Hospital Universitari Dexeus

Grupo quirónsalud

Memoria de Indicadores Bibliométricos

2023

Biblioteca Hospital Universitari Dexeus

Grupo Quirónsalud

Genís Carbó Llombart

Documentalista

TABLA DE CONTENIDOS

Fuentes de información empleadas

• **Web of Science (WoS):** Plataforma de la empresa Clarivate Analytics, formada por una amplia colección de bases de datos bibliográficas, citas y referencias de publicaciones científicas de cualquier disciplina del conocimiento, en ciencia, tecnología, ciencias sociales, artes y humanidades. Proporciona información bibliográfica, que permite evaluar, analizar el rendimiento y la calidad científica de la investigación.

• **Journal Citation Reports (JCR):** Base de datos multidisciplinar realizada por el Institute for Scientific Information (ISI), que permite de manera sistemática y objetiva, mediante datos estadísticos, determinar la importancia relativa de revistas dentro de sus Categorias temáticas. Ofrece un amplio espectro de aplicaciones bibliométricas prácticas para los profesionales de la información. Su cobertura desde 1997 abarca más de 200 disciplinas. Incluye, entre otros indicadores, el conocido **Factor de Impacto, el cuartil** que ocupa la revista y la **posición de la revista** dentro de su **Categoría**; que son los datos solicitados por las agencias de evaluación de la actividad investigadora para la valoración de las publicaciones en artículos de revista. Permite identificar la relevancia que tiene una revista dentro de la comunidad investigadora a través de indicadores.

• **Science Citation Index Expanded (SCIE):** índice multidisciplinar de la literatura de revistas de ciencias incluida en la Web of Science. Abarca por completo más de 8.300 revistas principales de 150 disciplinas científicas e incluye todas las referencias citadas capturadas de artículos indexados.

• **Current Contents Connect:** Current Contents Connect es una base de datos de actualidad multidisciplinar que proporciona un fácil acceso a las tablas de contenido, los resúmenes y la información bibliográfica de los números publicados más recientes de las principales revistas académicas.

• **Medline:** MedlinePlus es producido por la Biblioteca Nacional de Medicina de EE. UU. (NLM, por sus siglas en inglés), la biblioteca médica más grande del mundo, parte de los Institutos Nacionales de la Salud de EEUU. Medline es la parte principal de PubMed, una base de datos en línea de búsqueda de literatura de investigación en ciencias biomédicas y biológicas. PubMed incluye enlaces a muchos artículos de revistas de texto completo a través de PubMed Central.

• **Pubmed:** PubMed es un portal gratuito de la National Library of Medicine (NLM). Ofrece algunas citas y resúmenes de MedLine, así como a otros sitios que ofrecen artículos y libros de libre acceso a texto completo. En PubMed se encuentran los artículos antes de haber sido indizados en MedLine.

Indicadores bibliométricos utilizados

• **Número de trabajos indexados en PubMed:** Base de datos de la Biblioteca Nacional de Medicina de los Estados Unidos. **PubMed** es una base de datos de libre acceso que permite consultar principal y mayoritariamente los contenidos de la base de datos Medline, aunque también una variedad de revista científicas de similar calidad pero que no son parte de Medline. A través de su buscador de nivel básico o avanzado es posible acceder a referencias bibliográficas y resúmenes de estos artículos de investigación biomédica. Medline tiene alrededor de 4800 revistas publicadas en los Estados Unidos y en más de 70 países del mundo. Actualmente reúne más de 30 000 000 citas .

• **Número de trabajos indexados en Web of Science (WoS):** Web of Science es una plataforma de la empresa *Clarivate Analytics* formada por una amplia colección de bases de datos bibliográficas, citas y referencias de publicaciones científicas de cualquier disciplina del conocimiento. Proporciona información bibliográfica, permite evaluar, analizar el rendimiento y la calidad científica de la investigación. Y todo a través de una única interfaz de consulta, de forma individual o a varias bases simultáneamente. La licencia nacional de Web Of Science (WoS) es gestionada por FECYT (Fundación Española para la Ciencia y la Tecnología).

• **Número de trabajos indexados en Science Citation Index Expanded (SCIE):** Índice multidisciplinar de la literatura de revistas de ciencias. Es uno de los principales de WoS. Creada como Science Citation Index (SCI) en 1964, es una base de datos documental donde se recogen todas las contribuciones (artículos, editoriales, cartas, revisiones, discusiones, etc.) que se puedan publicar a las revistas de ciencia y tecnología indizadas por *Clarivate Analytics*, anteriormente producida por Thomson Reuters. A este índice de citación también se le conoce como ISI ya que en un principio la institución que producía en índice era el Instituto para la Información Científica, Institute for Scientific Information (ISI), fundado por Eugene Garfield en 1960. Actualmente (marzo de 2021) indexa alrededor de 9.200 de las revistas con mayor impacto de todo el mundo líderes en 178 disciplinas científicas (más de 53 millones de registros y 1.18 billones de referencias citadas desde 1900 hasta la actualidad).

• **Número de trabajos indexados en Medline:** Medline es posiblemente la base de datos de bibliografía médica más amplia que existe, producida por la Biblioteca Nacional de Medicina de los Estados Unidos. Cada registro de Medline es la referencia bibliográfica de un artículo científico publicado en una revista médica, con los datos bibliográficos básicos de un artículo (*Título, autores, nombre de la revista, año de publicación*) que permiten la recuperación de estas referencias posteriormente en una biblioteca o a través de software específico de recuperación.

El acceso a la base de datos es libre a través de PubMed.

• **Número de trabajos indexados en Current Contents Connect:** Base de datos que proporciona fácil acceso a los sumarios, resúmenes e información bibliográfica de los temas más recientes publicados en revistas científicas líderes, así como más de 7.000 sitios web evaluados.

• **Número de trabajos indexados en el Quartil 1, Factor de impacto de cada artículo, total de artículos con un Factor de Impacto mayor de 10, Quartil de cada artículo, Categoría y Posición en el Journal Citation Report:** Trabajos publicados en revistas con Factor de Impacto, situadas en el primer, segundo, tercero y cuarto cuartil de las Categorias de Journal Citation Report. Categoría temática de la revista y posición dentro de la/s Categorias de la que forma parte la revista.

• **Número de trabajos en revistas de 1º Decil:** Los deciles tienen la función de evaluar la importancia de la revista dentro del total de revistas de su área viendo la posición en relación a ellas. Al dividir en 10 partes un listado de revistas ordenadas por índice de impacto, cada una de estas partes será un decil. Se calcula en base al ranquing creado por el valor Factor de Impacto que genera el Journal Citation Reports (JCR).

• **Índice H:** El índice h (H-Index o Factor H) es un sistema de medición de la calidad profesional de los científicos basado en la relevancia de su producción científica, al tener en cuenta el conjunto de los trabajos más citados de un investigador y el número de citas de cada uno de estos trabajos. Es un número que representa el peso que tienen las publicaciones de autores afiliados al Hospital Universitario Dexeus en la comunidad científica global.

Se calcula ordenando de mayor o menor los artículos científicos según el número de citas recibidas, siendo el índice h el número en el que coinciden el número de orden con el número de citas. Un ejemplo de cálculo se puede ver en la siguiente figura.

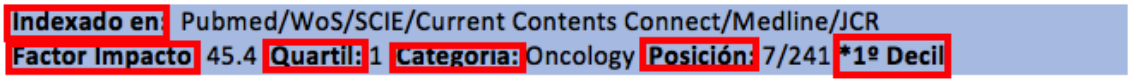
- **Identificación de las principales bases de datos donde está indexado :**

Artículo Indexado en: Medline/ Current Contents Connect/PubMed/ Web of Science (WoS)/Journal Citation Reports (JCR)/SCIE

INTRODUCCIÓN

Con el informe anual de la Biblioteca del Hospital Universitario Quirón Dexeus (HUQD) pretendemos visibilizar la actividad científica del Hospital y su impacto en la comunidad científica mundial.

