoto K, 473
Toriumi R, 2433, 4619
Torres ILS, 1427
Tørring T, 5319
Tounann T, 3807
Toussaint P, 653
Toyama H, 911, 2299
Toyokawa T, 2171, 4823
Toyozumi T, 1485, 5261
Travnicek I, 463
Treeck O, 831
Trenti E, 1649
Treskova I, 695
Tribillon E, 4983
Trillenberg P, 2725
Trippa F, 297
Trommer M, 2733
Trubini S, 2015
Tsai C-H, 3203
Tsai C-L, 3213
Tsai C-W, 343, 381, 2467, 3447, 3979, 5359
Tsai F-M, 2635
Tsai Y-H, 1193
Tsai Y-Y, 1843
Tsiakitzis K, 2799

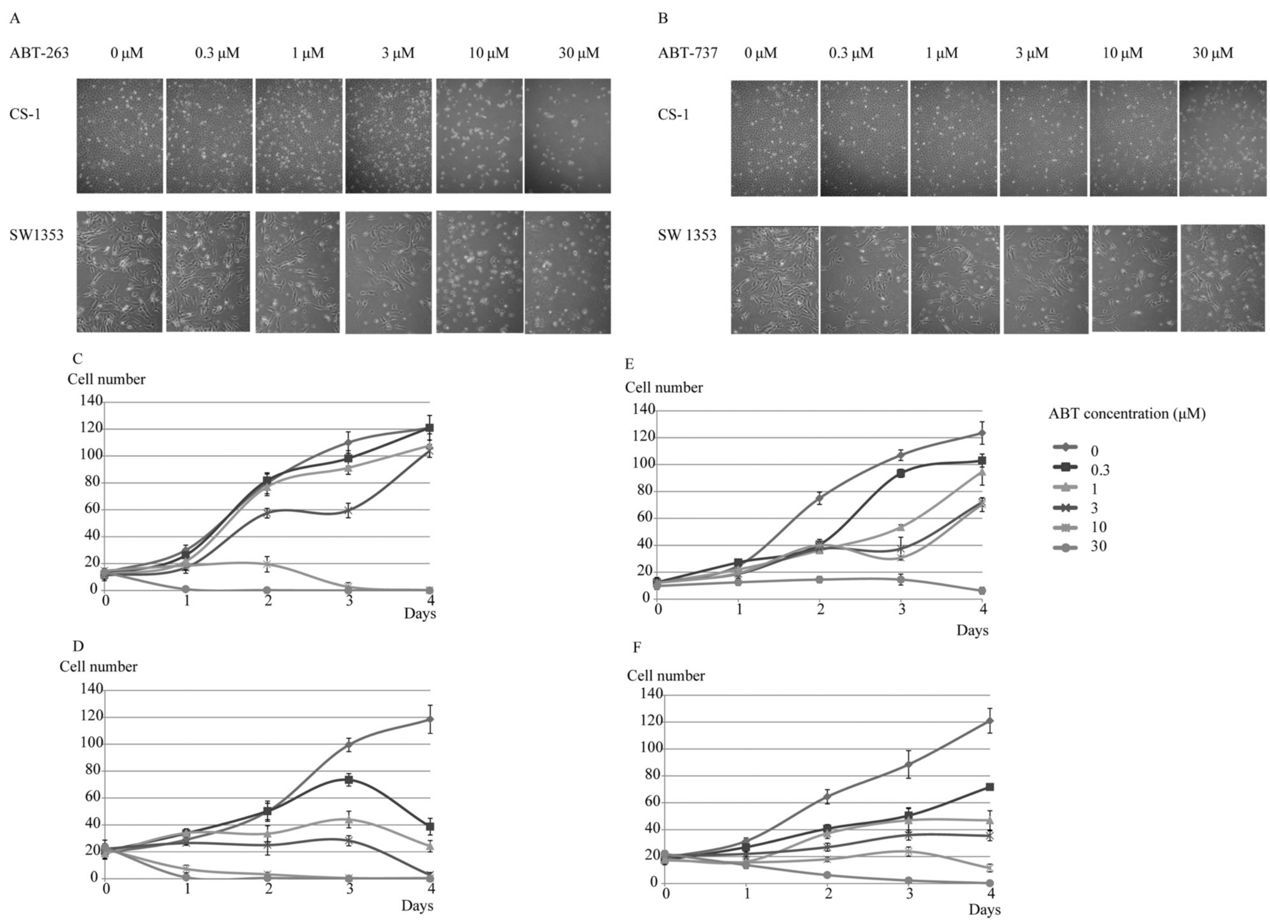
Tsoneva I, 1207
Tsubamoto H, 569, 1981, 2091, 3693
Tsubonuma Y, 3841
Tsubouchi K, 455, 3607
Tsubouchi T, 581
Tsuchida K, 2691, 2777
Tsuchiya H, 2127, 4277
Tsuchiya N, 2841
Tsuchiya Y, 3623
Tsuda M, 1121
Tsugawa D, 2299
Tsuji H, 2259
Tsuji M, 2085, 3799
Tsuji Y, 5377
Tsujio G, 4359
Tsukagoshi M, 209, 2273
Tsukahara K, 2717, 3679
Tsukahara S, 4249
Tsukahara T, 1477
Tsukamoto R, 3615, 3623
Tsukioka T, 1631, 1719
Tsunedomi R, 105, 613
Tsunematsu M, 201, 4097
Tsuneyoshi K, 4729
Tsunoda T, 3717, 3735
Tsuruda Y, 3305
Tsuruga Y, 1591
Tsurumi K, 5031
Tsuzuki S, 3135, 3159
Tu H-F, 3987
Tulk A, 4263
Turnbull H, 4593
Tuttolomondo A, 5499
Tvilsted S, 801, 4143
Tyler D, 1543
Tzardi M, 1709
Uchida K, 1283, 5737
Uchida M, 3321, 4067, 5583
Uchida S, 5205
Uchikura E, 3097
Udo R, 3341, 5621
Ueda A, 3653
Ueda H, 1113, 3543
Ueda K, 2069, 3003
Ueda M, 157
Ueda T, 569, 1981, 2091, 3693
Ueda Y, 911, 1397, 1611, 3079
Uehara H, 893
Uehara K, 621, 1009
Ueki T, 2491
Uematsu K, 5107
Uemura H, 167, 5629
Uemura M, 283, 3913, 5041, 5061, 5645
Uemura N, 4729
Uemura S, 175, 4729
Ueno H, 4115
Ueno M, 809, 1741
Ueno S, 1611
Ueno T, 105, 2199, 3235, 3685
Ueno Y, 4627
Uesato M, 5261
Uesawa Y, 3429
Uesugi K, 4115
Uhara H, 1477
Umana GE, 523, 5499
Umeda M, 5155
Umeda S, 3173
Umeda Y, 223
Umeguchi H, 919
Umehara M, 1591
Umehara T, 3003
Umemori K, 4993
Umetani Y, 3779
Umeyama H, 2455
Umezawa M, 581
Umezawa R, 3571, 5115
Unno M, 5223
Uno T, 5705
Uota S, 3429
Uozumi Y, 5637
Urabe F, 3135, 3159, 4611
Urade T, 2299
Urakawa N, 3145, 3755, 5649
Urakawa S, 4197
Urano K, 5099
Urata Y, 4809
