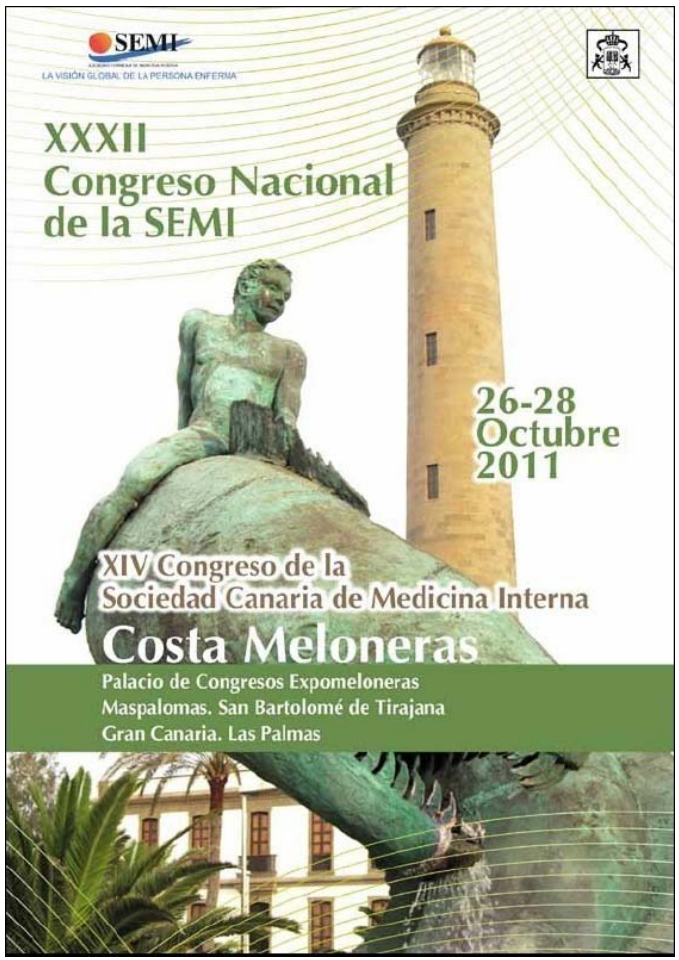
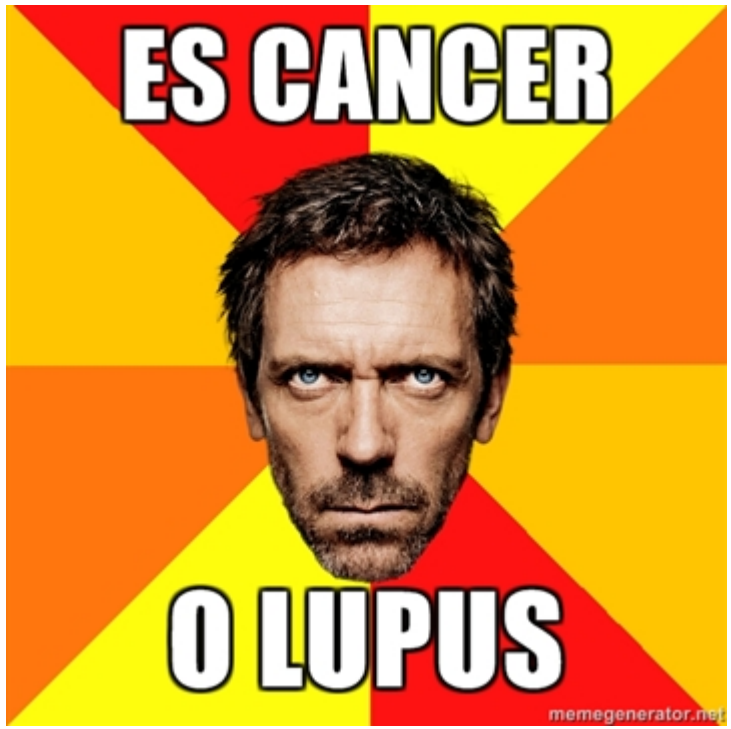
Cáncer y autoinmunidad: una relación bidireccional

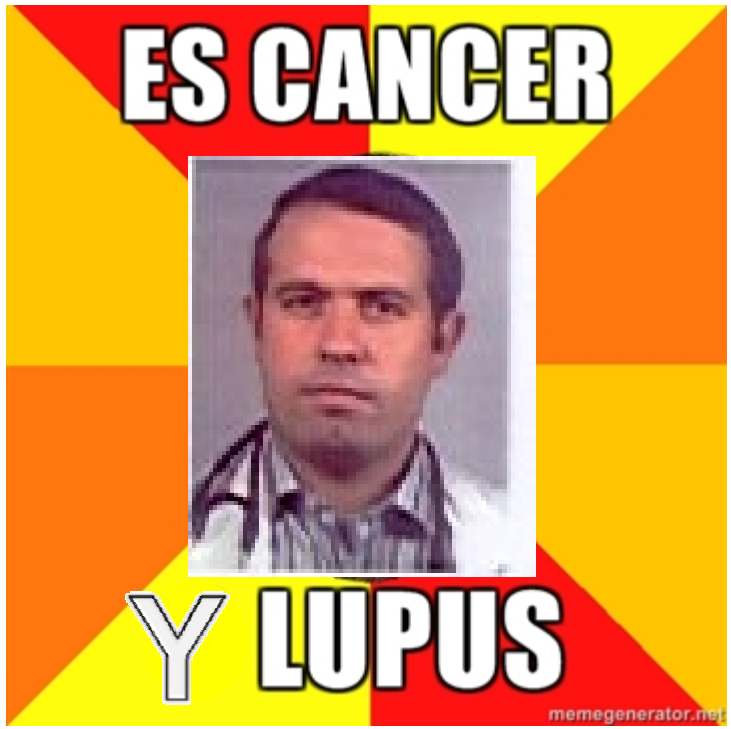


Miguel Yebra Bango
Servicio de Medicina Interna
Hospital Puerta de Hierro-Majadahonda

Cáncer y autoinmunidad: una relación bidireccional



Cáncer y autoinmunidad: una relación bidireccional



Cáncer y autoinmunidad: una relación bidireccional

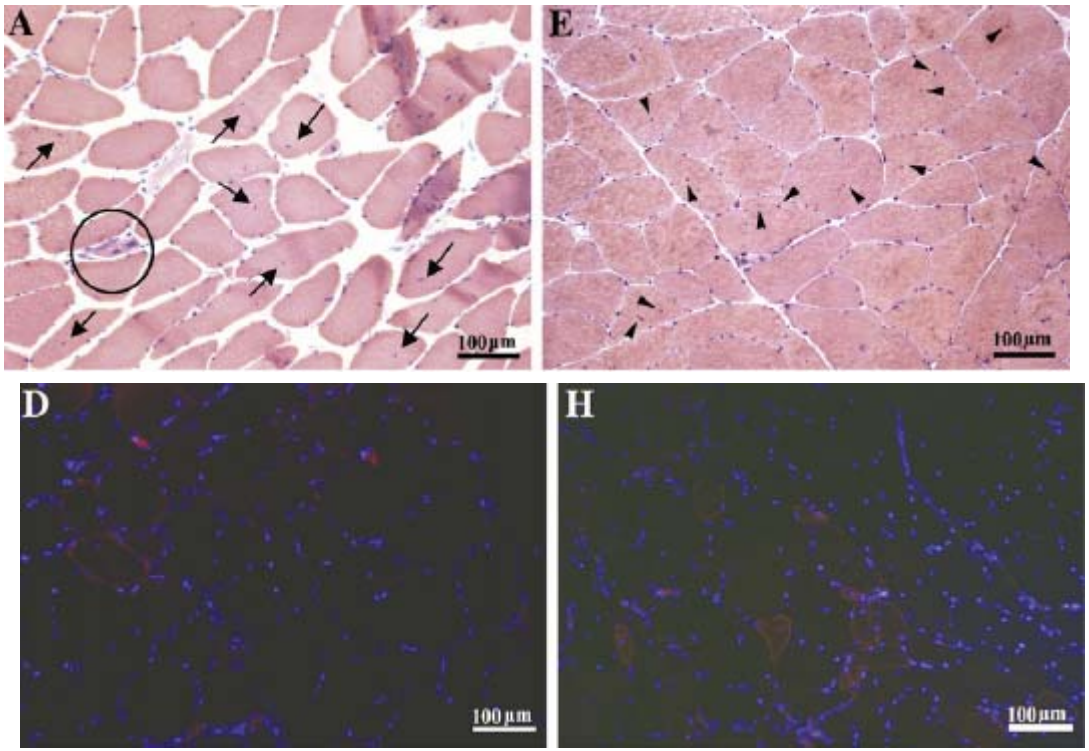
Factores genéticos, hormonales ó ambientales
Infecciones virales
Actividad de la enfermedad
Tratamiento con inmuno moduladores ó agentes biológicos

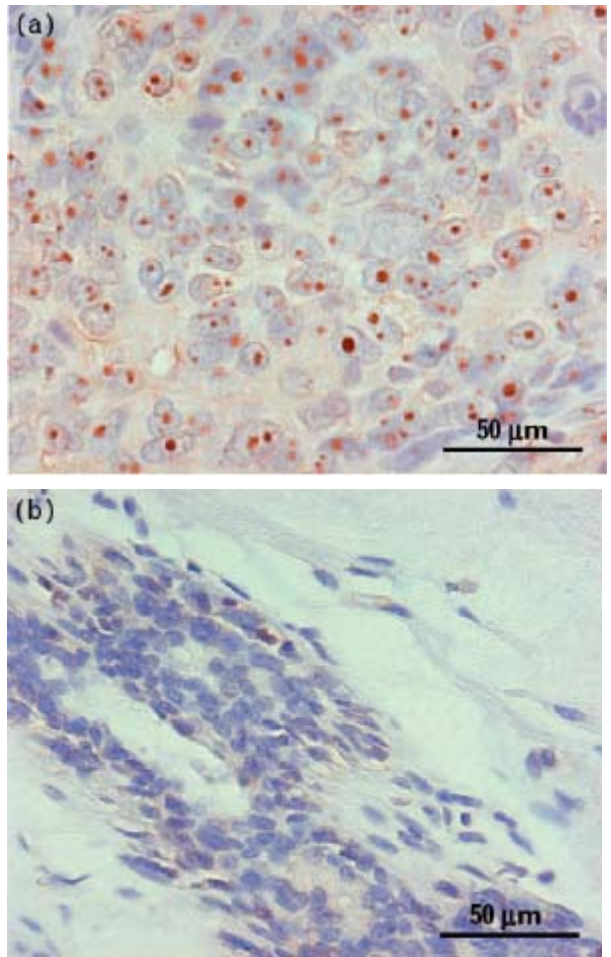
Paraneoplásico
Criterios de
Bradford Hill

Polymyositis, dermatomyositis and malignancy: A further intriguing link

S. Zampieri [a,b], M. Valente [c], N. Adami [a], D. Biral [d], A. Ghirardello [b], M.E. Rampudda [b], M. Vecchiato [e], G. Sarzo [e], S. Corbianco [a], H. Kern [f], U. Carraro [a], F. Bassetto [g], S. Merigliano [e], A. Doria [b,*]

Autoimmunity Reviews 9 (2010) 449–453





Expresión de NCAM

Close Temporal Relationship Between Onset of Cancer and Scleroderma in Patients With RNA Polymerase I/III Antibodies

Ami A. Shah, Antony Rosen, Laura Hummers, Fredrick Wigley, and Livia Casciola-Rosen