Además de la recopilación exhaustiva de todos los artículos científicos publicados el pasado 2023, con el resaltamiento en negrita del autor/es afiliados al HUQD, ofrecemos también una serie de indicadores para cuantificar su trascendencia en la comunidad investigadora del ámbito médico al que pertenecen. Como observareis a continuación, para cada artículo se ofrecen un seguido de indicadores bibliométricos (obtenidos del Journal Citation Reports) que muestran:



- Principales bases de datos donde se encuentran indexados: Pubmed, Web of Science (WoS), Science Citation Index Expanded (SCIE), Current Contents Connect, Medline i Journal Citation Report (JCR). Algunas de ellas son de acceso público (Pubmed), otras de acceso restringido a través de las credenciales que disponen investigadores, alumnos y profesores de Universidades y el personal bibliotecario de centros de información del sector médico: WoS, SCIE, Medline y JCR. Para acceder a ellas: a través del FECYT.

- Factor de Impacto de la revista donde el artículo se publicó, ofrecido por la base de datos JCR.

- Quartil de la revista donde el artículo se publicó, ofrecido por la base de datos JCR.

- Categoría de la revista donde se publicó, ofrecida por el JCR.

- Posición dentro de la Categoría de la revista donde se publicó el artículo, mostrada también en el JCR.

- Si la revista donde se publicó el artículo forma parte del 1º Decil.

*en los artículos que no se ofrecen ninguno de estos indicadores es debido a que están en revistas que no están indexadas en el JCR, que es la herramienta que ofrece todos los indicadores bibliométricos que hay en cada artículo.

La recopilación de los artículos se categoriza por especialidades del HUQD, debajo de cada una podéis consultar el total de artículos de cada departamento, la suma del Factor de Impacto (FI) de todos sus artículos publicados y la media de el FI de todos sus artículos:

En el final de la recolección exhaustiva de todos los artículos clasificados por especialidades, podéis consultar también la lista de todas las especialidades ordenadas por el Factor de Impacto del conjunto de sus publicaciones.

En el último apartado de esta *Memoria de los indicadores bibliométricos 2023* encontraréis también indicadores bibliométricos importantes ofrecidos por el Web Of Science, como:

- el índice H del pasado año 2023

- índice H de todos los años

- total de artículos publicados

- total de publicaciones (no solo artículos, sino también: actas de reuniones, revisiones de artículos, cartas, editoriales, etc.)

- el gráfico del número de citaciones en relación al total de publicaciones de cada año

- gráfico del total de publicaciones de los investigadores del HUQD de máxima actividad

- principales países de los investigadores que publicaron artículos

- principales títulos de revistas donde se publicó

- número total de artículos del pasado año y número total de artículos del último informe bibliométrico (2021)

- relación del número de artículos con el Quarti l al que pertenece la revista donde se publicaron, pudiendo consultar el total de artículos de revistas correspondientes al Q1, el total de artículos de revistas del Q2, etc.

- todos los artículos que se publicaron en revistas de Quartil 1, clasificados por especialidades

- número total de todos los artículos con revistas con un Factor de Impacto superior a 10, recolectados y ordenados de mayor a menor FI

- cantidad de artículos publicados en revistas que forman parte del 1º Decil, y la relación de todos los artículos del 1º Decil.

Esperamos que sea de utilidad a toda la comunidad científica del HUQD, ya sea de soporte a la investigación, como en la mejora y refinamiento de las estrategias de publicación para optimizar el impacto en el mundo editorial de la publicación médica e incrementar su visibilidad.

INDICADORES BIBLIOMÉTRICOS PUBLICACIONES 2023

Listado exhaustivo de citas de artículos científicos agrupados por especialidades del HUQD y ordenados alfabéticamente por inicial del apellido del primer autor[1] de la referencia bibliográfica.

Los indicadores de debajo de cada referencia bibliográfica de la barra de color azul (Factor de Impacto, Quartil, Categoría y Posición) son los generados por el Journal Citation Reports (JCR). Los artículos que no constan en esta base de datos, por lo tanto, no disponen de valores en estos indicadores.

Los indicadores de debajo el nombre de cada especialidad del HUQD son:

- Nº articulos indexados: es la suma de todos los artículos por el departamento/especialidad en el pasado año 2023.

- Journal Impact Factor-2023: es la suma de todos los valores de Factor de Impacto de cada artículo.

- Factor impacto medio x artículo: es el resultado de dividir la suma de todos los Factores de Impacto de los artículos de la especialidad entre el número de artículos (pero solo de los artículos con FI, es decir, de los indexados en JCR).

INSTITUTO ONCOLÓGICO DR. ROSELL – DEXEUS

Nº Articulos indexados: 31 Journal Impact Factor ™ –2023: 471.7
Factor impacto medio x artículo: 16.8

D'Ambrosi S, Giannoukakos S, Antunes-Ferreira M, Pedraz-Valdunciel C, **Bracht JWP**, Potie N, **Gimenez-Capitan A**, Hackenberg M, Fernandez Hilario A, **Molina-Vila MA**, **Rosell R**, Würdinger T, Koppers-Lalic D.
Combinatorial Blood Platelets-Derived circRNA and mRNA Signature for Early-Stage Lung Cancer Detection. Int J Mol Sci. 2023 Mar 2;24(5):4881. doi: 10.3390/ijms24054881.PMID: 36902312

Despite the diversity of liquid biopsy transcriptomic repertoire, numerous studies often exploit only a single RNA type signature for diagnostic biomarker potential. This frequently results in insufficient sensitivity and specificity necessary to reach diagnostic utility. Combinatorial biomarker approaches may offer a more reliable diagnosis. Here, we investigated the synergistic contributions of circRNA and mRNA signatures derived from blood platelets as biomarkers for lung cancer detection. We developed a comprehensive bioinformatics pipeline permitting an analysis of platelet-circRNA and mRNA derived from non-cancer individuals and lung cancer patients. An optimal selected signature is then used to generate the predictive classification model using machine learning algorithm. Using an

[1] Artículos agrupados por especialidades del Hospital Universitario Quirón Dexeus y ordenados alfabéticamente (dentro de cada especialidad) por apellido del primer autor.

individual signature of 21 circRNA and 28 mRNA, the predictive models reached an area under the curve (AUC) of 0.88 and 0.81, respectively. Importantly, combinatorial analysis including both types of RNAs resulted in an 8-target signature (6 mRNA and 2 circRNA), enhancing the differentiation of lung cancer from controls (AUC of 0.92). Additionally, we identified five biomarkers potentially specific for early-stage detection of lung cancer. Our proof-of-concept study presents the first multi-analyte-based approach for the analysis of platelets-derived biomarkers, providing a potential combinatorial diagnostic signature for lung cancer detection.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 5.6 **Quartil:** 1 **Categoría:** Biochemistry & Molecular Biology ; Chemistry Multidisciplinary (Q2) **Posición:** Biochemistry & Molecular Biology 66/285 ; Chemistry Multidisciplinary 52/178

Andric Z, Gálffy G, Cobo Dols M, Szima B, Stojanovic G, Petrovic M, Felip E, Vicente Baz D, Ponce Aix S, Juan-Vidal O, Szalai Z, Losonczy G, Calles Blanco A, Bernabe R, García Ledo G, **Aguilar Hernández A**, Duecker K, Zhou D, Schroeder A, Guezel G, Ciardiello F.
Avelumab in Combination With Cetuximab and Chemotherapy as First-Line Treatment for Patients With Advanced Squamous NSCLC.
JTO Clin Res Rep. 2023 Jan 2;4(2):100461. doi: 10.1016/j.jtocrr.2022.100461. eCollection 2023 Feb.PMID: 36718142

Introduction: We present the results of a phase 2a trial of first-line avelumab (anti-programmed death-ligand 1 antibody) plus cetuximab (anti-EGFR antibody) in patients with advanced squamous NSCLC. **Methods:** Patients with recurrent or metastatic squamous NSCLC received avelumab 800 mg (d 1 and 8), cetuximab 250 mg/m^2 (d 1) and 500 mg/m^2 (d 8), cisplatin 75 mg/m^2 (d 1), and gemcitabine 1250 mg/m^2 (d 1 and 8) for four 3-week cycles, followed by avelumab 800 mg and cetuximab 500 mg/m^2 every 2 weeks. The primary end point was the best overall response; the secondary end points were progression-free survival, duration of response, overall survival, and safety. Efficacy analyses were reported from an updated data cutoff. **Results:** A total of 43 patients were enrolled. The median follow-up was 6.6 months for the primary analyses and 9.2 months for the efficacy analyses. In the efficacy analyses, 15 patients had a confirmed partial response (objective response rate, 34.9% [95% confidence interval: 21.0%-50.9%]), and the median duration of response was 7.1 months (95% confidence interval: 4.2-12.5 mo). The median progression-free survival and overall survival were 6.1 months and 10.0 months, respectively. In the safety analyses (primary analysis), 38 patients (88.4%) had a treatment-related adverse event, of whom 24 (55.8%) had a grade 3 or higher treatment-related adverse event. **Conclusions:** The combination of avelumab + cetuximab and chemotherapy showed antitumor activity and tolerable safety; however, the ORR was not improved compared with those reported for current standards of care (NCT03717155).