Urayama S, 3653
Urbonas V, 1065
Ureshino N, 1611
Urpilainen E, 4037, 5545
Usai S, 4983
Ushiku T, 3935
Ushio T, 2859
Ushiyama Y, 5253
Usuba T, 201
Usui T, 5139
Utsunomiya M, 175
Uwagawa T, 1761, 4097
Uz-Yildirim E, 3029
Vaidya JS, 733
Vailas M, 3183
Valenti V, 4077
Valerio MR, 501, 1291, 4643
Van Bodegraven EA, 4983
Van Hillegersberg R, 3553
Vanni G, 557, 1555, 2135, 3255
Vanzi E, 2161
Varlet D, 1017
Vasilevich NI, 2609
Vecchia S, 2015
Vecchio G, 5409
Venkataramana NK, 3583
Venzon DJ, 4023
Vereczkei A, 59
Verusio C, 405
Vesely S, 1675
Viale M, 5409
Vieni S, 4643
Vieth M, 4947
Viglialoro V, 755
Vigneri P, 1291, 4643
Vijayakumar G, 3069
Viola A, 523, 4077
Virgilio E, 3881
Von Bergwelt-Baildon M, 1857
Von Bernuth A, 5349
Von Brandenstein M, 2407
Von Hardenberg J, 417
Vona L, 3881
Voskens C, 4525
Voutsadakis IA, 967
Vozikis A, 2799
Vrettou K, 3861
Wada H, 4197, 5015
Wada K, 2879
Wada M, 3305, 3597
Wada N, 4221
Wada Y, 5583
Wagner C, 1273
Wagner SM, 1273
Wakabayashi K, 2859
Wakai E, 5613
Wakai T, 3969
Wakefield MR, 1885, 2933
Wakimoto Y, 569, 1981, 2091, 3693
Wakita N, 841
Wako H, 5387
Waldbillig F, 417
Wałędziak M, 5083
Wallwiener M, 1449
Walter S, 1663
Walter-Rodriguez B, 4023
Walz SN, 4105
Wang B-R, 381
Wang C-C, 1167, 1361, 3203, 4709
Wang C-H, 2635, 5073
Wang C, 4061, 5393
Wang F, 5393
Wang H-M, 1843
Wang H-MD, 1193
Wang H-Y, 3987
Wang H, 1415, 2055, 2873
Wang J-H, 1377, 3203, 4709
Wang L-K, 2635
Wang L, 3471, 4169, 4923, 4953, 5447, 5681
Wang Q, 389
Wang R, 3997
Wang S-C, 1809, 3447
Wang S-S, 485, 1331, 1809, 3193
Wang W-S, 4403
Wang W, 4379
Wang Y-C, 3447, 3979, 5127
Wang Y, 2951, 3943, 5393
Wang Z-H, 343
Wani S, 3411
Wardelmann E, 1255
Warmann SW, 1025
Washio H, 3079
Watabe T, 3913
Watanabe A, 209, 2273, 2783
Watanabe D, 2351, 5099
Watanabe H, 511, 2865, 4583, 5173
Watanabe J, 875, 3563, 5253
Watanabe K, 5031
Watanabe M, 1689, 2831, 5235
Watanabe N, 1009
Watanabe N, 621
Watanabe S, 2791, 2851
Watanabe T, 35, 2185, 2455, 4663, 5205
Watanabe T, 927
Watanabe Y, 105, 4691
Watson R, 4263
Weber F, 831
Wei J, 5509