ARTHRITIS & RHEUMATISM
Vol. 62, No. 9, September 2010, pp 2787–2795

Chronic Antigenic stimulation / Auto-antigen

LYMPHOMA

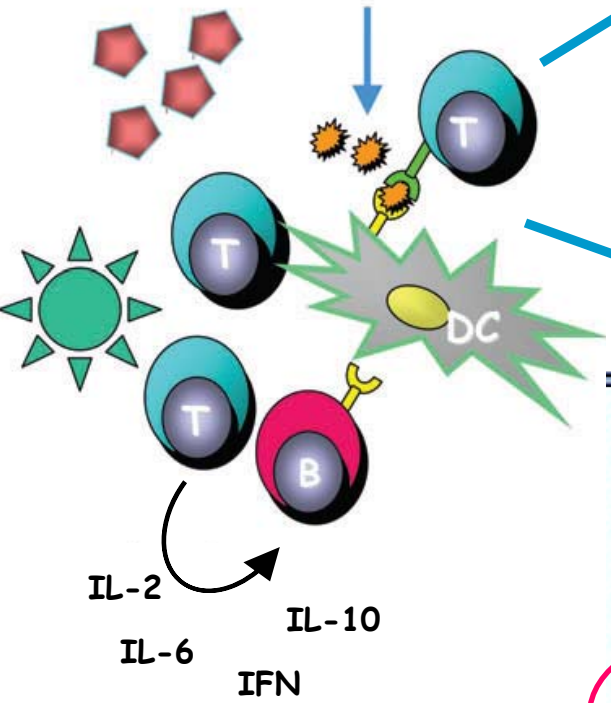
MONOCLONAL expansion

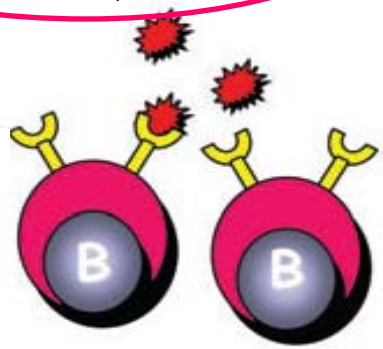
OLIGOCLONA expansion

Autoimmune stimulation

Local infection

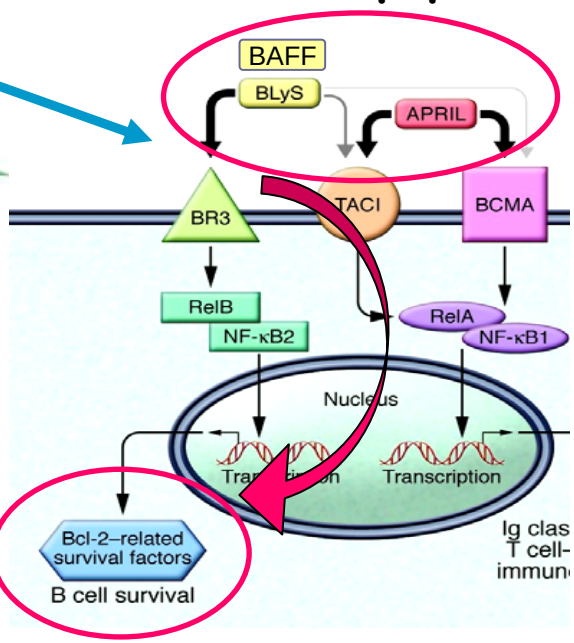
Viral/ Bacterial ATG

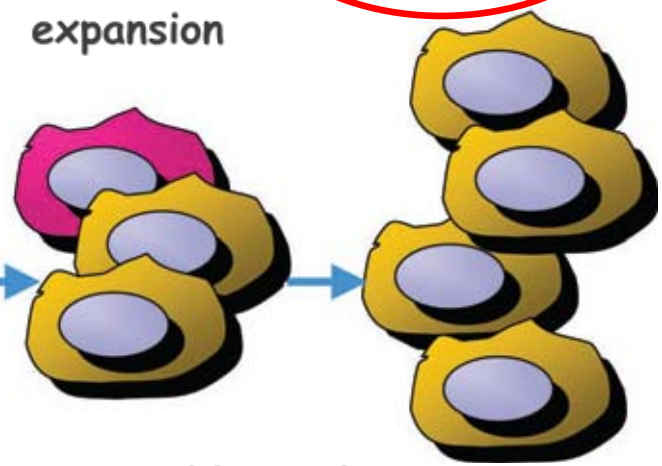




Overstimulation

Defective Apoptosis





Additional events:
Secondary genetic changes
Microenvironmental factors

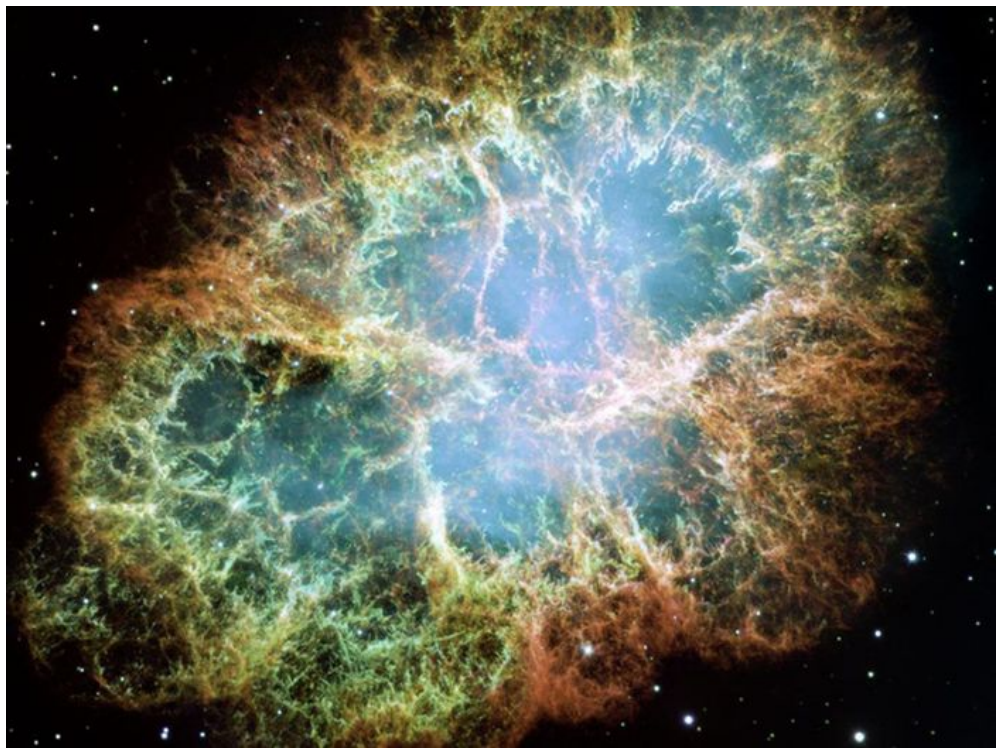
trisomy 3

c-myc

mutant p53

translocations

Lupus y cáncer



Lupus y cáncer

Estudio	Nº Total (% M)	Nº Cancer (%)	SIR global (95% CI)	SIR LNH (95%CI)
Bernatsky (05)	9547(90)	431(4,5%)	1,15 (1,05-1,27)	3,64 (2,63-4,93)
Bjornadal (02)	5715(73)	443(7,7)	1,25 (1,14-1,37)	2,86 (1,96-4,04)
Kang (10)	914(100)	16(1,7)	1,45 (0,74-2,26)	15,4 (2,90-37,7)
Mellemkjaer (97)	1585(84)	102(6,4)	1,30 (1,06-1,58)	5,2 (2,2-10,3)
Parikh-Patel (08)	30478(89)	1273(4,1)	1,14 (1,07- 1,20)	2,74 (2,22-3,34)
Total	47325(89)	2265(5%)		

British Journal of Cancer (2011) 104, 1478–1481.

An International Cohort Study of Cancer in Systemic Lupus Erythematosus

S. Bernatsky,[1] J. F. Boivin,[2] L. Joseph,[3] R. Rajan,[1] A. Zoma,[4] S. Manzi,[5] E. Ginzler,[6] M. Urowitz,[7] D. Gladman,[7] P. R. Fortin,[7] M. Petri,[8] S. Edworthy,[9] S. Barr,[9] C. Gordon,[10] S. C. Bae,[11] J. Sibley,[12] D. Isenberg,[13] A. Rahman,[13] C. Aranow,[14] M. A. Dooley,[15] K. Steinsson,[16] O. Nived,[17] G. Sturfelt,[17] G. Alarcón,[18] J. L. Senécal,[19] M. Zummer,[20] J. Hanly,[21] S. Ensworth,[22] J. Pope,[23] H. El-Gabalawy,[24] T. McCarthy,[24] Y. St. Pierre,[1] R. Ramsey-Goldman,[25] and A. Clarke[1]

Malignancy	Observed	Expected	SIR	95% CI†
Total cancers	431	373.3	1.15	1.05–1.27
Hematologic cancers				
All‡	67	24.4	2.75	2.13–3.49
Non-Hodgkin's lymphoma	42	11.5	3.64	2.63–4.93
Hodgkin's lymphoma	5	2.1	2.36	0.75–5.51
Leukemia	7	3.7	1.89	0.76–3.88
Reproductive cancers				
Breast	73	96.1	0.76	0.60–0.95
Ovary	9	14.5	0.62	0.28–1.18
Cervix§	14	11.1	1.26	0.69–2.11
Vagina	2	0.4	4.91	0.49–17.69
Vulva	2	1.3	1.60	0.16–5.76
Uterus	6	16.9	0.36	0.13–0.78
Other cancers				
Lung	62	45.3	1.37	1.05–1.76
Hepatobiliary	10	3.8	2.60	1.25–4.78
Pancreas	7	7.6	0.93	0.37–1.91
Gastric	9	8.4	1.07	0.49–2.03
Colorectal	40	39.5	1.01	0.72–1.38
Thyroid	9	6.2	1.45	0.66–2.76
Bladder	13	10.5	1.23	0.66–2.11
Prostate	8	11.1	0.72	0.31–1.43
Melanoma	9	9.3	0.97	0.44–1.84

23 centros= 9.547 pacientes
Seguimiento= 8 años

ARTHRITIS & RHEUMATISM
Vol. 52, No. 5, May 2005, pp 1481–1490

The relationship between cancer and medication exposures in systemic lupus erythaematosus: a case–cohort study

S Bernatsky,[1] L Joseph,[2] J-F Boivin,[1] C Gordon,[4] M Urowitz,[5] D Gladman,[5] P R Fortin,[5] E Ginzler,[6] S-C Bae,[7] S Barr,[8] S Edworthy,[8] D Isenberg,[9] A Rahman,[9] M Petri,[10] G S Alarcón,[11] C Aranow,[12] M-A Dooley,[13] R Rajan,[14] J-L Sénécal,[15] M Zummer,[16] S Manzi,[17] R Ramsey-Goldman,[18] A E Clarke[2]

Ann Rheum Dis 2008;67:74–79.