Indexado en: Pubmed/WoS/SCIE/Medline **Factor Impacto:** **Quartil:** **Categoría:** Oncology ; Respiratory System Posición:

Argacha P, **Cortadellas T**, **Acosta J**, **Gonzalez-Farré X**, **Xiberta M**.
Comparison of ultrasound guided surgery and radio-guided occult lesions localization (ROLL) for nonpalpable breast cancer excision.

Gland Surg. 2023 Sep 25;12(9):1233-1241. doi: 10.21037/gs-23-27. Epub 2023 Sep 14.PMID: 37842539

Background: There is little literature comparing intraoperative ultrasound (IOUS) with radio-guided occult lesions localization (ROLL) in nonpalpable invasive tumors in breast conserving surgery (BCS). There is a need to compare these two methods in terms of safety and efficacy. **Methods:** This is an observational cohort study. All patients treated with BCS for nonpalpable invasive breast cancer using IOUS from March 2016 to March 2020 were included and compared with a historical reference control group operated on using ROLL from March 2013 to March 2017. For each detection method, the ability to locate tumors intraoperatively, tumor and surgical specimen sizes, total resection volume (TRV), optimal resection volume, excess of healthy tissue resected (ETR), margin status, re-excision rate, surgical time, complications and costs were studied. **Results:** One hundred and fifty-eight were included, 83 with IOUS and 75 with ROLL. The mean tumor size is equivalent in both groups (11.88 mm IOUS *vs.* 12.29 mm ROLL, P=0.668). TRV is significantly lower with IOUS (24.92 *vs.* 60.32 cm^3, P<0.001), and the ETR is also significantly lower in the IOUS group (21.74 *vs.* 58.37 cm^3, P<0.001). The rate of positive margins did not differ (10.98% *vs.* 12.16%, P=1), nor did re-excision rate (10.98% *vs.* 8.11%, P=0.597). Complication rate did not differ (12.2% IOUS *vs.* 10.81% ROLL, P=0.808). Surgical time was shorter in IOUS (45.5 *vs.* 57 min, P>0.05). **Conclusions:** IOUS in BCS for nonpalpable invasive breast cancer is more accurate than ROLL because it decreases excision volumes with the same rate of free margins and re-excision. Also, IOUS is a more efficient and comfortable technique, and just as safe as ROLL.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 1.8 **Quartil:** 3 **Categoría:** Surgery **Posición:** 131/213

Ascierto PA, Mandalà M, Ferrucci PF, Guidoboni M, Rutkowski P, Ferraresi V, Arance A, Guida M, Maiello E, Gogas H, Richtig E, Fierro MT, Lebbè C, Helgadottir H, Queirolo P, Spagnolo F, Tucci M, Del Vecchio M, **Gonzales Cao M**, Minisini AM, De Placido S, Sanmamed MF, Mallardo D, Curvietto M, Melero I, Palmieri G, Grimaldi AM, Giannarelli D, Dummer R, Chiarion Sileni V. **Sequencing of Ipilimumab Plus Nivolumab and Encorafenib Plus Binimetinib for Untreated BRAF-Mutated Metastatic Melanoma (SECOMBIT): A Randomized, Three-Arm, Open-Label Phase II Trial.** J Clin Oncol. 2023 Jan 10;41(2):212-221. doi: 10.1200/JCO.21.02961. Epub 2022 Sep 1. PMID: 36049147.

PURPOSE Limited prospective data are available on sequential immunotherapy and BRAF/MEK inhibition for BRAFV600-mutant metastatic melanoma.METHODS SECOMBIT is a randomized, three- arm, noncomparative phase II trial (ClinicalTrials.gov identifier: NCT02631447). Patients with untreated, metastatic BRAFV600-mutant melanoma from 37 sites in nine countries were randomly assigned to arm A (encorafenib [450 mg orally once daily] plus binimetinib [45 mg orally twice daily] until progressive disease [PD] -> ipilimumab plus nivolumab [ipilimumab 3 mg/kg once every 3 weeks and nivolumab 1 mg/kg once every 3 weeks x four cycles -> nivolumab 3 mg/kg every 2 weeks]), arm B [ipilimumab plus nivolumab until PD -> encorafenib plus binimetinib], or arm C (encorafenib plus binimetinib for 8 weeks -> ipilimumab plus nivolumab until PD -> encorafenib plus binimetinib). The primary end point was overall survival (OS) at 2 years. Secondary end points included total progression-free survival, 3-year OS, best overall response rate, duration of response, and biomarkers in the intent-to-treat population. Safety was analyzed throughout sequential treatment in all participants who received at least one dose of study medication.RESULTS A total of 209 patients were randomly assigned

(69 in arm A, 71 in arm B, and 69 in arm C). At a median follow-up of 32.2 (interquartile range, 27.9-41.6) months, median OS was not reached in any arm and more than 30 patients were alive in all arms. Assuming a null hypothesis of median OS of # 15 months, the OS end point was met for all arms. The 2-year and 3-year OS rates were 65% (95% CI, 54 to 76) and 54% (95% CI, 41 to 67) in arm A, 73% (95% CI, 62 to 84) and 62% (95% CI, 48 to 76) in arm B, and 69% (95% CI, 59 to 80) and 60% (95% CI, 58 to 72) in arm C. No new safety signals emerged.CONCLUSION Sequential immunotherapy and targeted therapy provide clinically meaningful survival benefits for patients with BRAFV600-mutant melanoma.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 45.4 **Quartil:** 1 **Categoría:** Oncology **Posición:** 7/241 ***1º Decil**

Bertran-Alamillo J, Giménez-Capitán A, Román R, Talbot S, Whiteley R, Floc'h N, Martínez-Pérez E, Martin MJ, Smith PD, **Sullivan I**, Terp MG, Saeh J, Marino-Buslje C, Fabbri G, Guo G, Xu M, Tornador C, Aguilar-Hernández A, Reguart N, Ditzel HJ, Martínez-Bueno A, Nabau-Moretó N, Gascó A, Rosell R, Pease JE, Polanska UM, Travers J, Urosevic J, **Molina-Vila MA. BID expression determines the apoptotic fate of cancer cells after abrogation of the spindle assembly checkpoint by AURKB or TTK inhibitors.** Mol Cancer. 2023 Jul 13;22(1):110. doi: 10.1186/s12943-023-01815-w. PMID: 37443114; PMCID: PMC10339641.

Background: Drugs targeting the spindle assembly checkpoint (SAC), such as inhibitors of Aurora kinase B (AURKB) and dual specific protein kinase TTK, are in different stages of clinical development. However, cell response to SAC abrogation is poorly understood and there are no markers for patient selection.MethodsA panel of 53 tumor cell lines of different origins was used. The effects of drugs were analyzed by MTT and flow cytometry. Copy number status was determined by FISH and Q-PCR; mRNA expression by nCounter and RT-Q-PCR and protein expression by Western blotting. CRISPR-Cas9 technology was used for gene knock-out (KO) and a doxycycline-inducible pTRIPZ vector for ectopic expression. Finally, in vivo experiments were performed by implanting cultured cells or fragments of tumors into immunodeficient mice.ResultsTumor cells and patient-derived xenografts (PDXs) sensitive to AURKB and TTK inhibitors consistently showed high expression levels of BH3-interacting domain death agonist (BID), while cell lines and PDXs with low BID were uniformly resistant. Gene silencing rendered BID- overexpressing cells insensitive to SAC abrogation while ectopic BID expression in BID-low cells significantly increased sensitivity. SAC abrogation induced activation of CASP-2, leading to cleavage of CASP-3 and extensive cell death only in presence of high levels of BID. Finally, a prevalence study revealed high BID mRNA in 6% of human solid tumors.ConclusionsThe fate of tumor cells after SAC abrogation is driven by an AURKB/ CASP-2 signaling mechanism, regulated by BID levels. Our results pave the way to clinically explore SAC-targeting drugs in tumors with high BID expression.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 37.3 **Quartil:** 1 **Categoría:** Biochemistry & Molecular Biology ; Oncology
Posición: Biochemistry & Molecular Biology 4/285 ; Oncology 8/241 ***1º Decil**

Besse B, Felip E, Garcia Campelo R, Cobo M, Mascaux C, Madroszyk A, Cappuzzo F, Hilgers W, Romano G, Denis F, **Viteri S**, Debieuvre D, Galetta D, Baldini E, Razaq M, Robinet G, Maio M, Delmonte A, Roch B, Masson P, Schuette W, Zer A, Remon J, Costantini D, Vasseur B, Dziadziuszko R, Giaccone G; ATALANTE-1 study group. **Randomized open-label controlled**

study of cancer vaccine OSE2101 versus chemotherapy in HLA-A2-positive patients with advanced non-small-cell lung cancer with resistance to immunotherapy: ATALANTE-1. Ann Oncol. 2023 Oct;34(10):920-933. doi: 10.1016/j.annonc.2023.07.006. Epub 2023 Sep 11. PMID: 37704166.