Wei L, 3997
Weiss L, 1273, 2889
Wen S-Y, 3213
Wen X, 1731
Werneck De Souza E Silva G, 1245
Werner EM, 2757, 3107
Wessels F, 417
Wessely A, 4525
Westhoff N, 417
Weusten B, 3553
Wiese B, 2155
Wijayawardana R, 3529, 4735
Wilander E, 669
Winder T, 2889
Windrichova J, 463
Wirtz R, 1449
Wöll E, 2889
Wong S, 1993
Woo J-S, 3047
Woo T, 2069
Worst TS, 417
Woznica V, 695
Woźniewski M, 97
Wu C-C, 2635, 5127
Wu C-F, 1167
Wu C-H, 1521
Wu C-T, 1193
Wu C, 3037
Wu H-C, 343, 381
Wu L-W, 3479
Wu N, 4379
Wu R, 3493
Wu RC, 1521
Wu Y-J, 2625
Wu Y-T, 2583, 4015, 4879
Wu Y, 5475
Wu Z, 389, 4905
Wuertz B, 5299
Xhabija B, 3891
Xiao C, 4905
Xiao H, 389, 1885, 2609, 2933
Xiao Y, 389
Xie F, 4389
Xie Y, 3401
Xu B, 3923
Xu H, 3943
Xu M, 105, 613
Xue T, 3943, 5447
Yabumoto A, 191, 247, 603, 849
Yabushita Y, 875
Yaegashi H, 1351, 2433, 2561, 4619
Yagi M, 581, 1775
Yagishita S, 919
Yago A, 5663
Yagyu S, 2417
Yajima T, 5671
Yamada K, 3755, 4663, 5583
Yamada R, 1863
Yamada S, 935, 1985
Yamada T, 1689, 2069, 2085, 2697, 2831, 2865, 3685, 5173, 5181
Yamada Y, 725, 2909, 5099, 5705
Yamagishi H, 3089
Yamagishi K, 707
Yamagishi S, 3295
Yamaguchi A, 259, 3015, 3311
Yamaguchi J, 621, 1009
Yamaguchi K, 4627, 5031, 5139
Yamaguchi M, 4533
Yamaguchi N, 1725
Yamaguchi S, 1731, 1835, 2179, 3289
Yamaguchi Y, 2859
Yamahata Y, 1761
Yamamichi G, 283
Yamamoto A, 903, 911
Yamamoto H, 3913, 5061, 5645
Yamamoto K, 1317, 1775, 4349
Yamamoto M, 893, 2203, 3225, 3665, 5015, 5051, 5067
Yamamoto N, 809, 919, 1741, 2127, 3429, 4277
Yamamoto S, 5099
Yamamoto T, 3571, 5115
Yamamoto Y, 2085, 4341, 4359, 4627, 4683, 4855
Yamamura K, 1863, 4285
Yamana D, 1591
Yamana H, 3769
Yamanaka N, 4179
Yamanaka R, 2203
Yamanaka T, 2145
Yamanegi K, 2539
Yamaoka T, 3639
Yamasaki M, 2425
Yamasaki T, 4061
Yamashita G, 2717, 3679
Yamashita H, 707
Yamashita K, 3145, 3755, 3763, 4843, 5649
Yamashita S-N, 1159
Yamashita S, 725
Yamashita T, 157, 2145, 2717, 4583
Yamashita Y, 5067
Yamauchi M, 3097
Yamauchi S, 4213
Yamawaki T, 3799
Yamazaki F, 3607
Yamazaki H, 1073
Yamazaki K, 621, 1009, 3543, 5235
Yamazaki M, 725
Yamazaki T, 5235, 5583
Yan H, 3471
Yanagaki M, 1623
Yanagi Y, 1965
Yanagida E, 943
Yanagida M, 919
Yanagimoto H, 911, 2299, 3755
Yanagisawa T, 1817, 4611
Yanagita T, 2333
Yanai H, 4583
Yanamoto S, 4833
Yanase K, 725, 1301
Yaneva Z, 1213
Yang C-H, 4015
Yang C-K, 485, 1331, 1809, 3193
Yang C-W, 3213
Yang H-C, 1809
Yang J-D, 4403
Yang J, 2609
Yang M, 1943, 2609
Yang T, 4923
Yang W, 5459
Yang Y-C, 3979, 5359
Yang Y-L, 1521
Yang Y, 3923, 4413
Yang YM, 1463
Yano F, 2293
Yano H, 3727
Yano I, 1317, 1775
Yano T, 3225, 3543
Yano Y, 911, 1317
Yashiro M, 25, 4359, 4663
Yasuda J, 5031
Yasudome R, 3597
Yasui A, 5015
Yasui H, 5197
Yasui M, 4197
Yasui T, 3097
Yasukawa M, 2145
Yasuma T, 3487
Yasumoto H, 5041
Yatabe S, 2923
Yaylim I, 3281
Yazaki R, 3717
Yazawa Y, 5729
Ye L, 291
Yeh C-T, 1201
Yi R, 2923
Yin F, 255
Yin Q, 3997
Yokobori T, 5341
Yokokawa T, 4533
Yokomizo H, 4207, 5139
Yokoo H, 2077
Yokose T, 2697
Yokota K, 175, 3701
Yokoyama J, 3647
Yokoyama Y, 621, 1009
Yomoda T, 3793
Yonemitsu H, 3321, 4067
Yonemoto T, 1767, 2317, 3273
Yoo C, 645, 1599, 5523
Yoo S-S, 4793
Yoon G, 1513
Yoon S, 1103
Yoon SY, 1079
Yorimitsu M, 3653
Yoroidaka T, 157
Yörüker EE, 3281
Yoshida C, 5671
Yoshida D, 2691, 2777, 3225
Yoshida H, 2069
Yoshida J, 2477
Yoshida K, 2879, 3717
Yoshida R, 223
Yoshida S, 105, 613
Yoshida T, 919, 3793, 5041, 5245
Yoshida Y, 5699
Yoshihara K, 157
Yoshihara S, 157
Yoshii M, 2171, 4823
Yoshikawa T, 3089, 3289