Todos los tumores (246 casos)	**HR**	**95% CI**
Edad>65 años	2,69	1,38-5,24
Daño visceral (SLICC)	3,07	1,97-4,81
Inmunosupresores	0,82	0,5-1,36
Antimalaricos	1,04	0,59-1,04
Cancer de pulmón (35 casos)	HR	95% CI
Tabaco	3,60	1,32-9,83
Tumores hematológicos (46 casos)	HR	95%CI
Sindrome de Sjogren	0,62	0,16-2,35
Tumores hematológicos en pacientes tratados >5 años con inmunosupresores	HR	95%CI
Inmunosupresores	2,29	1,02-5,15

CONCISE REPORT

Antimalarials may influence the risk of malignancy in systemic lupus erythematosus

G Ruiz-Irastorza, A Ugarte, M V Egurbide, M Garmendia, J I Pijoan, A Martinez-Berriotxoa, C Aguirre

Ann Rheum Dis 2007;66:815-817. doi: 10.1136/ard.2006.067777

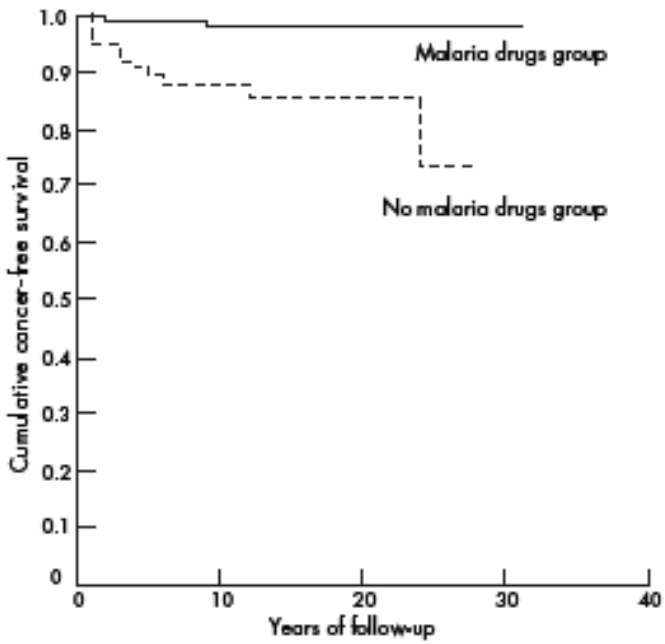


Figure 1 Kaplan–Meier cancer-free survival curves.

Críticas:1) No se tuvo en cuenta el comienzo con antimalaricos, sólo si/no

2) No se controló la toma de AINES que pueden ser protectores

Breast, ovarian, and endometrial malignancies in systemic lupus erythematosus: a meta-analysis

S Bernatsky[*,1,2], R Ramsey-Goldman[3], WD Foulkes[4], C Gordon[5] and AE Clarke[2,6]

ESTUDIO	TIPO	Nº
Bernatsky el al(2005)	Multicéntrico	9547
Bjornadal et al (2002)	Administración sueca	5715
Kang et al (2010)	Clínica de Korea	914
Mellenkjer et al (1997)	Administración	1585
Park-Patel et al (2008)	Administración USA	30478
TOTAL		47327

TIPO	O	E	SIR	95% CI
MAMA	376	496,9	0,76	0,69-0,85
ENDOMETRIO	66	92,8	0,71	0,55-0,91
OVARIO	44	65,3	0,66	0,49-0,90

British Journal of Cancer (2011) 104, 1478–1481

RHEUMATOLOGY

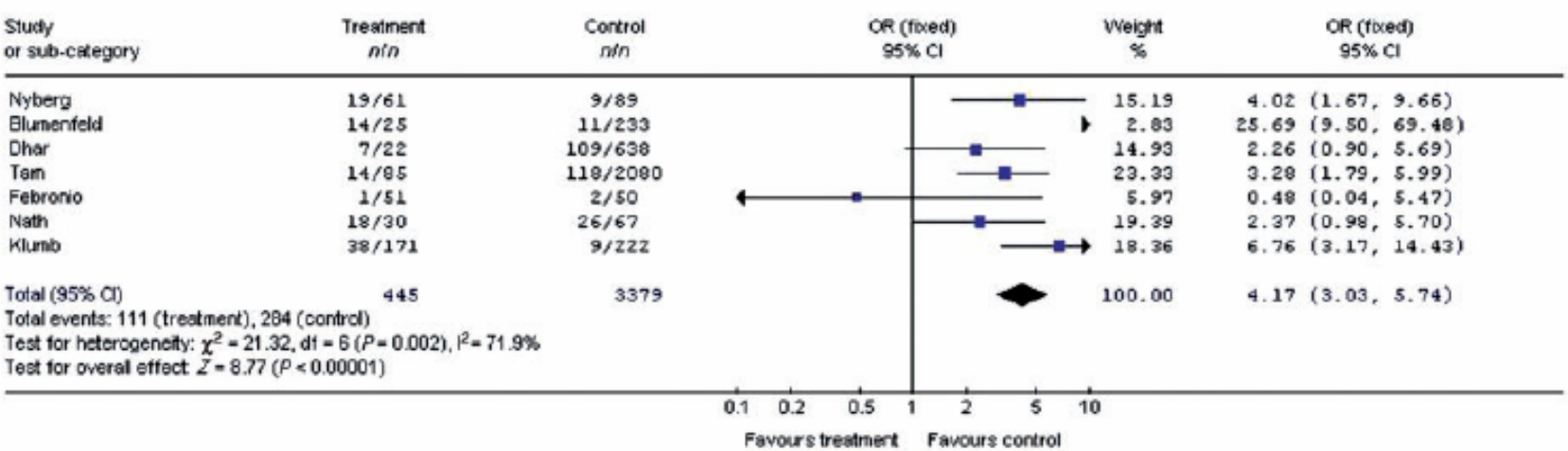
Rheumatology 2011;50:343–348
doi:10.1093/rheumatology/keq304
Advance Access publication 7 October 2010

Original article

Meta-analysis of systemic lupus erythematosus and the risk of cervical neoplasia

Hongli Liu[1], Qian Ding[1], Kunyu Yang[1], Tao Zhang[1], Guiling Li[1] and Gang Wu[1]

Reference	Study	Country and district	Year	Case		Control	
				Cervical neoplasia	Normal	Cervical neoplasia	Normal
[21]	Nyberg	Sweden	1981	19	61	9	89
[22]	Blumenfeld	Israel	1994	14	25	11	233
[8]	Dhar	USA	2001	7	22	109	638
[2]	Tam	Hong Kong	2004	14	85	118	2080
[7]	Nath	UK	2007	18	30	26	67
[23]	Febronio	Brazil	2007	1	51	2	50
[24]	Klumb	Brazil	2010	38	171	9	222



Lupus (2010) 19, 1485–1491
http://lup.sagepub.com

PAPER

Are women with lupus at higher risk of HPV infection?

EM Klumb[1], AC Pinto[2], GR Jesus[3], M Araujo Jr[4], L Jascone[2], CR Gayer[2], FM Ribeiro[1], EMN Albuquerque[1] and JMB Macedo[2]

Población	HPV
LES (173)	20,2%
LES+inmunosupresión intensa (85)	28,3%
LES+ inmunosupresión leve o no (88)	12,5%
Controles (217)	2,9%

Non-Hodgkin's lymphoma in systemic lupus erythematosus

S Bernatsky, R Ramsey-Goldman, R Rajan, J-F Boivin, L Joseph, S Lachance, D Cournoyer, A Zoma, S Manzi, E Ginzler, M Urowitz, D Gladman, P R Fortin, S Edworthy, S Barr, C Gordon, S-C Bae, J Sibley, K Steinsson, O Nived, G Sturfelt, Y St Pierre, A Clarke

Ann Rheum Dis 2005;**64**:1507–1509.

Características del linfoma	Nº 42
Edad media	57 años
Mujeres	36
Estadio	Diseminados 64%
Muerte	52% (90% por linfoma)
Media de supervivencia	1,2 años

Total linfomas con subtipo especificado	21
Linfoma B difuso de célula grande	11(50%)
Linfoma B difuso de célula pequeña	4
Linfoma B folicular	3
Linfoma MALT	1
Linfoma Burkitt	1
Linfoma T	1

Cancer Screening in Patients with Systemic Lupus Erythematosus

SASHA R. BERNATSKY, GLINDA S. COOPER, CHRIS MILL, ROSALIND RAMSEY-GOLDMAN, ANN E. CLARKE, and CHRISTIAN A. PINEAU

(J Rheumatol 2006; 33:45–9;

Técnica	% población general Indicada y realizada	% pacientes con LES indicada y realizada
Mamografía	74%	53%
SOH+/- colonoscopia	48%	18%
Citología cervical	56%	33%

Síndrome de Sjogren y cáncer

La puerta del infierno. Desierto de Karakum.Tukmenistam

Síndrome de Sjogren y cáncer

Increased Risk of Lymphoma in Sicca Syndrome

STUART S. KASSAN, M.D.; TERRY L. THOMAS, M.S.; HARALAMPOS M. MOUTSOPOULOS, M.D.; ROBERT HOOVER, M.D.; ROBERT P. KIMBERLY, M.D.; DANIEL R. BUDMAN, M.D.; JOSE COSTA, M.D.; JOHN L. DECKER, M.D.; and THOMAS M. CHUSED, M.D.;

Bethesda, Maryland

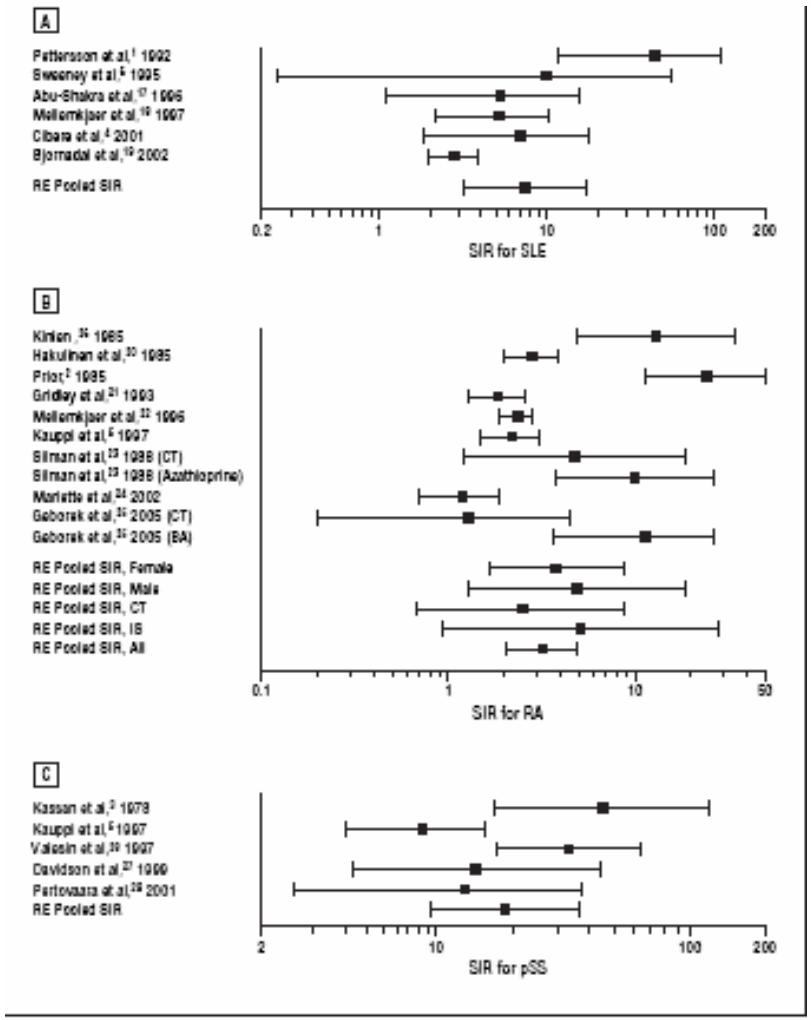
Annals of Internal Medicine 89:888-892, 1978

The risk of cancer was ascertained in 136 women with sicca syndrome followed at the National Institutes of Health (NIH). Seven patients developed non-Hodgkin's lymphoma from 6 months to 13 years after their first admission to NIH. This is 43.8 times ($P < 0.01$) the incidence expected from the rates of cancer prevailing among women of the same age range in the general population during this time. In addition,

The Risk of Lymphoma Development in Autoimmune Diseases

A Meta-analysis

Elias Zintzaras, PhD; Michael Voulgarelis, MD, PhD; Haralampos M. Moutsopoulos, MD, FACP, FRCP



Voulgarelis & Moutsopoulos

Arch Intern Med. 2005;165:2337-2344

Mortality in Sjögren's syndrome

M. Voulgarelis, A.G. Tzioufas, H.M. Moutsopoulos

	Number of deaths in each study attributable to each acute cause					
	Skopouli (6)	Petrovaara (5)	Ioannidis (17)	Theander (22)	Brito-Zeron (24)	Alamanos (22)
Vascular causes	**4**	**9**	**12**	**11**	**9**	NR
Cardiovascular	2	6	5	11	9	–
Cerebrovascular	2	3	7	0	0	–
Malignancy	**4**	**4**	**17**	**6**	**5**	NR
Lymphoma	3	2	7	6	2	3
Infection	–	**3**	**3**	–	**8**	NR
Renal	–	–	–	–	–	–
Pulmonary	**2**	–	**2**	–	–	–
Drug toxicity	–	**1**	–	–	–	–
Other causes	**1**	–	**5**	**17**	**3**	–
Total no. deaths	**11**	**17**	**39**	**34**	**25**	**47**

Muerte por Linfoma 1 de cada 5 fallecimientos

Clin Exp Rheumatol 2008; 26 (Suppl. 51): S66-S71.