Background: Patients with advanced non-small-cell lung cancer (NSCLC) treated with immune checkpoint blockers (ICBs) ultimately progress either rapidly (primary resistance) or after durable benefit (secondary resistance). The cancer vaccine OSE2101 may invigorate antitumor-specific immune responses after ICB failure. The objective of ATALANTE-1 was to evaluate its efficacy and safety in these patients. Patients and methods: ATALANTE-1 was a two-step open-label study to evaluate the efficacy and safety of OSE2101 compared to standard-of-care (SoC) chemotherapy (CT). Patients with human leukocyte antigen (HLA)-A2-positive advanced NSCLC without actionable alterations, failing sequential or concurrent CT and ICB were randomized (2 : 1) to OSE2101 or SoC (docetaxel or pemetrexed). Primary endpoint was overall survival (OS). Interim OS futility analysis was planned as per Fleming design. In April 2020 at the time of interim analysis, a decision was taken to prematurely stop the accrual due to coronavirus disease 2019 (COVID-19). Final analysis was carried out in all patients and in the subgroup of patients with ICB secondary resistance defined as failure after ICB monotherapy second line >12 weeks. Results: Two hundred and nineteen patients were randomized (139 OSE2101, 80 SoC); 118 had secondary resistance to sequential ICB. Overall, median OS non-significantly favored OSE2101 over SoC {hazard ratio (HR) [95% confidence interval (CI)] 0.86 [0.62-1.19], P = 0.36}. In the secondary resistance subgroup, OSE2101 significantly improved median OS versus SoC [11.1 versus 7.5 months; HR (95% CI) 0.59 (0.38-0.91), P = 0.017], and significantly improved post-progression survival (HR 0.46, P = 0.004), time to Eastern Cooperative Oncology Group (ECOG) performance status deterioration (HR 0.43, P = 0.006) and Quality of Life Questionnaire Core 30 (QLQ-C30) global health status compared to SoC (P = 0.045). Six-month disease control rates and progression-free survival were similar between groups. Grade >3 adverse effects occurred in 11.4% of patients with OSE2101 and 35.1% in SoC (P = 0.002). Conclusions: In HLA-A2-positive patients with advanced NSCLC and secondary resistance to immunotherapy, OSE2101 increased survival with better safety compared to CT. Further evaluation in this population is warranted.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 50.5 **Quartil:** 1 **Categoría:** Oncology **Posición:** 5/241 ***1º Decil**

Cabrera S, Gómez-Hidalgo NR, García-Pineda V, Bebia V, Fernández-González S, Alonso P, Rodríguez-Gómez T, Fusté P, Gracia-Segovia M, Lorenzo C, Chacon E, Roldan Rivas F, Arencibia O, Martí Edo M, Fidalgo S, Sanchis J, Padilla-Iserte P, Pantoja-Garrido M, Martínez S, Peiró R, Escayola C, Oliver-Pérez MR, Aghababyan C, Tauste C, Morales S, Torrent A, Utrilla-Layna J, **Fargas F**, Calvo A, Aller de Pace L, Gil-Moreno A; Spain-GOG and the MULTISENT Study Group.
Accuracy and Survival Outcomes after National Implementation of Sentinel Lymph Node Biopsy in Early Stage Endometrial Cancer.
Ann Surg Oncol. 2023 Nov;30(12):7653-7662. doi: 10.1245/s10434-023-14065-3. Epub 2023 Aug 26.PMID: 37633852
Background: Sentinel lymph node (SLN) biopsy has recently been accepted to evaluate nodal status in endometrial cancer at early stage, which is key to tailoring adjuvant treatments. Our aim was to evaluate the national implementation of SLN biopsy in terms of

accuracy to detect nodal disease in a clinical setting and oncologic outcomes according to the volume of nodal disease. **Patients and methods:** A total of 29 Spanish centers participated in this retrospective, multicenter registry including patients with endometrial adenocarcinoma at preoperative early stage who had undergone SLN biopsy between 2015 and 2021. Each center collected data regarding demographic, clinical, histologic, therapeutic, and survival characteristics. **Results:** A total of 892 patients were enrolled. After the surgery, 12.9% were suprastaged to FIGO 2009 stages III-IV and 108 patients (12.1%) had nodal involvement: 54.6% macrometastasis, 22.2% micrometastases, and 23.1% isolated tumor cells (ITC). Sensitivity of SLN biopsy was 93.7% and false negative rate was 6.2%. After a median follow up of 1.81 years, overall surivial and disease-free survival were significantly lower in patients who had macrometastases when compared with patients with negative nodes, micrometastases or ITC. **Conclusions:** In our nationwide cohort we obtained high sensitivity of SLN biopsy to detect nodal disease. The oncologic outcomes of patients with negative nodes and low-volume disease were similar after tailoring adjuvant treatments. In total, 22% of patients with macrometastasis and 50% of patients with micrometastasis were at low risk of nodal metastasis according to their preoperative risk factors, revealing the importance of SLN biopsy in the surgical management of patients with early stage EC.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 3.7 **Quartil:** 2 **Categoría:** Oncology ; Surgery (Q1) **Posición:** Oncology 113/241 ; Surgery 35/213

Cao G, **García-Casabal F**, **Viteri S**, **Mayo de las Casas C**, **Rosell R**, **Molina-Vila MA**. **Fluorescence In Situ Hybridization (FISH) for the Characterization and Monitoring of Primary Cultures from Human Tumors**. J Mol Pathol. 2023 Jan, 4(1), 57-68. doi: 10.3390/jmp4010007

Genetic and drug sensitivity assays on primary cultures are not only of basic but also of translational interest and could eventually aid oncologists in the selection of treatments. However, cancer cells need to be identified and differentiated from the non-tumor cells always present in primary cultures. Also, successive passages can change the proportions of these two subpopulations. In this study, we propose fluorescence in situ hybridization (FISH) analysis on cell smears to determine the presence of tumor cells in primary cultures obtained from patients carrying translocations or copy number gains. FISH proved to be an easy, fast, economic, and reliable method of characterizing cell populations, which could be used repeatedly at different passages to monitor variations and to confirm the maintenance of translocations and copy number gains throughout the culture process.

Indexado en: WoS **Factor Impacto:** **Quartil:** **Categoría:** Posición:

Cavagna RO, Pinto IA, Escremim de Paula F, Berardinelli GN, Sant'Anna D, Santana I, da Silva VD, Da Silva ECA, Miziara JE, Mourão Dias J, Antoniazzi A, Jacinto A, De Marchi P, **Molina-Vila MA**, Ferro Leal L, Reis RM. **Disruptive and Truncating TP53 Mutations Are Associated with African-Ancestry and Worse Prognosis in Brazilian Patients with Lung Adenocarcinoma.** Pathobiology. 2023;90(5):344-355. doi: 10.1159/000530587. Epub 2023 Apr 8. PMID: 37031678.