Yoshimatsu K, 3235
Yoshimitsu K, 3597
Yoshimoto N, 2185, 4663
Yoshimoto Y, 2077, 4691
Yoshimura K, 167, 1919, 3799
Yoshimura R-I, 865
Yoshino K, 1397, 3787
Yoshioka I, 35
Yoshioka N, 1775
Yoshitake T, 5003
Yoshiyasu K, 3693
Yoshizawa K, 5723
Yoshizumi T, 2371, 5215
You D, 1079
You G-R, 4915
You H, 5509
Youn H-Y, 4007
Yousefpour M, 2025
Yu B, 3471
Yu H, 5475
Yu NY, 823, 2103, 2111, 2227, 2725, 2757, 2763, 3107, 3121, 4143, 4149, 4651
Yu S-J, 4879
Yu T, 5393
Yuasa H, 4045
Yueh P-F, 4403
Yueh T-C, 381, 3979
Yugawa K, 1835
Yuge K, 3807
Yukata K, 3349
Yukawa N, 689, 1741, 2069, 2865, 5181, 5605
Yumioka T, 1725
Yumita S, 1043
Yun CW, 2519
Yunokawa M, 4533
Yutori H, 4993
Zabrocka E, 4031
Zagardo V, 4077
Zaidi S, 1581
Zaleskis G, 1065
Zamanian I, 2025
Zampieri P, 2941
Zemskova O, 2725, 3121
Zhai W, 3493
Zhang D, 1857
Zhang H, 3401, 3943
Zhang J, 1043, 5167
Zhang K, 4435
Zhang L, 4389
Zhang R, 5459
Zhang X-W, 5589
Zhang X, 4923
Zhang Y-Q, 4413
Zhang Y, 3493
Zhang Z, 3389
Zhao C, 4923
Zhao K, 115
Zhao L, 2933
Zhao P-W, 1175
Zhao Q, 4473
Zhao X, 3401, 5705
Zhelev Z, 1207, 1213
Zheng J, 441, 3493
Zheng Z, 4937
Zhou C, 389, 3389
Zhou J, 4435
Zhou Y, 5393
Zhu B, 4491
Zhu R, 3493
Zhuang X, 3923
Zibutyte L, 1065
Ziogas D, 2749, 3183
Zor DS, 3281
Zvirble M, 1065
Zwaan I, 795, 823
Zwicker F, 2041