Hematologic Manifestations and Predictors of Lymphoma Development in Primary Sjögren Syndrome

Clinical and Pathophysiologic Aspects

Evangelia Baimpa, MD, Issa J. Dahabreh, MD, Michael Voulgarelis, MD, PhD, and Haralampos M. Moutsopoulos, MD, FACP, FRCP

TABLE 4. Clinical and Histologic Features of 40 pSS Patients who Developed Lymphoma

	Subtype of Lymphoma			
	MALT Lymphoma No. (%)	**Nodal MZBCL No. (%)**	**DLBCL No. (%)**	**Miscellaneous* No. (%)**
Cases	21/40 (52.5)	5/40 (12.5)	7/40 (17.5)	7/40 (17.5)
Sex				
Male	1 (4.8)	0 (0)	0 (0)	0 (0)
Female	20 (95.2)	5 (100)	7 (100)	7 (100)
Age (yr)				
Mean ± SD	50.71 ± 1 1.6	48 ± 9 .4	58.4 ± 1 5.1	64.1 ± 8.6
Range	30–74	37–61	42–76	52–80
Ann Arbor disease stage				
I–II	16 (76.2)	1 (20)	5 (71.4)	3 (42.9)
III–IV	5 (23.8)	4 (80)	2 (28.6)	4 (57.1)
Nodal involvement	3 (14.3)	5 (100)	6 (85.7)	6 (85.7)
Extranodal involvement†	21 (100)	1 (20)	3 (42.9)	0 (0)
Both nodal and extranodal involvement	3 (14.3)	1 (20)	2 (28.6)	0 (0)
Bulky disease‡	1 (4.8)	1 (20)	0 (0)	0 (0)
B- symptoms§	2 (9.5)	1 (20)	3 (42.9)	5 (71.4)
Splenomegaly	2 (9.5)	4 (80)	3 (42.9)	3 (42.9)
Bone marrow involvement	4 (19)	3 (60)	1 (14.3)	4 (57.1)

†Extranodal sites of lymphoma localization: parotid gland (n = 14), submandibular salivary gland (n = 6), lacrimal gland (n = 3), and lung (n = 2).

Extranodal (25): Glándula parótida (14), submaxilar (6), lagrimal (3) y pulmón (2)

(*Medicine* 2009;88: 284–293)

Autoimmune disorders and risk of non-Hodgkin lymphoma subtypes: a pooled analysis within the InterLymph Consortium

Karin Ekström Smedby,[1] Claire M. Vajdic,[2] Michael Falster,[2] Eric A. Engels,[3] Otoniel Martínez-Maza,[4] Jennifer Turner,[5] Henrik Hjalgrim,[6] Paolo Vineis,[7] Adele Seniori Costantini,[8] Paige M. Bracci,[9] Elizabeth A. Holly,[9] Eleanor Willett,[10] John J. Spinelli,[11] Carlo La Vecchia,[12] Tongzhang Zheng,[13] Nikolaus Becker,[14] Silvia De Sanjosé,[15] Brian C.-H. Chiu,[16] Luigino Dal Maso,[17] Pierluigi Cocco,[18] Marc Maynadié,[19] Lenka Foretova,[20] Anthony Staines,[21] Paul Brennan,[22] Scott Davis,[23] Richard Severson,[24] James R. Cerhan,[25] Elizabeth C. Breen,[26] Brenda Birmann,[27] Andrew E. Grulich,[2] and Wendy Cozen[28]

BLOOD, 15 APRIL 2008 • VOLUME 111, NUMBER 8

Enfermedad	Nº estudios	Enfermos	Controles	OR
S Sjogren	8	52/8178 (0,6%)	8/10543(0,1%)	6,56 (3,1-13,9)
SS 1º	8	23/8176(0,3%)	5/10543(0,0%)	4.75(1,79-12,6)
SS 2º	8	29/8176 (0,4%)	3/10542(0,0%)	9,57(2,9-31,6)

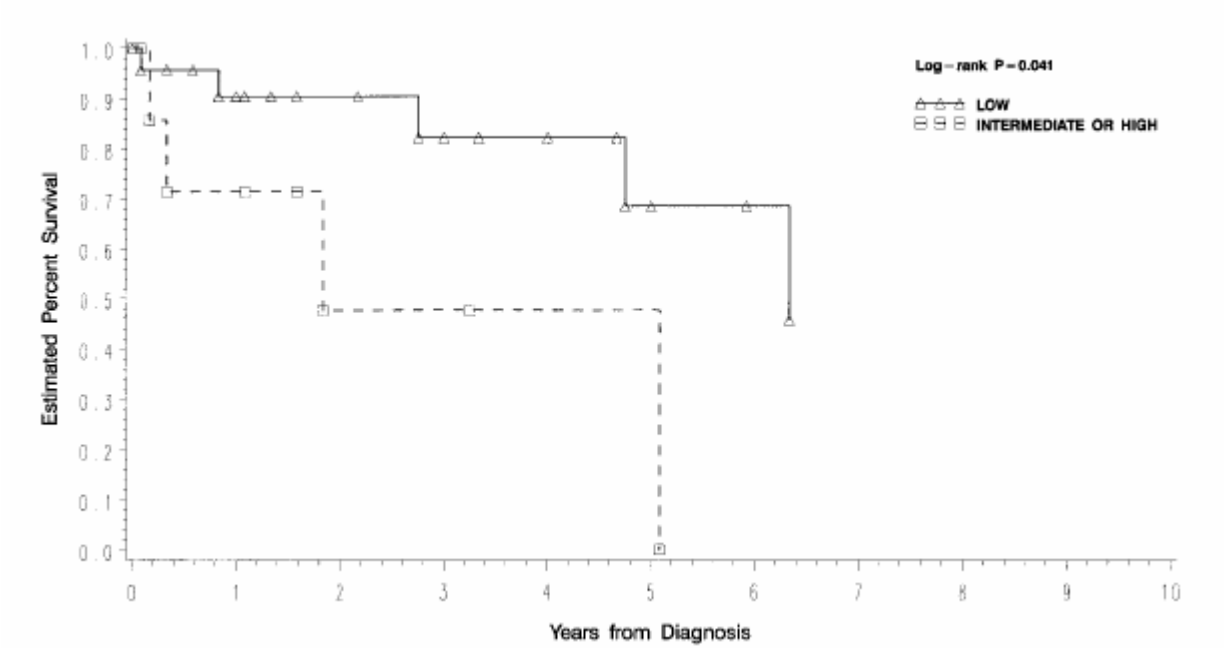
Enfermedad	Difuso B	OR	Zona marginal	OR
S Sjogren	18/2350	8,92(3,83-20,7)	15/396	30,6(12,3-76,1)
SS 1º	8/2348	6,57(2,12-20,3)	8/396	23,1(7,16-74,6)
SS 2º	10/2348	12,8(3,49-47,3)	7/396	44,6(10,6-187)

Linfoma NHDK en general y MALT en particular, de localización parotídea OR 358 y 996 respectivamente

MALIGNANT LYMPHOMA IN PRIMARY SJÖGREN'S SYNDROME

A Multicenter, Retrospective, Clinical Study by the European Concerted Action on Sjögren's Syndrome

MICHALIS VOULGARELIS, URANIA G. DAFNI, DAVID A. ISENBERG, HARALAMPOS M. MOUTSOPOULOS, and the MEMBERS OF THE EUROPEAN CONCERTED ACTION ON SJÖGREN'S SYNDROME



Supervivencia media 1,83 vs 6,33 años

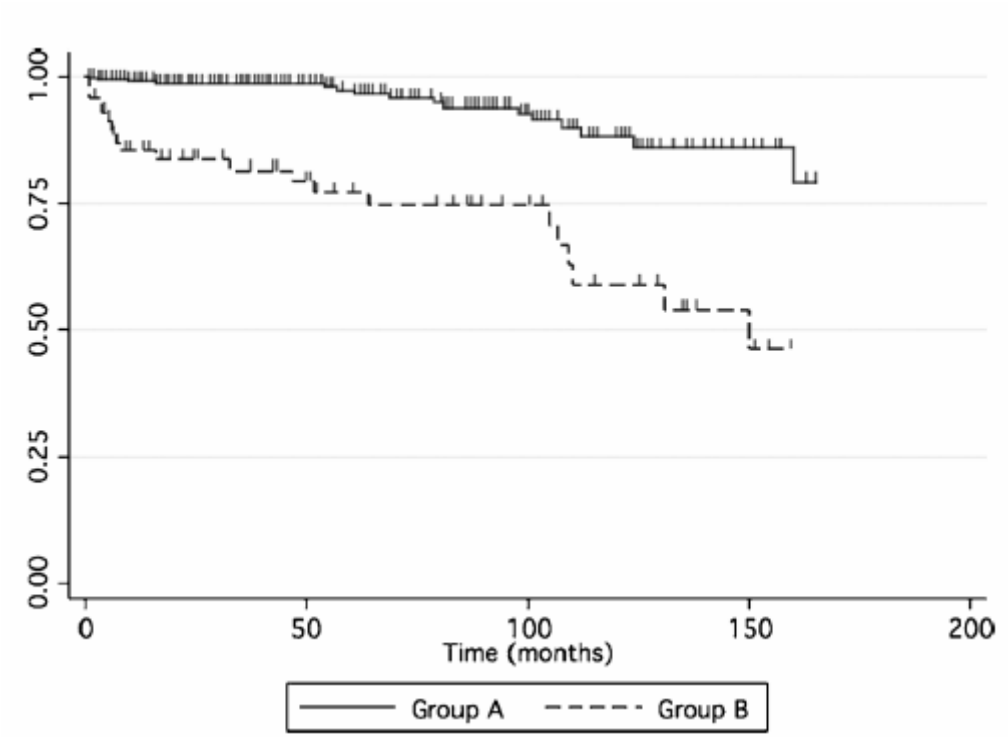
ARTHRITIS & RHEUMATISM
Vol. 42, No. 8, August 1999, pp 1765–1772

Hematologic Manifestations and Predictors of Lymphoma Development in Primary Sjögren Syndrome