INTRODUCTION: TP53 is the most frequently mutated gene in lung tumors, but its prognostic role in admixed populations, such as Brazilians, remains unclear. In this study, we aimed to evaluate the frequency and clinicopathological impact of TP53 mutations in

non-small cell lung cancer (NSCLC) patients in Brazil. METHODS: We analyzed 446 NSCLC patients from Barretos Cancer Hospital. TP53 mutational status was evaluated through targeted next-generation sequencing (NGS) and the variants were biologically classified as disruptive/nondisruptive, and as truncating/non-truncating. We also assessed genetic ancestry using 46-ancestry informative markers. Analysis of lung adenocarcinomas from the cBioportal dataset was performed. We further examined associations of TP53 mutations with patients' clinicopathological features. RESULTS: TP53 mutations were detected in 64.3% (287/446) of NSCLC cases, with a prevalence of 60,4% (n=221/366) in lung adenocarcinomas. TP53 mutations were associated with brain metastasis at diagnosis, tobacco consumption, and higher African ancestry. Disruptive and truncating mutations were associated with a younger age at diagnosis. Additionally, cBioportal dataset revealed that TP53 mutations were associated with younger age and Black skin color. Patients harboring disruptive/truncating TP53 mutations had worse overall survival than nondisruptive/non-truncating and wild-type patients. CONCLUSION: TP53 mutations are common in Brazilian lung adenocarcinomas, and their biological characterization as disruptive and truncating mutations is associated with African ancestry and shorter overall survival.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 5 **Quartil:** 2 **Categoría:** Cell Biology ; Pathology (Q1) **Posición:** Cell Biology 78/191 ; Pathology 14/76

Chamorro DF, Cardona AF, Rodríguez J, Ruiz-Patiño A, Arrieta O, Moreno-Pérez DA, Rojas L, Zatarain-Barrón ZL, Ardila DV, Viola L, Recondo G, Blaquier JB, Martín C, Raez L, Samtani S, Ordóñez-Reyes C, Garcia-Robledo JE, Corrales L, Sotelo C, Ricaurte L, Cuello M, Mejía S, Jaller E, Vargas C, Carranza H, Otero J, Archila P, Bermudez M, Gamez T, Russo A, Malapelle U, de Miguel Perez D, de Lima VCC, Freitas H, Saldahna E, Rolfo C, **Rosell R**; CLICaP.
Genomic Landscape of Primary Resistance to Osimertinib Among Hispanic Patients with EGFR-Mutant Non-Small Cell Lung Cancer (NSCLC): Results of an Observational Longitudinal Cohort Study.
Target Oncol. 2023 May;18(3):425-440. doi: 10.1007/s11523-023-00955-9. Epub 2023 Apr 5.PMID: 37017806

Background: Epidermal growth factor receptor (EGFR) mutations (EGFRm) represent one of the most common genomic alterations identified among patients with non-small cell lung cancer (NSCLC). Several targeted agents for patients with EGFRm have been proven safe and effective, including the third-generation tyrosine kinase inhibitor (TKI) osimertinib. Nonetheless, some patients will present with or develop EGFR-TKI resistance mechanisms. **Objective:** We characterized the genomic landscape of primary resistance to osimertinib among Hispanic patients with EGFR-mutant NSCLC. **Methods:** An observational longitudinal cohort study was conducted with two groups of patients, those with intrinsic resistance (cohort A) and those with long-term survival (cohort B). All patients were treated and followed between January 2018 and May 2022. All patients were assessed for Programmed Cell Death Ligand 1 (PD-L1) expression and Bcl-2-like protein 11 (BIM)/AXL mRNA expression before starting TKI. After 8 weeks of treatment, a liquid biopsy was performed to determine the presence of circulating free DNA (cfDNA), and next-generation sequencing (NGS) was used to identify mutations at the time of progression. In both cohorts, overall response rate (ORR), progression-free survival (PFS), and overall survival (OS) were evaluated. **Results:** We found a homogeneous distribution of EGFR-sensitizing

mutations in both cohorts. For cohort A, exon 21 mutations were more common than exon 19 deletions (ex19dels) for cohort B (P = 0.0001). The reported ORR for osimertinib was 6.3% and 100% for cohorts A and B, respectively (P = 0.0001). PFS was significantly higher in cohort B (27.4 months vs. 3.1 months; P = 0.0001) and ex19del patients versus L858R (24.5 months, 95% confidence interval [CI] 18.2-NR), vs. 7.6 months, 95% CI 4.8-21.1; P = 0.001). OS was considerably lower for cohort A (20.1 months vs. 36.0 months; P = 0.0001) and was better for patients with ex19del, no brain metastasis, and low tumor mutation burden. At the time of progression, more mutations were found in cohort A, identifying off-target alterations more frequently, including TP53, RAS, and RB1. **Conclusion:** EGFR-independent alterations are common among patients with primary resistance to osimertinib and significantly impact PFS and OS. Our results suggest that among Hispanic patients, other variables associated with intrinsic resistance include the number of commutations, high levels AXL mRNA, and low levels of BIM mRNA, T790M de novo, EGFR p.L858R presence, and a high tumoral mutational burden.

Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 5.4 **Quartil:** 2 **Categoría:** Oncology **Posición:** 69/241

Chouaid C, Bosquet L, Girard N, Kron A, Scheffler M, Griesinger F, Sebastian M, Trigo J, **Viteri S**, Knott C, Rodrigues B, Rahhali N, Cabrieto J, Diels J, Perualila NJ, Schioppa CA, Sermon J, Toueg R, Erdmann N, Mielke J, Nematian-Samani M, Martin-Fernandez C, Pfaira I, Li T, Mahadevia P, Wolf J. **An Adjusted Treatment Comparison Comparing Amivantamab Versus Real-World Clinical Practice in Europe and the United States for Patients with Advanced Non-Small Cell Lung Cancer with Activating Epidermal Growth Factor Receptor Exon 20 Insertion Mutations.** Adv Ther. 2023 Mar;40(3):1187-1203. doi: 10.1007/s12325-022-02408-7. Epub 2023 Jan 18. PMID: 36652175; PMCID: PMC9988783.

Introduction: Patients with advanced, epidermal growth factor receptor (EGFR)-mutated, non- small cell lung cancer (NSCLC) with Exon 20 insertion mutations (Exon20ins) have poor prognoses, exacerbated by a previous lack of specific treatment guidelines and unmet need for targeted therapies. Amivantamab, an EGFR and MET bispecific antibody, demonstrated efficacy and tolerability in patients with advanced EGFR-mutated NSCLC with Exon20ins following platinum-based therapy in CHRYSALIS (NCT02609776; Cohort D+). Since CHRYSALIS was single-arm, individual patient data (IPD)-based adjusted analyses versus similar patients in real-world clinical practice (RWCP) were conducted to generate comparative evidence.MethodsRWCP cohorts were derived from seven European and US real-world sources, comprising patients fulfilling CHRYSALIS Cohort D+ eligibility criteria. Amivantamab was compared with a basket of RWCP treatments. Differences in prognostic characteristics were adjusted for using inverse probability weighting (IPW; average treatment effect among the treated [ATT]). Balance between cohorts was assessed using standardized mean differences (SMDs). Overall response rate (ORR; investigator- [INV] and independent review committee-assessed [IRC]), overall survival (OS), progression- free survival (PFS; INV and IRC) and time-to-next treatment (TTNT) were compared. Binary and time-to- event endpoints were analyzed using weighted logistic regression and proportional hazards regression, respectively.ResultsPre-adjustment, baseline characteristics were comparable between cohorts. IPW ATT- adjustment improved comparability, giving closely matched characteristics. ORR (INV) was 36.8% for amivantamab versus 17.0% for the adjusted EU + US cohort (response rate ratio [RR]: 2.16). Median OS, PFS (INV) and TTNT were 22.77 versus 12.52 months (hazard ratio [HR]: 0.47; p < 0.0001), 6.93 versus 4.17 months (HR: 0.55; p <

0.0001) and 12.42 versus 5.36 months (HR: 0.44; p < 0.0001) for amivantamab versus the adjusted EU + US cohort, respectively. Results were consistent versus EU- and US-only cohorts, and when using IRC assessment.ConclusionAdjusted comparisons demonstrated significantly improved outcomes for amivantamab versus RWCP, highlighting the value of amivantamab in addressing unmet need in patients with advanced EGFR Exon20ins NSCLC following platinum-based therapy.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 3.8 **Quartil:** 3 **Categoría:** Medicine, research & experimental ; Pharmacology&Pharmacy (Q2) **Posición:** Medicine, research & experimental 73/136 ; Pharmacology & Pharmacy 105/278

Cueva JF, Palacio I, Churruca C, Herrero A, Pardo B, Constenla M, Santaballa A, Manso L, Estévez P, Maximiano C, Legerén M, Marquina G, de Juan A, Quindós M, Sánchez L, Barquin A, Fernández I, Martín C, Juárez A, Martín T, García Y, Yubero A, Gallego A, **Martínez Bueno A**, Guerra E, González-Martín A. **Real-world safety and effectiveness of maintenance niraparib for platinum-sensitive recurrent ovarian cancer: A GEICO retrospective observational study within the Spanish expanded-access programme.** Eur J Cancer. 2023 Mar;182:3-14. doi: 10.1016/j.ejca.2022.12.023. Epub 2022 Dec 29. PMID: 36706655.