Corrigenda

Vol. 34, No. 11, page 6426, Figure 2 should be replaced by the following:



Vol. 42, No. 12, p. 5813, the name of the third author should read: MOHAMMED ALI ASHARY

Vol. 42, No. 12, p. 5811, acknowledgements section, the sentence "This study was partially supported by the Research Institute for Veterinary Science, Seoul National University." was added.

Vol. 42, No. 12, p. 5867, the name of the 8th author should be LARA BRUNASSO

Vol. 43, No. 1, page 301, Table III, Category 2, T2WI line, RP column, the sentence should read:

Diffuse thickening or nodule
at vesicourethral anastomosis
or nodule or mass
in the prostatectomy bed

Vol. 43, No. 1, page 301, Table III, Category 2, T2WI line, RT column, the sentence should read:

Focal or diffuse moderate
hypointensity or nodule

Vol. 43, No. 1, page 301, Table III, Category 3, DWI/ADC line, RP column, the sentence should read:

Lobulated, curvilinear,
or semi-circumferential mass,
nodular or plaque-like or
irregular hyperintensity on
DWI at high b-values and
moderate homogeneous
hypointensity on ADC map

Vol. 43, No. 1, page 301, Table III, Category 4, DWI/ADC line, RP column, the sentence should read:

Lobulated, curvilinear,
or semi-circumferential mass,
nodular or plaque-like or
irregular hyperintensity on
DWI at high b-values and marked
homogeneous or inhomogeneous
hypointensity on ADC map

Vol. 43, No. 2, page 570, right column, the last sentence of the Enzyme-linked immunosorbent assay (ELISA) paragraph should read:

The data obtained were analyzed using XLSTAT (Addinsoft, Paris, France).