Clinical and Pathophysiologic Aspects

Evangelia Baimpa, MD, Issa J. Dahabreh, MD, Michael Voulgarelis, MD, PhD, and Haralampos M. Moutsopoulos, MD, FACP, FRCP

ADENOPATIAS
ESPLENOMEGALIA
NEUTROPENIA
CRIOGLOBULINEMIA
NIVELES BAJOS DE C4



Bajo riesgo (ningún factor de riesgo) 3,6%
Alto riesgo (alguno de los factores de riesgo) 20%

HR 5,3 (2,7-10,6)

(*Medicine* 2009;88: 284–293)

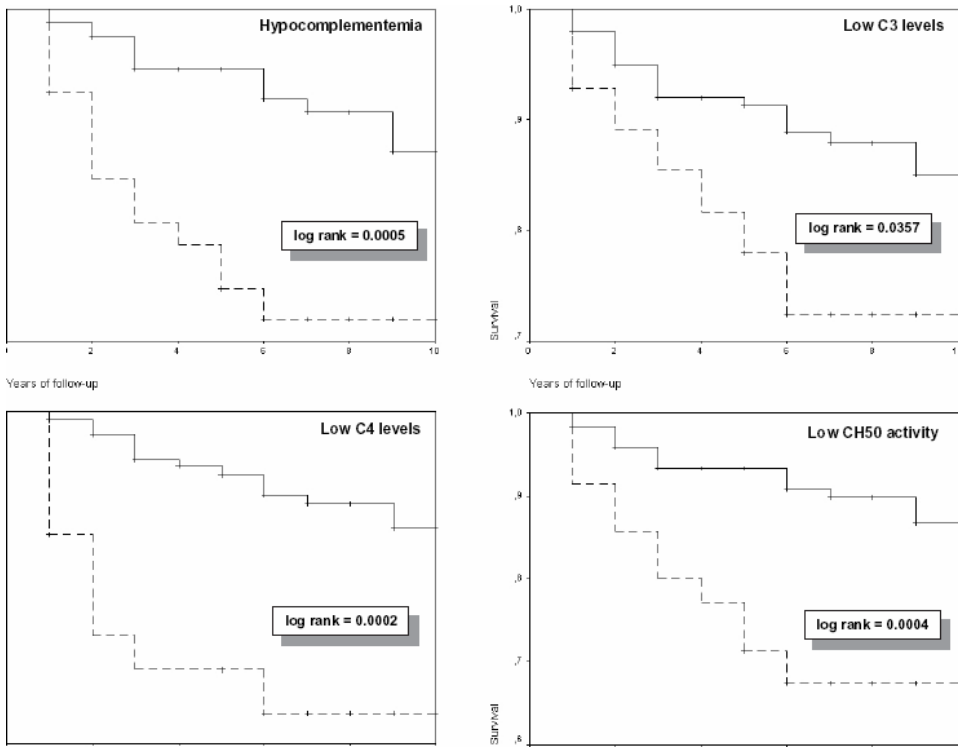
Rheumatology 2005;44:89–94
Advance Access publication 20 September 2004
doi:10.1093/rheumatology/keh407

Hypocomplementaemia as an immunological marker of morbidity and mortality in patients with primary Sjögren's syndrome

M. Ramos-Casals, P. Brito-Zerón, J. Yagüe[1], M. Akasbi, R. Bautista, M. Ruano, G. Claver, V. Gil and J. Font

Multivariable

Low C4 levels



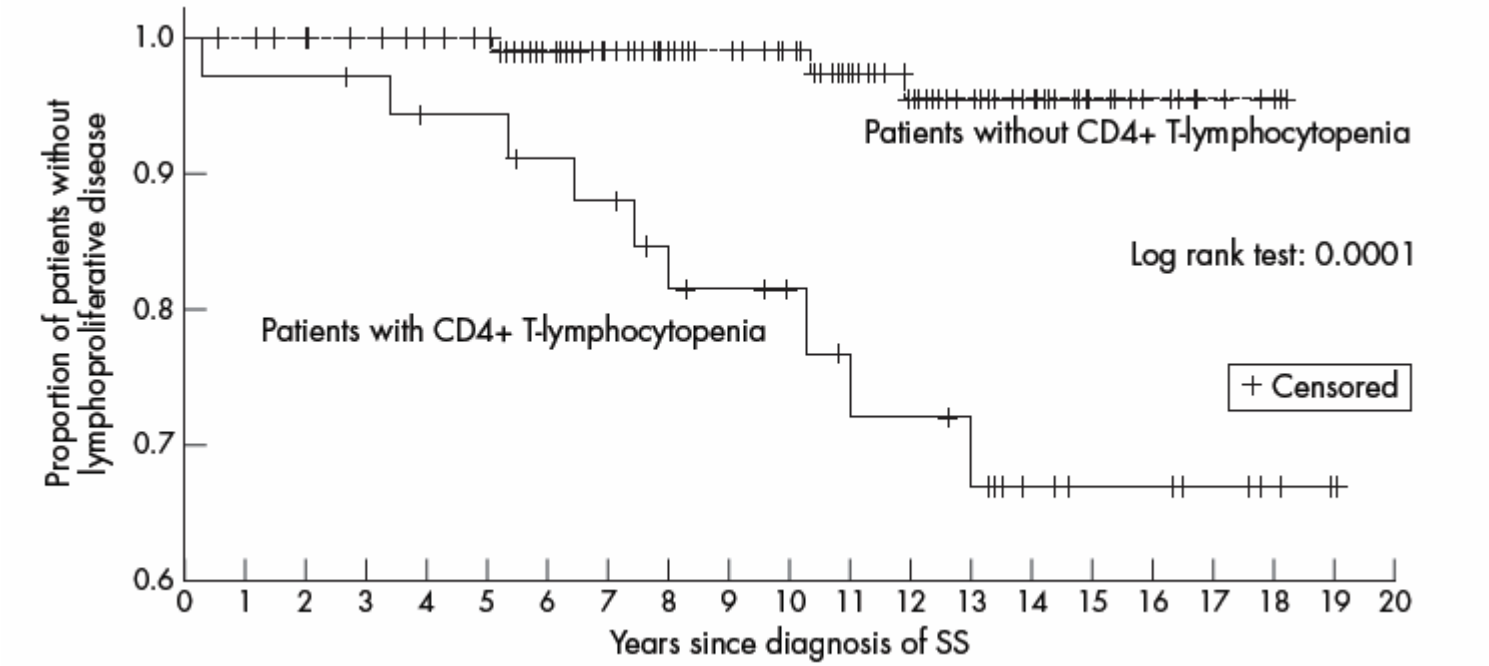
S

Lymphoma and other malignancies in primary Sjögren's syndrome: a cohort study on cancer incidence and lymphoma predictors

S

E Theander, G Henriksson, O Ljungberg, T Mandl, R Manthorpe, L T H Jacobsson

Ann Rheum Dis 2006;65:796–803. doi: 10.1136/ard.2005.041186

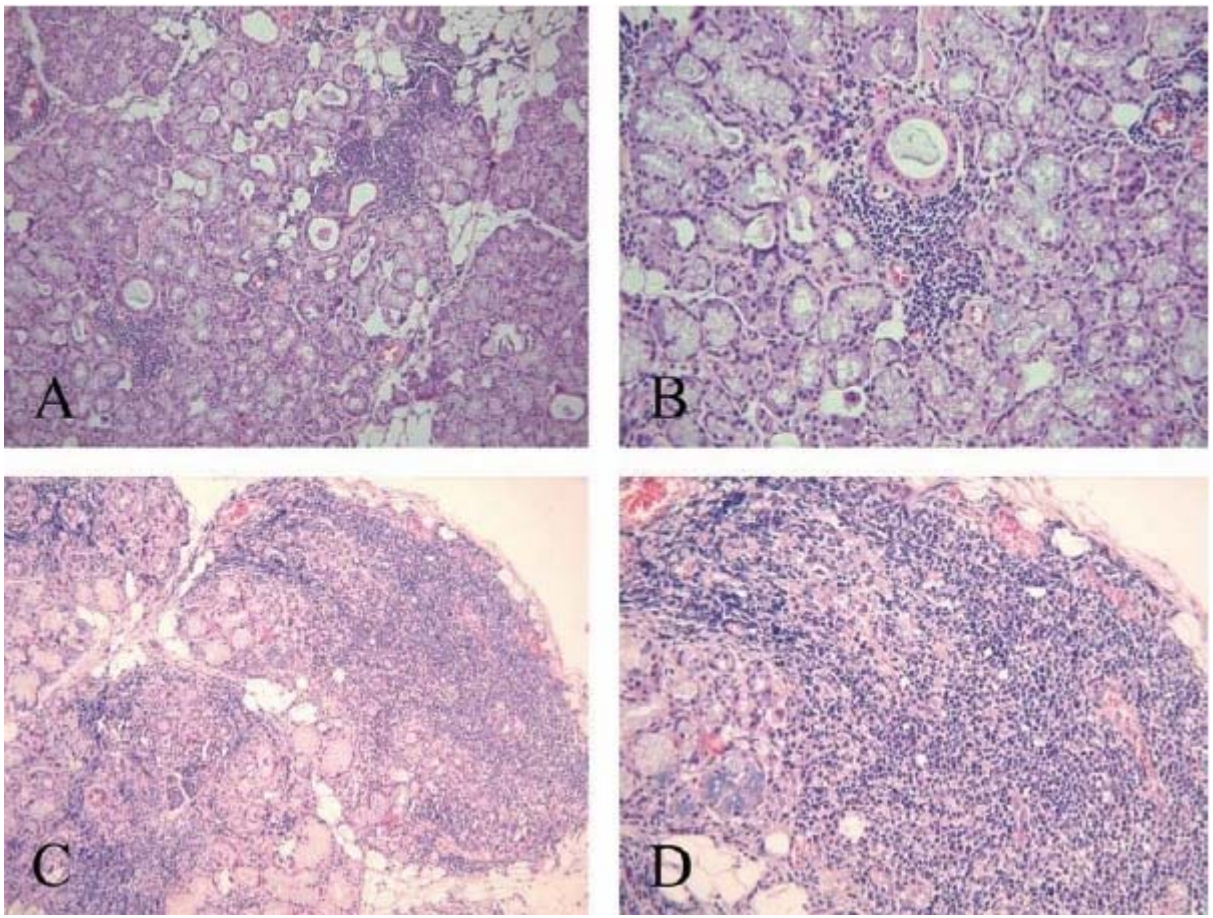


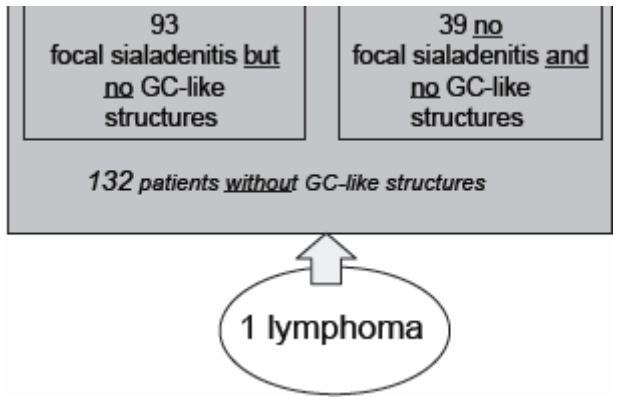
Pacientes con SS 507
Linfomas 12
Linfoma B difuso de célula grande 7

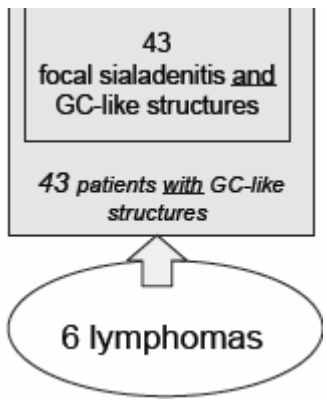
Lymphoid organisation in labial salivary gland biopsies is a possible predictor for the development of malignant lymphoma in primary Sjögren's syndrome