Aim: To describe patient characteristics, effectiveness and safety in a real-world population treated with niraparib in the Spanish expanded-access programme. **Patients and methods:** This retrospective observational study included women with platinum-sensitive recurrent high-grade serous ovarian cancer who received maintenance niraparib within the Spanish niraparib expanded-access programme. Eligible patients had received ≥2 previous lines of platinum-containing therapy, remained platinum-sensitive after the penultimate line of platinum and had responded to the most recent platinum-containing therapy. Niraparib dosing was at the treating physician's discretion (300 mg/day fixed starting dose or individualised starting dose [ISD] according to baseline body weight and platelet count). Safety, impact of dose adjustments, patient characteristics and effectiveness were analysed using data extracted from medical records. **Results:** Among 316 eligible patients, 80% had BRCA wild-type tumours and 66% received an ISD. Median niraparib duration was 7.8 months. The most common adverse events typically occurred within 3 months of starting niraparib. Median progression-free survival was 8.6 (95% confidence interval [CI] 7.6-10.0) months. One- and 2-year overall survival rates were 86% (95% CI 81-89%) and 65% (95% CI 59-70%), respectively. Dose interruptions, dose reductions, haematological toxicities and asthenia/fatigue were less common with ISD than fixed starting dose niraparib, but progression-free survival was similar irrespective of dosing strategy. Subsequent therapy included platinum in 71% of patients who received further treatment.
Conclusion: Outcomes in this large real-world dataset of niraparib-treated patients are consistent with phase III trials, providing reassuring evidence of the tolerability and activity of niraparib maintenance therapy for platinum-sensitive recurrent ovarian cancer.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 8.4 **Quartil:** 1 **Categoría:** Oncology **Posición:** 37/241

Gonzalez-Cao M, Puertolas T, Martinez-Vila C, Carrera C, Maldonado Seral C, Rodríguez-Jiménez P, Sequero S, Cerezuela-Fuentes P, Feltes Ochoa R, Muñoz E, Antoñanzas

Basa M, Martín-Liberal J, Soria A, Francisco Rodriguez Moreno J, Marquez-Rodas I, Lopez Criado P, Luis Manzano J, Lopez-Castro R, Ayala de Miguel P, Villalobos L, Martin Algarra S, Gonzalez-Barrallo I, Boada A, García Castaño A, Puig S, Crespo G, Luna Fra P, Aguayo Zamora C, Feito Rodríguez M, Valles L, **Drozdowskyj A**, Gardeazabal J, Antonio Fernandez-Morales L, Rodrigo A, Cruz R, Yelamos O, Rubio B, Mujica K, Provencio M, Berrocal A; Spanish Melanoma Group (GEM).
SARS-CoV-2 infection in patients with melanoma: results of the Spanish Melanoma Group registry.
Clin Transl Oncol. 2023 Mar;25(3):768-775. doi: 10.1007/s12094-022-02985-7. Epub 2022 Dec 24.PMID: 36566266

Background: The Spanish Melanoma Group (GEM) developed a national registry of patients with melanoma infected by SARS-CoV-2 ("GRAVID"). **Methods:** The main objective was to describe the COVID-19 fatality rate in patients with melanoma throughout the pandemic, as well as to explore the effect of melanoma treatment and tumor stage on the risk of COVID-19 complications. These are the final data of the register, including cases from February 2020 to September 2021. **Results:** One hundred-fifty cases were registered. Median age was 68 years (range 6-95), 61 (40%) patients were females, and 63 (42%) patients had stage IV. Thirty-nine (26%) were on treatment with immunotherapy, and 17 (11%) with BRAF-MEK inhibitors. COVID-19 was resolved in 119 cases, including 85 (57%) patients cured, 15 (10%) that died due to melanoma, and 20 (13%) that died due to COVID-19. Only age over 60 years, cardiovascular disorders, and diabetes mellitus increased the risk of death due to COVID-19, but not advanced melanoma stage nor melanoma systemic therapies. Three waves have been covered by the register: February-May 2020, August-November 2020, and December 2020-April 2021. The first wave had the highest number of registered cases and COVID-19 mortality. **Conclusion:** Tumor stage or melanoma treatments are non-significant prognostic factors for COVID-19 mortality. During the pandemic in Spain there was a downward trend in the number of patients registered across the waves, as well as in the severity of the infection.

Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 3.4 **Quartil:** 3
Categoría: Oncology **Posición:** 125/241

Grobben Y, den Ouden JE, **Aguado C**, van Altena AM, Kraneveld AD, Zaman GJR. **Amino Acid-Metabolizing Enzymes in Advanced High-Grade Serous Ovarian Cancer Patients: Value of Ascites as Biomarker Source and Role for IL4I1 and IDO1.** Cancers (Basel). 2023 Jan 31;15(3):893. doi: 10.3390/cancers15030893. PMID: 36765849; PMCID: PMC9913486.

Simple Summary Ovarian cancer is the most lethal gynecological malignancy in the United States. Despite the success of immunotherapy for treatment of various cancer types, its impact on ovarian cancer is restrained by a highly immunosuppressive tumor microenvironment. We aimed to evaluate the contribution of several amino acid-metabolizing enzymes to this environment by measuring the levels of amino acids and corresponding metabolites in liquid biopsies of high-grade serous ovarian cancer patients. The levels of different amino acid-derived metabolites were higher in ascites compared to plasma samples, demonstrating the value of utilizing ascites for biomarker identification. Moreover, the enzymes IDO1 and IL4I1 were identified as active players in high-grade serous ovarian cancer, and a correlation between IL4I1 metabolite levels and disease stage was revealed. Further exploration of the implications of enhanced IL4I1 activity in ovarian cancer

is warranted to pave the way for new immunotherapeutic strategies in the treatment of this disease. The molecular mechanisms contributing to immune suppression in ovarian cancer are not well understood, hampering the successful application of immunotherapy. Amino acid-metabolizing enzymes are known to contribute to the immune-hostile environment of various tumors through depletion of amino acids and production of immunosuppressive metabolites. We aimed to collectively evaluate the activity of these enzymes in high-grade serous ovarian cancer patients by performing targeted metabolomics on plasma and ascites samples. Whereas no indication was found for enhanced l-arginine or l-glutamine metabolism by immunosuppressive enzymes in ovarian cancer patients, metabolism of l-tryptophan by indoleamine 2,3-dioxygenase 1 (IDO1) was significantly elevated compared to healthy controls. Moreover, high levels of l-phenylalanine- and l-tyrosine-derived metabolites associated with interleukin 4 induced 1 (IL4I1) activity were found in ovarian cancer ascites samples. While l-tryptophan is a major substrate of both IDO1 and IL4I1, only its enhanced conversion into l-kynurenine by IDO1 could be detected, despite the observed activity of IL4I1 on its other substrates. In ascites of ovarian cancer patients, metabolite levels were higher compared to those in plasma, demonstrating the value of utilizing this fluid for biomarker identification. Finally, elevated metabolism of l-phenylalanine and l-tyrosine by IL4I1 correlated with disease stage, pointing towards a potential role for IL4I1 in ovarian cancer progression.

Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 5.2 **Quartil:** Q2 **Categoría:** Oncology **Posición:** 72/241

Karachaliou N, Codony-Servat J, Teixidó C, Pilotto S, Drozdowskyj A, Codony-Servat C, Giménez-Capitán A, Molina-Vila MA, Bertrán-Alamillo J, Gervais R, Massuti B, Morán T, Majem M, Felip E, Carcereny E, García-Campelo R, Viteri S, González-Cao M, Morales-Espinosa D, Verlicchi A, Crisetti E, Chaib I, Santarpia M, Luis Ramírez J, Bosch-Barrera J, Felipe Cardona A, de Marinis F, López-Vivanco G, Miguel Sánchez J, Vergnenegre A, Sánchez Hernández JJ, Sperduti I, Bria E, **Rosell R**.
Author Correction: BIM and mTOR expression levels predict outcome to erlotinib in EGFR-mutant non-small-cell lung cancer.
Sci Rep. 2023 Mar 3;13(1):3620. doi: 10.1038/s41598-023-30374-9.PMID: 36869103

(no abstract)

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 4.6 **Quartil:** 2 **Categoría:** Multidisciplinary Sciences **Posición:** 22/73

Le X, Paz-Ares LG, Van Meerbeeck J, **Viteri S**, Galvez CC, Smit EF, Garassino M, Veillon R, Baz DV, Pradera JF, Sereno M, Kozuki T, Kim YC, Yoo SS, Han JY, Kang JH, Son CH, Choi YJ, Stroh C, Juraeva D, Vioix H, Bruns R, Otto G, Johne A, Paik PK. **Tepotinib in patients with non-small cell lung cancer with high-level MET amplification detected by liquid biopsy: VISION Cohort B.** Cell Rep Med. 2023 Nov 21;4(11):101280. doi: 10.1016/j.xcrm.2023.101280. Epub 2023 Nov 8. PMID: 37944528; PMCID: PMC10694660.