Vol. 43, No. 2, page 573, left column, lines 10-12 should read:

whereas M1 macrophages (C in Figure 5a and b) significantly inhibited CaSki cell proliferation after 72 h (p=0.012).

Vol. 43, No. 3, page 1255, affiliation No. 4 should read:

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Vol. 43, No. 4, page 1599, the affiliations for the 17th author should read:

LORENZA RIMASSA[15,18]

Vol. 43, No. 4, page 1599, the affiliations 15 and 18 should read:

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Vol. 43, No. 6, page 2625, the authors and affiliations list should read:

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Vol. 43, No. 8, page 3429, the authors' and affiliations' list should read:

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Vol. 43, No. 8, page 3583, The Authors' list should read:

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Vol. 43, No. 8, page 3583, The correspondence section should read:

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Vol. 43, No. 8, page 3587, The Authors' Contributions section should read:

Conceptualization & Methodology: C. Panotopoulos, G. Ronquist, G. Panayotoy; Supervision: G. Ronquist, N. K.Venkataramana, S. Av. Rao, C. Panotopoulos; Writing & Editing: S. Ganapathy, C. Panotopoulos, A. Nagaraj, G. Ronquist.

Vol. 43, No. 9, page 4007, the authors' and affiliations' list should read:

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Vol. 43, No. 9, page 4013, the Authors' Contributions should read:

GH Lim and SM park participated in the conception and design of the experiments. SY Sur, GH Lim and SM park participated in acquisition, analysis, and interpretation of data. SY Sur and GH Lim wrote the main manuscript text. HY Youn supervised the project. All Authors reviewed the manuscript.

Vol. 43, No. 10, page 4638, Table I, should read: TABLE I

Table I. *Demographic and clinical characteristics of the study population.*

Variables	N (%) or mean±SD
Age (years)	49 (±14.7)
Post-menopausal state	
Yes	63 (42)
No	86 (58)
Comorbid chronic diseases	
Yes	33 (22.1)
No	116 (77.9)
Tobacco use	
Yes	31 (20.8)
No	118 (79.2)
Previous hysterectomy	29 (19.4)
For CIN, AIS, or cervical cancer	18 (12.2)
For benign conditions	11 (7.2)
Concomitant or previous neoplasia of the lower genital tract	
None	87 (62.5)
HG-CIN	71 (51.0)
HG-VIN	11 (7.9)
HG-CIN + VIN	7 (5.0)
Cervical cancer	15 (10.7)
Vulvar cancer	1 (0.7)
HPV vaccination	
Yes	51 (34.2)
No	98 (65.8)

CIN: Cervical intraepithelial neoplasia; AIS: adenocarcinoma in situ; HG: high-grade; VIN: vulvar intraepithelial neoplasia.

Vol. 43, No. 10, page 4638, Results, lines 10 and 11 should read:

cancer and eight women (5.3%) had a concomitant diagnosis of VIN (vulvar intraepithelial neoplasia) or of vulvar cancer. Twentynine women (19.4%)

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c. Introduction;

d. Materials and Methods/Patients and Methods/Case Report;

e. Results (not needed in a Case Report);

f. Discussion;

g. Conclusion;

h. Conflicts of Interest;

i. Authors' Contributions;

j. Acknowledgements;

k. Funding;

l. References.

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The article should be divided into clearly defined unnumbered sections. Main headings should be typed in bold on a separate line on the left of the page. The subheadings should be typed in bold italics at the left of the page on a separate line, and only the first word should begin with a capital letter. The sub-subheadings should be typed in italics on a new line, aligned full left. The text should start on the same line with subheadings and sub-subheadings.

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1 Kenyon J, Liu W, Dalgleish A: Report of objective clinical responses of cancer patients to pharmaceutical-grade synthetic cannabidiol. Anticancer Res 38(10): 5831-5835, 2018. DOI: 10.21873/anticanres.12924 (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 City, NY, USA, Plenum Publ Corp., pp 113-136, 1973.
3 Global Health Estimates 2015: Disease Burden by Cause, Age, Sex, by Country and by Region, 2000-2015. Geneva, Switzerland, World Health Organisation, 2016. Available at: **http://www.who.int/healthinfo/global_burden_disease/estimates/en/index2.html** [Last accessed on April 3, 2018] (The web address should link directly to the cited information and not to a generic webpage)

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