Ann Rheum Dis 2011;**70**:1363–1368. doi:10.1136/ard.2010.144782

Elke Theander,[1] Lilian Vasaitis,[2] Eva Baecklund,[2] Gunnel Nordmark,[2] Gunnar Warfvinge,[3] Rolf Liedholm,[4] Karl Brokstad,[5] Roland Jonsson,[5,6] Malin V Jonsson[5,7]







Mucosa-Associated Lymphoid Tissue Lymphoma in Sjögren's Syndrome: Risks, Management, and Prognosis

Michael Voulgarelis, MD*, Haralampos M. Moutsopoulos, MD, FACP, FRCP

Rheum Dis Clin N Am 34 (2008) 921–933

- Localized extranodal marginal zone lymphoma of MALT type *(only stage I)*

⇨ **Wait and see policy:** frequent staging procedures including clinical examination, CT scans, digestive tract endoscopic evaluation, bone marrow biopsy

- Disseminated extranodal marginal zone lymphoma of MALT type *(multiple mucosal involvement, bone marrow or nodal disease)*
- High IPI score

⇨ **Lymphoma-directed therapy:**
2-cdA *(Voulgarelis et al, Arthritis Rheum 2002, Jager et al, J Clin Oncol 2002)*
or
Chlorambucil *(Hammel et al, J Clin Oncol 1995)*
or
Rituximab *(Conconi et al, Blood 2003)*

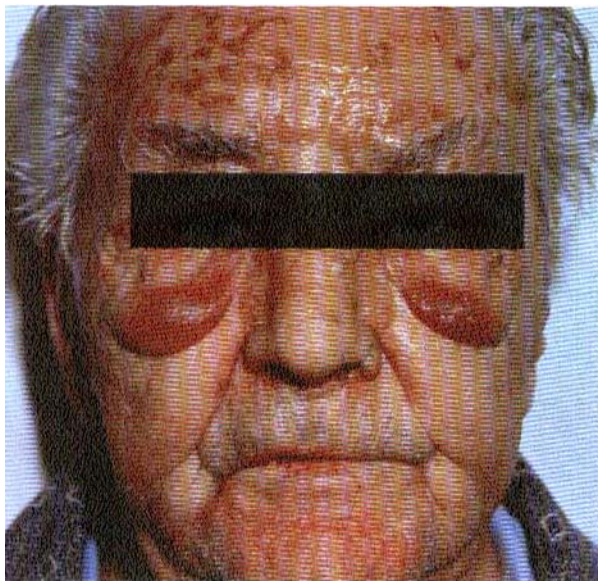
- High grade transformation in the setting of MALT or de novo DLBCL *(solid clusters of large cells)*

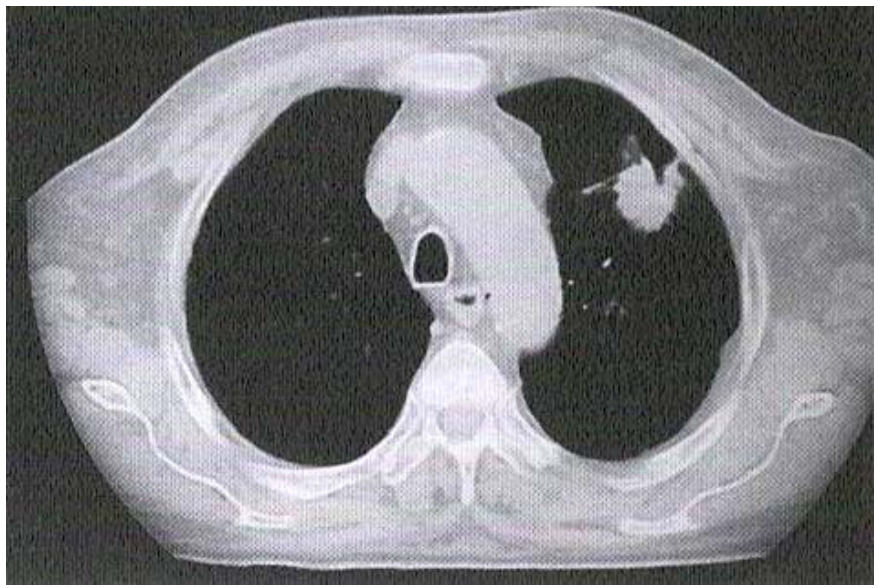
⇨ **Combined chemotherapy:**
Rituximab plus CHOP
(Voulgarelis et al, Rheumatology, 2004, Voulgarelis et al, Ann Rheum Dis, 2006)

DM/PM y Cáncer

Sansón y Dalila. Peter Paul Rubens. 1609. National Gallery. Londres

DM/PM y Cáncer

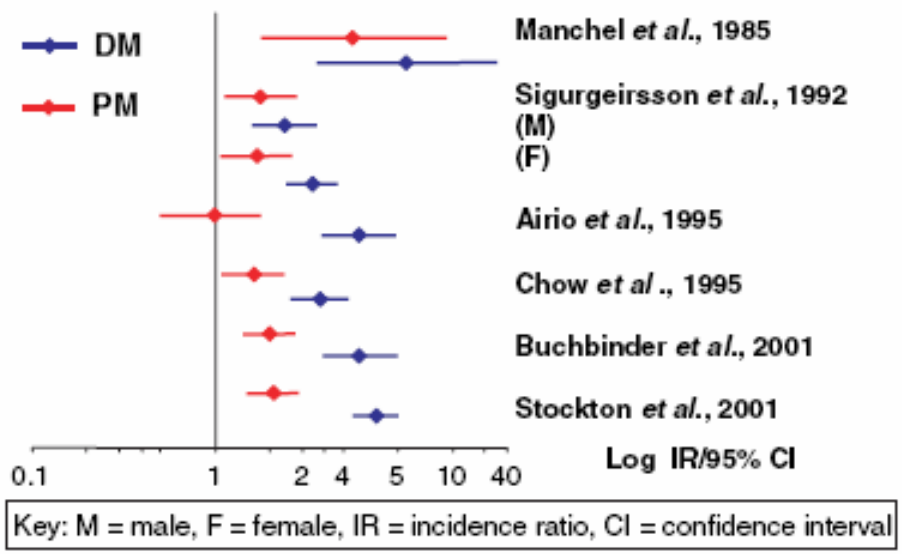




DM y cáncer

Referencias	Nº pacientes			Nº tumores		SIR(95%CI)	
	Total	PM	DM	PM	DM	PM	DM
Sigurgeirsson (92)	788	396	392	58	94	1,8 (1,1-2,7) 1,7 (1-2,5)	2,4 (1,6-3,6) 3,4 (2,4-4,7)
Airo (95)	315	175	71	26	63	1 (0,5-1,8)	6,5 (3,9-10)
Chow (95)	539	336	203	26	26	3,8 (2,6-5,4)	1,7 (1,1-2,4)
Stockton (01)	705	419	286	71	77	2,1 (1,5-2,9)	7,7 (5,7-10,1)
Buchbinder (01) *	537	321	85	58	36	2 (1,4-2,7)	6,2 (3,9-10)

(*) Revision histológica.



Frequency of specific cancer types in dermatomyositis and polymyositis: a population-based study

Catherine L Hill, Yuqing Zhang, Bardur Sigurgeirsson, Eero Pukkala, Lene Mellemkjaer, Antti Airio, Stephen R Evans, David T Felson

Lancet 2001; **357:** 96–100

Tipo de cáncer	Dermatomiositis (618)	SIR	Polimiositis (914)	SIR
TODOS	115	3	95	1,3
Ovario	13	10,5		
Pulmón	19	5,9	20	2,8
Páncreas	5	3,8		
Estómago	7	3,5		
Colo-rectal	12	2,5		
Mama	12	2,2		
Vejiga			9	2,4
Linfoma no HDK	3	3,6	6	3,7

Sólo tumores cuyo CI >1

Ovarian Cancer in Patients with Dermatomyositis

S. Elizabeth Whitmore, M.D., Neil B. Rosenshein, M.D., and Thomas T. Provost, M.D.

ORIGINAL ARTICLE

Nasopharyngeal Carcinoma With Dermatomyositis

Analysis of 12 Cases

Ji-Chung Peng, MD; Tzung-Shiahn Sheen, MD; Mow-Ming Hsu, MD

ARCH OTOLARYNGOL HEAD NECK SURG/VOL 121, NOV 1995

Malignancies associated with dermatomyositis and polymyositis in Taiwan: a nationwide population-based study

Y.L. Huang,*† Y.J. Chen,*‡ M.W. Lin,§¶ C.Y. Wu,**†† P.C. Liu,§ T.J. Chen,‡‡ Y.C. Chen,‡‡ J.S. Jih,*† C.C. Chen,*† D.D. Lee,*† Y.T. Chang,*† W.J. Wang*† and H.N. Liu*†§§

British Journal of Dermatology 2009 **161**, pp854–860

Factors Associated With Underlying Malignancy in a Retrospective Cohort of 121 Patients With Dermatomyositis

Laurence Fardet, MD, PhD, Alain Dupuy, MD, PhD, Murielle Gain, MD, Adrien Kettaneh, MD, PhD, Patrick Chérin, MD, PhD, Hervé Bachelez, MD, PhD, Louis Dubertret, MD, Celeste Lebbe, MD, PhD, Patrice Morel, MD, and Michel Rybojad, MD

(*Medicine* 2009;88: 91–97)

	HR [95% CI]	p Value
Age at diagnosis (yr)		
≤52	1	—
>52	7.24 [2.35–22.31]	< 0.01
Time between onset of symptoms and DM diagnosis (mo)		
≥4	1	—
<4	3.11 [1.07–9.02]	0.03
Periungual erythema		
No	1	—
Yes	3.93 [1.16–13.24]	0.02
Skin necrosis		
No	1	—
Yes	3.84 [1.00–14.85]	0.05
Lymphocyte count		
Normal (≥1500 /mm^3)	1	—
Low (<1500 /mm^3)	0.33 [0.14–0.80]	0.01
C4		
Normal (≥16 mg/L)	1	—
Low (<16 mg/L)	2.74 [1.11–6.75]	0.02

The diagnostic utility of myositis autoantibody testing for predicting the risk of cancer-associated myositis

Hector Chinoy, Noreen Fertig, Chester V Oddis, William E R Ollier, Robert G Cooper

Ann Rheum Dis 2007;**66**:1345–1349. doi: 10.1136/ard.2006.068502

Autoantibody status	n (%) Polymyositis (n = 109)	Dermatomyositis (n = 103)	Myositis/CTD-overlap (n = 70)

Autoantibody status	n (%) Non-CAM (n = 266)	CAM (n = 16)
Myositis-specific antibodies		
Jo-1	58 (21.8)	0
PL-7	1 (0.4)	0
PL-12	1 (0.4)	0
EJ	1 (0.4)	0
OJ	3 (1.1)	0
KS	1 (0.4)	1 (6.2)
Mi-2	16 (6.0)	2 (12.5)
SRP	7 (2.6)	0
155/140	11 (4.1)	8 (50.0)
Myositis-associated antibodies		
U1-RNP	32 (12.0)	2 (12.5)
U3-RNP	4 (1.5)	0
Ku	5 (1.9)	0
PM-Scl	29 (10.9)	0
None of the above autoantibodies	106 (39.8)	5 (31.2)

Cancer-Associated Myositis and Anti-p155 Autoantibody in a Series of 85 Patients With Idiopathic Inflammatory Myopathy