High-level MET amplification (METamp) is a primary driver in-1%-2% of non-small cell lung cancers (NSCLCs). Cohort B of the phase 2 VISION trial evaluates tepotinib, an oral MET inhibitor, in patients with advanced NSCLC with high-level METamp who were enrolled by liquid biopsy. While the study was halted before the enrollment of the planned 60 patients,

the results of 24 enrolled patients are presented here. The objective response rate (ORR) is 41.7% (95% confidence interval [CI], 22.1-63.4), and the median dura-tion of response is 14.3 months (95% CI, 2.8-not estimable). In exploratory biomarker analyses, focal METamp, RB1 wild-type, MYC diploidy, low circulating tumor DNA (ctDNA) burden at baseline, and early mo-lecular response are associated with better outcomes. Adverse events include edema (composite term; any grade: 58.3%; grade 3: 12.5%) and constipation (any grade: 41.7%; grade 3: 4.2%). Tepotinib provides anti-tumor activity in high-level METamp NSCLC (ClinicalTrials.gov: NCT02864992).

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 14.3 **Quartil:** 1 **Categoría:** Cell biology ; Medicine, research, experimental
Posición: Cell biology 17/191 ; Medicine, research, experimental 5/136 ***1º Decil**

de Oliveira Cavagna R, de Andrade ES, Tadin Reis M, de Paula FE, Noriz Berardinelli G, Bonatelli M, Ramos Teixeira G, Garbe Zaniolo B, Mourão Dias J, da Silva FAF, Baston Silva CE, Xavier Reis M, Lopes Maia E, de Alencar TS, Jacinto AA, da Nóbrega Oliveira REN, **Molina-Vila MA**, Ferro Leal L, Reis RM. **Detection of NTRK fusions by RNA-based nCounter is a feasible diagnostic methodology in a real-world scenario for non-small cell lung cancer assessment.** Sci Rep. 2023 Dec 1;13(1):21168. doi: 10.1038/s41598-023-48613-4. PMID: 38036758; PMCID: PMC10689426.

NTRK1, 2, and 3 fusions are important therapeutic targets for NSCLC patients, but their prevalence in South American admixed populations needs to be better explored. NTRK fusion detection in small biopsies is a challenge, and distinct methodologies are used, such as RNA-based next-generation sequencing (NGS), immunohistochemistry, and RNA-based nCounter. This study aimed to evaluate the frequency and concordance of positive samples for NTRK fusions using a custom nCounter assay in a real- world scenario of a single institution in Brazil. Out of 147 NSCLC patients, 12 (8.2%) cases depicted pan- NTRK positivity by IHC. Due to the absence of biological material, RNA-based NGS and/or nCounter could be performed in six of the 12 IHC-positive cases (50%). We found one case exhibiting an NTRK1 fusion and another an NTRK3 gene fusion by both RNA-based NGS and nCounter techniques. Both NTRK fusions were detected in patients diagnosed with lung adenocarcinoma, with no history of tobacco consumption. Moreover, no concomitant EGFR, KRAS, and ALK gene alterations were detected in NTRK- positive patients. The concordance rate between IHC and RNA-based NGS was 33.4%, and between immunohistochemistry and nCounter was 40%. Our findings indicate that NTRK fusions in Brazilian NSCLC patients are relatively rare (1.3%), and RNA-based nCounter methodology is a suitable approach for NRTK fusion identification in small biopsies.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 4.6 **Quartil:** 2 **Categoría:** Multidisciplinary Sciences **Posición:** 22/73

Pedraz-Valdunciel C, Ito M, Giannoukakos S, Giménez-Capitán A, Molina-Vila MÁ, **Rosell R**. **Brief Report: circRUNX1 as Potential Biomarker for Cancer Recurrence in EGFR Mutation-Positive Surgically Resected NSCLC.** JTO Clin Res Rep. 2023 Nov 15;4(12):100604. doi: 10.1016/j.jtocrr.2023.100604. PMID: 38162176; PMCID: PMC10757026.

Introduction: As recently evidenced by the ADAURA trial, most patients with stages IB to IIIA of resected EGFR-mutant lung adenocarcinoma benefit from osimertinib as adjuvant therapy. Nevertheless, predictive markers of response and recurrence are still an unmet need for more than 10% of these patients. Some circular RNAs (circRNAs) have been reported to play a role in tumor growth and proliferation. In this project, we studied circRNA expression levels in formalin-fixed, paraffin-embedded lung tumor samples to explore their biomarker potential and develop a machine learning (ML)-based signature that could predict the benefit of adjuvant EGFR tyrosine kinase inhibitors in patients with EGFR-mutant NSCLC. Methods: Patients with surgically resected EGFR mutant-positive, stages I to IIIB NSCLC were recruited from February 2007 to December 2015. Formalin-fixed, paraffin-embedded tumor samples were retrospectively collected from those patients with a follow-up period of more than or equal to 36 months (N = 76). Clinicopathologic features were annotated. Total RNA was purified and quantified prior nCounter processing with our circRNA custom panel. Data analysis and ML were performed taking into consideration circRNA expression levels and recurrence-free survival (RFS). RFS was defined from the day of surgery to the day when recurrence was detected radiologically or the death owing to any cause. Results: Of the 76 patients with EGFR mutation-positive NSCLC included in the study, 34 relapsed within 3 years after resection. The median age of the relapsing cohort was 71.5 (range: 49-89) years. Most patients were nonsmokers (n = 21; 61.8%) and of female sex (n = 21; 61.8%). Most cases (n = 17; 50%) presented an exon 21 mutation, whereas 15 and four patients had an exon 19 and exon 18 mutation, respectively. Differential expression analysis revealed that circRUNX1, along with circFUT8 and circAASDH, was up-regulated in relapsing patients ($p < 0.05$ and >2 fold-change). A ML-based circRNA signature predictive of recurrence in patients with EGFR mutation-positive NSCLC, comprising circRUNX1, was developed. Our final model including selected 6-circRNA signature with random forest algorithm was able to classify relapsing patients with an accuracy of 83% and an area under the receiver operating characteristic curve of 0.91.RFS was significantly shorter not only for the subgroup of patients with high versus low circRUNX1 expression but also for the group classified as recurrent by the ML circRNA signature when compared with those classified as nonrecurrent. Conclusions: Our findings suggest that circRUNX1 and the presented ML-developed signature could be novel tools to predict the benefit of adjuvant EGFR tyrosine kinase inhibitors with regard to RFS in patients with EGFR-mutant NSCLC. The training and validation phases of our ML signature will be conducted including bigger independent cohorts.