Ernesto Trallero-Araguás, MD, Moisés Labrador-Horrillo, MD, PhD, Albert Selva-O'Callaghan, MD, PhD, Maria Angeles Martínez, PhD, Xavier Martínez-Gómez, MD, Eduard Palou, MD, PhD, Jose Luis Rodriguez-Sanchez, MD, PhD, and Miquel Vilardell-Tarrés, MD, PhD

First Author (Ref.)	Autoantibody (Ab)	N	CAM (Ab)*	No CAM (Ab)†	NPV (%)	PPV (%)
Targoff et al[24]	Anti-p155 and/or Anti-p155/140	45	6 (6)	39 (8)	**100**	42.9
Kaji et al[15]	Anti-p155/140	52	10 (5)	42 (2)	**88.9**	71.4
Chinoy et al[8]	Anti-p155/140	103	15 (8)	88 (11)	**91.6**	42.1
Gunawardena et al[12]	Anti-p155/140	20	3 (3)	17 (3)	**100**	50
Trallero-Araguás (PR)	Anti-p155 and/or Anti-p155/140	65	14 (10)	51 (5)	**92**	66.7

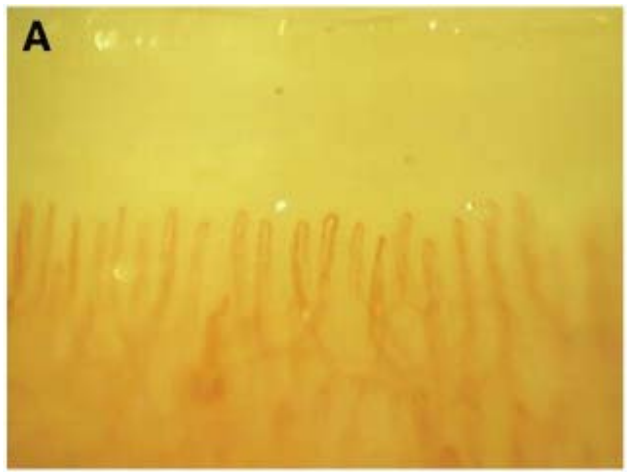
	Positive Predictive Value (%)	Negative Predictive Value (%)
MSA/MAA-negative	31	86.1
Anti-p155-positive	66.7	92
Combined strategy*	34.5	91

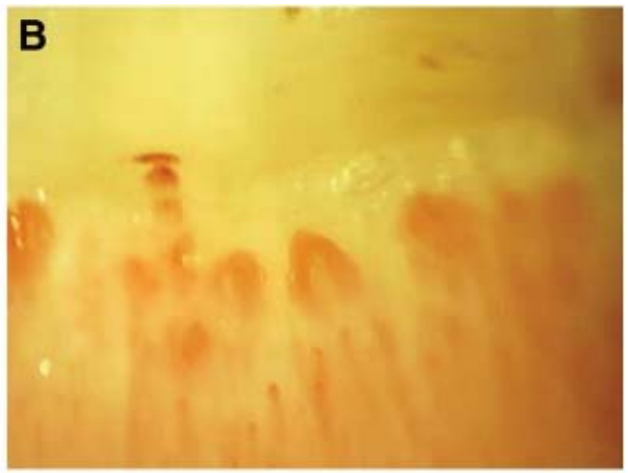
(*Medicine* 2010;89: 47–52)

Nailfold Capillary Microscopy in Adults with Inflammatory Myopathy

Albert Selva-O'Callaghan, MD, PhD,* Vicente Fonollosa-Pla, MD, PhD,*
Ernesto Trallero-Araguás, MD,* Xavier Martínez-Gómez, MD,†
Carmen Pilar Simeon-Aznar, MD, PhD,*
Moisés Labrador-Horrillo, MD, PhD,* and
Miquel Vilardell-Tarrés, MD, PhD*

Normal





DM

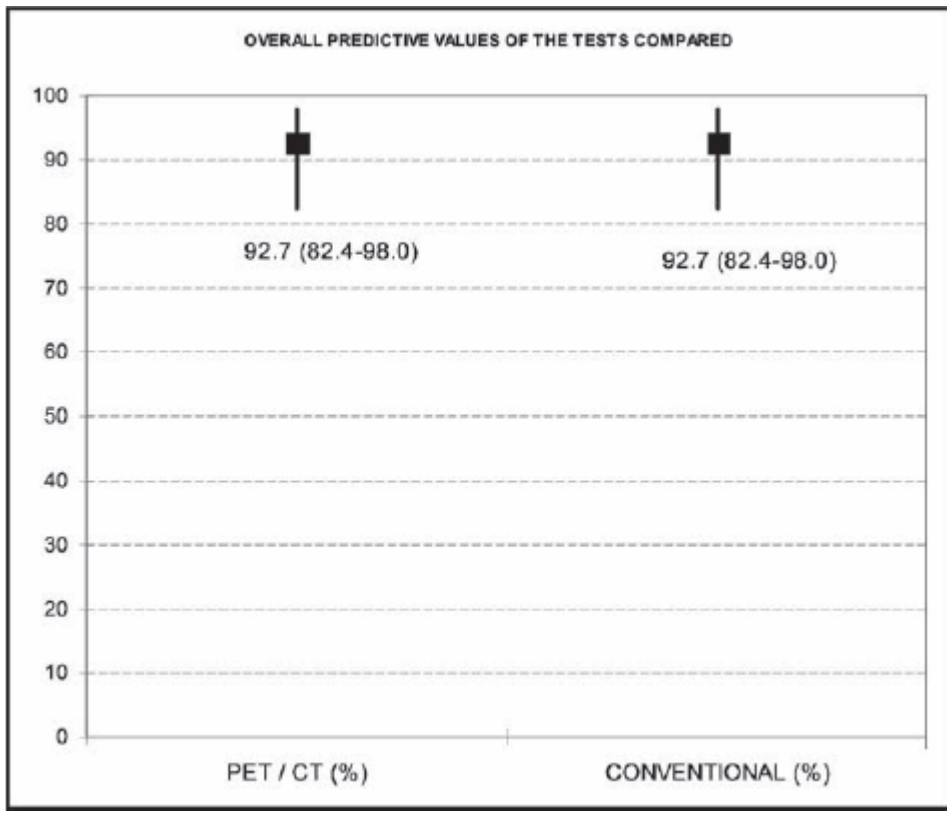
DM/Cancer

PSS

Semin Arthritis Rheum 39:398-404

Conventional Cancer Screening versus PET/CT in Dermatomyositis/Polymyositis

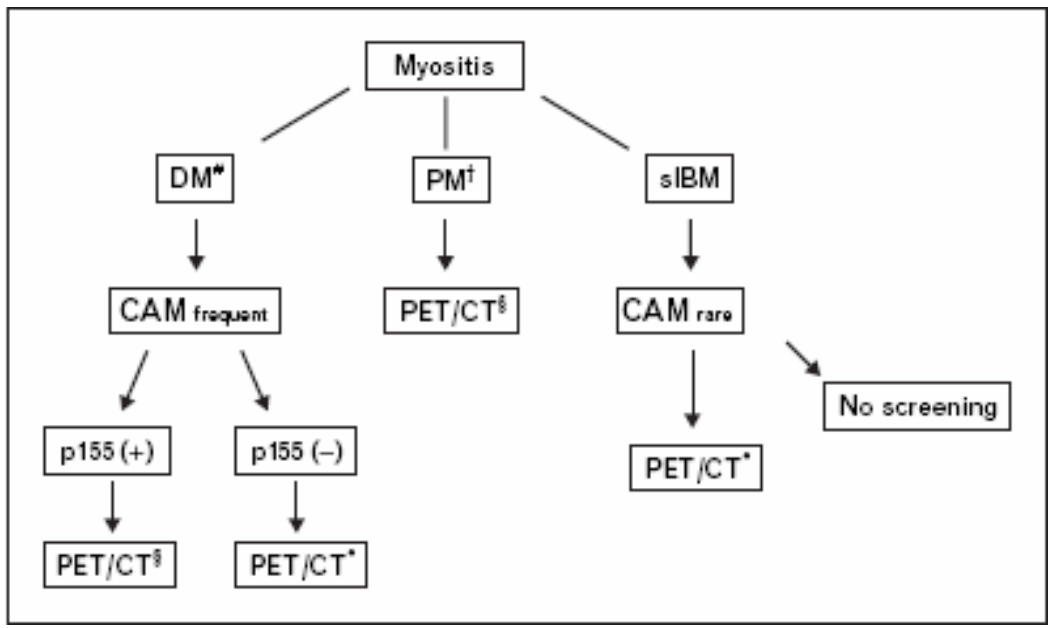
Albert Selva-O'Callaghan, MD, PhD,[a]* Josep M. Grau, MD, PhD,[b]* Cristina Gámez-Cenzano, MD, PhD,[c] Antonio Vidaller-Palacín, MD, PhD,[d] Xavier Martínez-Gómez, MD,[e] Ernesto Trallero-Araguás, MD,[a] Eduard Andía-Navarro, MD,[c] Miquel Vilardell-Tarrés, MD, PhD[a]



The American Journal of Medicine (2010) 123, 558-562

Malignancy and myositis: novel autoantibodies and new insights

Albert Selva-O'Callaghan[a], Ernesto Trallero-Araguás[a], Josep M. Grau-Junyent[b,c] and Moisés Labrador-Horrillo[d]



(*) PET/TC al diagnóstico
(&) PET/TC anual 3-5 años

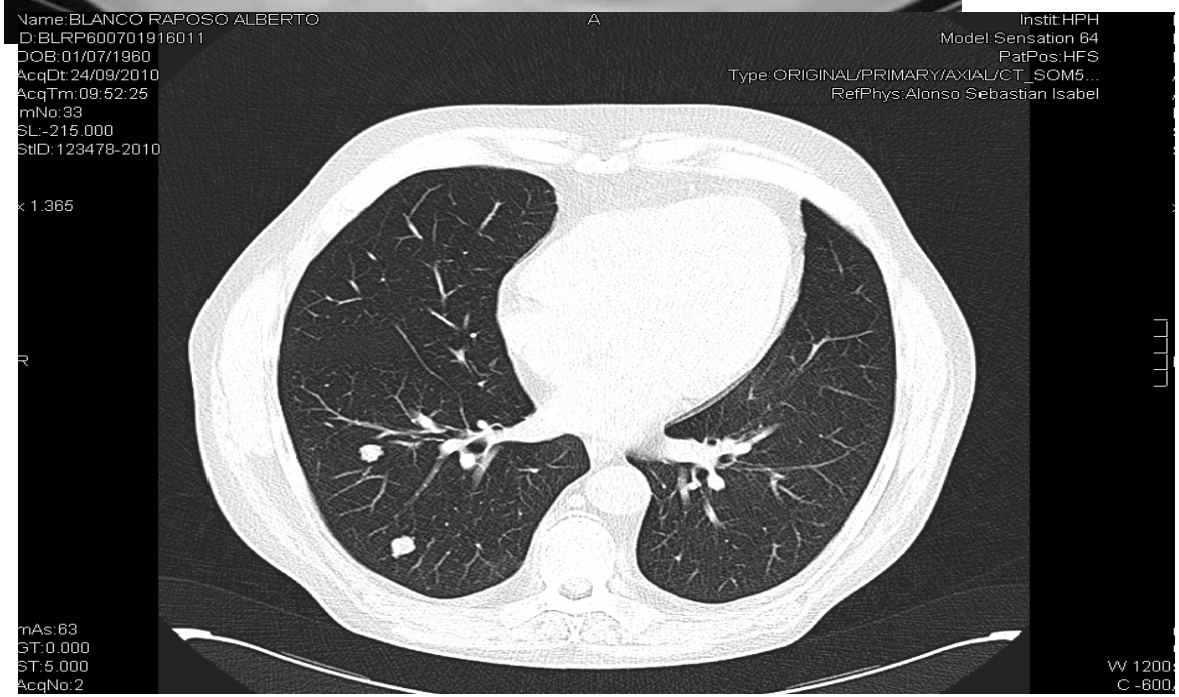
Current Opinion in Rheumatology 2010, 22:627–632

DM/PM y cáncer

- **Anamnesis**
- **Exploración general completa**
- **Hematimetría y VSG**
- **Bioquímica general**
- **Sedimento de orina**
- **Sangre oculta en heces y citología de orina**
- **Rx tórax**
- **TC tórax-abdomen-pelvis**
- **Mamografía**
- **Examen ginecológico que incluya eco pélvico**
- **Lo recomendado para la población general según sexo, edad y grupo étnico**

Vasculitis y cáncer

Sabinar de la Dehesa (El Hierro)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SL:-215.000
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x 1.365
mAs:63
GT:0.000
ST:5.000
AcqNo:2
Instit:HPH
Model:Sensation 64
PatPos:HFS
Type:ORIGINAL/PRIMARY/AXIAL/CT_SOM5...
RefPhys:Alonso Sebastian Isabel
W 1200
C -600

Vasculitis-ANCA y cáncer

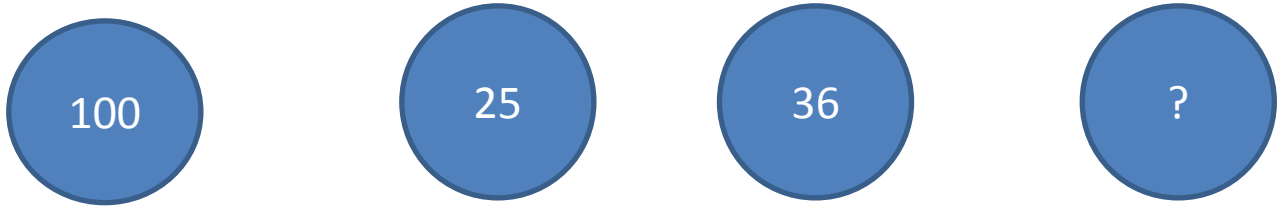
Variable	Hoffman	Knigh	Westman	Faurschou	EUVAS
Periodo	1967-90	1969-94	1971-93	1973-99	1995-07
Area	USA	Suecia	Suecia	Dinamarca	Europa
Nº pacientes	158	1065	123	293	535
Enfermedad	GPA	GPA	GPA,MPA	GPA	GPA,MPA (*)
Total	2,4 (NR)	2,0 (1,7-2,5)	1,6(0,9-2,7)	2,1(1,5-2,7)	1,6(1,2-2,1)
Vejiga	33(NR)	4,8(2,6-8,1)	4,8(1-13,9)	3,6(1,2-8,3)	2,4(0,7-6,2)
Ca piel(NM)	NR	7,3(4,4-12)	10,4(3,4-24,3)	4,7(2,8-7,3)	2,8(1,6-4,6)
Linfoma	11(NR)	4,2(1,8-8,3)	3,7(0,1-20,5)	0 casos	1,1(0,03-6,2)
Leucemia	NR	5,7(2,3-12)	0 casos	5,9(1,2-17)	3,2(0,4-11,7)

(*) SIR total cáncer GPA 1,92(1,31-2,71)
SIR total cáncer MPA 1,20(0,71-2,79)

Vasculitis-ANCA y cáncer de vejiga

Autor	Talar-Williams(96)	Knigh(02)	Faurschou(08)	FVSG(11)
Enfermedad	GPA	GPA	GPA	VN
Nº pacientes	145	1065	293	805
Nº Ca vejiga	7	11	5	7
Latencia (a)	0,6-15	4-15	7-18	2,9-18
CF vía	VO	VO	VO	VO+/-IV(5) IV(2)
CF dosis(gr)	19-251	0-325	>36	8-213
CF duración(a)	0,6-5,1	7,2	>1	0,5-3,5

Dosis prohibida (gr)



Aumentan riesgo: Dosis, vo, microhematuria no glomerular cistitis hemorrágica previa, , fumador

Vasculitides Associated With Malignancies: Analysis of Sixty Patients

OLIVIER FAIN,[1] MOHAMED HAMIDOU,[2] PATRICE CACOUB,[3] BERTRAND GODEAU,[4] BERTRAND WECHSLER,[3] JACQUES PARIÈS,[1] JÉRÔME STIRNEMANN,[1] ANNE-SOPHIE MORIN,[1] MARC GATFOSSE,[5] THOMAS HANSLIK,[6] NADIA BELMATOUG,[7] OLIVIER BLÉTRY,[8] RAMIRO CEVALLOS,[9] ISABELLE DELEVAUX,[10] EVELYNE FISHER,[11] GILLES HAYEM,[12] GÉRARD KAPLAN,[10] CLAIRE LE HELLO,[13] LUC MOUTHON,[14] CLAIRE LARROCHE,[15] VÉRA LEMAIRE,[16] ANNE-MARIE PIETTE,[8] JEAN-CHARLES PIETTE,[3] THIERRY PONGE,[2] XAVIER PUECHAL,[17] JÉRÔME ROSSERT,[11] FRANÇOISE SARROT-REYNAULD,[18] DIDIER SICARD,[14] JEAN-MARC ZIZA,[19] MARCEL-FRANCIS KAHN,[12] AND LOÏC GUILLEVIN[14]

Tumor	Nº	PAN(22)	LV(27)	WG(4)	MPA(3)	HSP(3)
SMD	21	9	9	1	1	0
Linfomas	19	6	9	1	2	0
Sólidos	24	7	9	2	1	3

Hematológicos 63%
Sólidos 37%

Comienzo de la vasculitis	60
Antes del tumor	14
Simultaneo al tumor	24
Después del tumor	22

LV 45%
PAN 38%

Arthritis & Rheumatism (Arthritis Care & Research)
Vol. 57, No. 8, December 15, 2007, pp 1473–1480

Vasculitis y cáncer

Paraneoplastic Vasculitis in Patients with Solid Tumors: Report of 15 Cases

ROSER SOLANS-LAQUÉ, JOSEP ANGEL BOSCH-GIL, CARMEN PÉREZ-BOCANEGRA, ALBERT SELVA-O'CALLAGHAN, CARMEN P. SIMEÓN-AZNAR, and MIQUEL VILARDELL-TARRES

Nº PACIENTES (literatura)	144
EDAD MEDIA	75 AÑOS
PREVALENCIA ESTIMADA	2-5%

Tipo de tumor	Número
Pulmón	32
Renal	20
Colon	18
Mama	11
Otros	63

Tipo de vasculitis	Número
Leucocitoclástica	43
Schonlein-Henoch	24
PAN	22
PAM	9
Wegener	19
Chrug-Strauss	1
Arteritis células gigantes	30

The Journal of Rheumatology 2008; 35:2

Concurrent Temporal (Giant Cell) Arteritis and Malignancy: Report of 20 Patients with Review of the Literature

IOZON, VÉRONIQUE LOUSTAUD, ANNE-LAURE FAUCHAIS, PASCALE SORIA, KIM LY, DUATTARA, KAÏEF RHAIEM, SYLVIE NADALON, and ELISABETH VIDAL | ERIC L

The Journal of Rheumatology 2006; 33:8

No Increased Frequency of Malignant Neoplasms in Polymyalgia Rheumatica and Temporal Arteritis. A Prospective Longitudinal Study of 398 Cases and Matched Population Controls

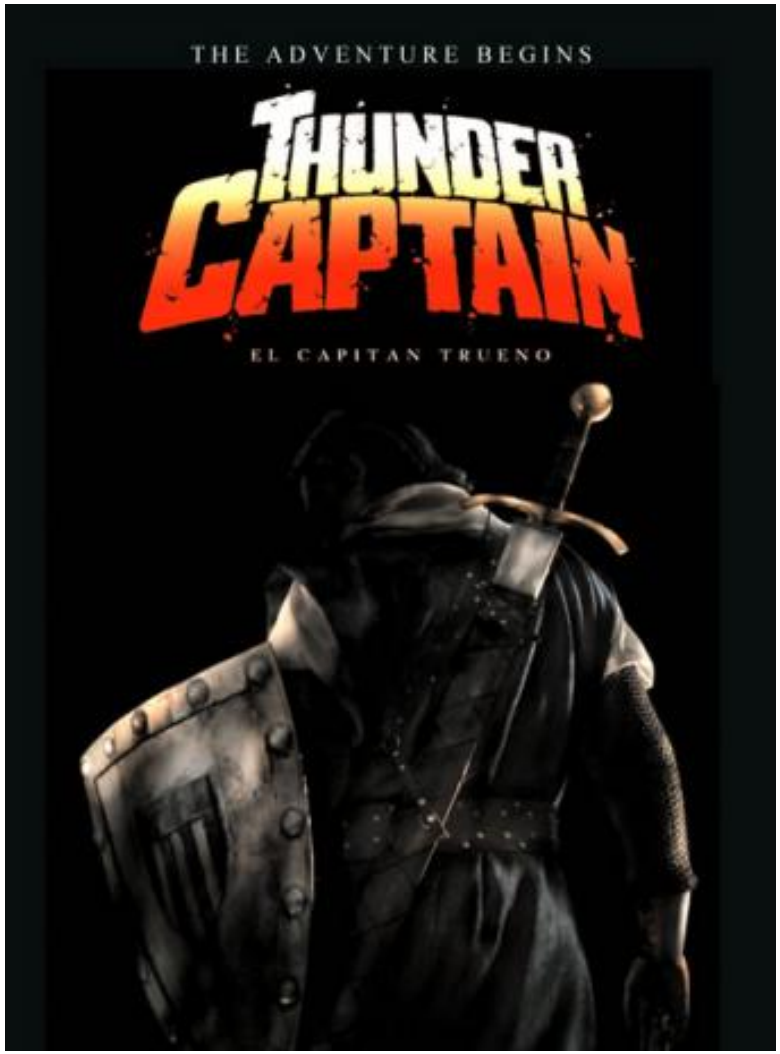
GEIRMUND MYKLEBUST, TOM WILSGAARD, BJARNE KOSTER JACOBSEN, and JAN TORE GRAN

(J Rheumatol 2002;29:2143–7)

Malignancy Risk in Patients With Giant Cell Arteritis: A Population-Based Cohort Study

TANAZ A. KERMANI, VALENTIN S. SCHÄFER, CYNTHIA S. CROWSON, GENE G. HUNDER, SHERINE E. GABRIEL, STEVEN R. YTTERBERG, ERIC L. MATTESON, AND KENNETH J. WARRINGTON

Arthritis Care & Research
Vol. 62, No. 2, February 2010, pp 149–154


THE ADVENTURE BEGINS
THUNDER CAPTAIN
EL CAPITAN TRUENO


COMIENZA LA BATALLA
CAPITÁN TRUENO
Y EL SANTO GRIAL
PRÓXIMAMENTE
www.capitantruenoyelsantogrial.com

Guionista: Victor Mora
Dibujante: Miguel Ambrosio (Ambrós)
Fecha de aparición : 14 de mayo 1956.

Mensajes para llevarse a casa

- Dedicar el tiempo que queráis o podáis a la enfermedad autoinmune del paciente
- Disponer de 5 minutos para hablar de riesgo vascular
- Intentar otros 5 para pensar en cáncer
- Si al final os parece que no sois felices hacéoslo mirar : tenéis un problema