Indexado en: Pubmed/WoS/SCIE **Factor Impacto:** **Quartil:** **Categoría:** Posición:

Pérez-García JM, Vaz Batista M, Cortez P, Ruiz-Borrego M, Cejalvo JM, de la Haba-Rodriguez J, **Garrigós L**, Racca F, Servitja S, Blanch S, Gion M, Nave M, Fernández-Abad M, Martinez-Bueno A, Llombart-Cussac A, Sampayo-Cordero M, Malfettone A, Cortés J, Braga S.
Trastuzumab deruxtecan in patients with central nervous system involvement from HER2-positive breast cancer: The DEBBRAH trial.
Neuro Oncol. 2023 Jan 5;25(1):157-166. doi: 10.1093/neuonc/noac144.PMID: 35639825

Background: Trastuzumab deruxtecan (T-DXd) has shown durable antitumor activity in pretreated patients with HER2-positive advanced breast cancer (ABC), but its efficacy has not yet been evaluated in patients with active brain metastases (BMs). DEBBRAH aims to assess T-DXd in patients with HER2-positive or HER2-low ABC and central nervous system involvement. **Methods:** This ongoing, five-cohort, phase II study (NCT04420598) enrolled

patients with pretreated HER2-positive or HER2-low ABC with stable, untreated, or progressing BMs, and/or leptomeningeal carcinomatosis. Here, we report findings from HER2-positive ABC patients with non-progressing BMs after local therapy (n = 8; cohort 1), asymptomatic untreated BMs (n = 4; cohort 2), or progressing BMs after local therapy (n = 9; cohort 3). Patients received 5.4 mg/kg T-DXd intravenously once every 21 days. The primary endpoint was 16-week progression-free survival (PFS) for cohort 1 and intracranial objective response rate (ORR-IC) for cohorts 2 and 3. **Results:** As of October 20, 2021, 21 patients received T-DXd. In cohort 1, 16-week PFS rate was 87.5% (95%CI, 47.3-99.7; P < .001). ORR-IC was 50.0% (95%CI, 6.7-93.2) in cohort 2 and 44.4% (95%CI, 13.7-78.8; P < .001) in cohort 3. Overall, the ORR-IC in patients with active BMs was 46.2% (95%CI, 19.2-74.9). Among patients with measurable intracranial or extracranial lesions at baseline, the ORR was 66.7% (12 out of 18 patients; 95%CI, 41.0-86.7), 80.0% (95%CI, 28.4-99.5) in cohort 1, 50.0% (95%CI, 6.7-93.2) in cohort 2, and 66.7% (95%CI, 29.9-92.5) in cohort 3. All responders had partial responses. The most common adverse events included fatigue (52.4%; 4.8% grade ≥3), nausea (42.9%; 0% grade ≥3), neutropenia (28.6%; 19% grade ≥3), and constipation (28.6%; 0% grade ≥3). Two (9.5%) patients suffered grade 1 interstitial lung disease/pneumonitis. **Conclusions:** T-DXd showed intracranial activity with manageable toxicity and maintained the quality of life in pretreated HER2-positive ABC patients with stable, untreated, or progressing BMs. Further studies are needed to validate these results in larger cohorts.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 15.9 **Quartil:** 1 **Categoría:** Clinical Neurology ; Oncology **Posición:** Clinical Neurology 4/212 ; Oncology 16/241 ***1º Decil**

Ponce S, Cedrés S, Ricordel C, Isambert N, **Viteri S**, Herrera-Juarez M, Martinez-Marti A, Navarro A, Lederlin M, Serres X, Zugazagoitia J, Vetrhus S, Jaderberg M, Hansen TB, Levitsky V, Paz-Ares L. **ONCOS-102 plus pemetrexed and platinum chemotherapy in malignant pleural mesothelioma: a randomized phase 2 study investigating clinical outcomes and the tumor microenvironment.** J Immunother Cancer. 2023 Sep;11(9):e007552. doi: 10.1136/jitc-2023-007552. PMID: 37661097; PMCID: PMC10476122.

BackgroundONCOS-102, an oncolytic adenovirus expressing granulocyte-macrophage colony- stimulating factor, can alter the tumor microenvironment to an immunostimulatory state. Combining ONCOS-102 with standard-of-care chemotherapy for malignant pleural mesothelioma (MPM) may improve treatment outcomes.MethodsIn this open-label, randomized study, patients with unresectable MPM received intratumoral ONCOS-102 (3x1011 virus particles on days 1, 4, 8, 36, 78, and 120) and pemetrexed plus cisplatin/carboplatin (from day 22), or pemetrexed plus cisplatin/carboplatin alone. The primary endpoint was safety. Overall survival (OS), progression-free survival, objective response rate, and tumor immunologic activation (baseline and day 36 biopsies) were also assessed.ResultsIn total, 31 patients (safety lead-in: n=6, randomized: n=25) were enrolled. Anemia (15.0% and 27.3%) and neutropenia (40.0% and 45.5%) were the most frequent grade & GE;3 adverse events (AEs) in the ONCOS-102 (n=20) and chemotherapy-alone (n=11) cohorts. No patients discontinued ONCOS-102 due to AEs. No statistically significant difference in efficacy endpoints was observed. There was a numerical improvement in OS (30- month OS rate 34.1% vs 0; median OS 20.3 vs 13.5 months) with ONCOS-102 versus chemotherapy alone in chemotherapy-naive patients (n=17). By day 36, ONCOS-102 was associated with increased T-cell infiltration and immune-related gene expression that was not observed in the control cohort. Substantial immune activation in the tumor microenvironment was associated with survival at month 18 in the ONCOS- 102

cohort.ConclusionsONCOS-102 plus pemetrexed and cisplatin/carboplatin was well tolerated by patients with MPM. In injected tumors, ONCOS-102 promoted a proinflammatory environment, including T-cell infiltration, which showed association with survival at month 18.

Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 10.9 **Quartil:** 1
Categoría: Immunology ; Oncology **Posición:** Immunology 18/161 ; Oncology 30/241

Postel-Vinay S, Coves J, Texier M, Aldea M, Gazzah A, Dómine M, Planchard D, De Las Peñas R, Sala Gonzalez MA, **Viteri S**, Perez J, Ortega AL, Moran T, Camps C, Lopez-Martin A, Provencio M, Soria JC, Besse B, Massuti B, **Rosell R**. **Olaparib maintenance versus placebo in platinum-sensitive non-small cell lung cancer: the Phase 2 randomized PIPSeN trial.** Br J Cancer. 2024 Feb;130(3):417-424. doi: 10.1038/s41416-023-02514-5. Epub 2023 Dec 14. PMID: 38097741; PMCID: PMC10844295.

Background: Platinum-sensitivity is a phenotypic biomarker of Poly (ADP-ribose) polymerase inhibitors (PARPi) sensitivity in histotypes where PARPi are approved. Approximately one-third of non- small cell lung cancers (NSCLC) are platinum-sensitive. The double-blind, randomized phase II PIPSeN (NCT02679963) study evaluated olaparib, a PARPi, as maintenance therapy for patients with platinum- sensitive advanced NSCLC.MethodsChemonaive patients with ECOG performance status of 0-1, platinum-sensitive, EGFR- and ALK-wild-type, stage IIIB-IV NSCLC were randomized (R) to receive either olaparib (O) maintenance or a placebo (P). The primary objective was progression-free survival (PFS) from R. Secondary objectives included overall survival (OS) and safety. With an anticipated hazard ratio of 0.65, 144 patients were required to be randomized, and approximately 500 patients enrolled.ResultsThe trial was prematurely terminated because anti-PD(L)1 therapy was approved during the trial recruitment. A total of 182 patients were enrolled, with 60 patients randomized: 33 and 27 in the O and P arms, respectively. Patient and tumor characteristics were well-balanced between arms, except for alcohol intake (33% vs 11% in the O and P arms, respectively, p = 0.043). The median PFS was 2.9 and 2.0 months in the O and P arms, respectively (logrank p = 0.99). The median OS was 9.4 and 9.5 months in the O and P arms, respectively (p = 0.28). Grade >= 3 toxicities occurred in 15 and 8 patients in O and P arms, with no new safety concerns.ConclusionPIPSeN was terminated early after enrollment of only 50% of the pre-planned.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 8.8 **Quartil:** 1 **Categoría:** Oncology **Posición:** 43/318

Provencio M, Nadal E, González-Larriba JL, Martínez-Martí A, Bernabé R, Bosch-Barrera J, Casal-Rubio J, Calvo V, Insa A, Ponce S, Reguart N, de Castro J, Mosquera J, Cobo M, Aguilar A, López Vivanco G, Camps C, López-Castro R, Morán T, Barneto I, Rodríguez-Abreu D, Serna-Blasco R, Benítez R, Aguado de la Rosa C, Palmero R, Hernando-Trancho F, Martín-López J, Cruz-Bermúdez A, Massuti B, Romero A. Perioperative Nivolumab and Chemotherapy in Stage III Non-Small-Cell Lung Cancer. N Engl J Med. 2023 Aug 10;389(6):504-513. doi: 10.1056/NEJMoa2215530. Epub 2023 Jun 28. PMID: 37379158.

BACKGROUND Approximately 20% of patients with non-small-cell lung cancer (NSCLC) receive a diagnosis of stage III disease. There is no current consensus regarding the most appropriate treatment for these patients. METHODS In this open-label, phase 2 trial, we randomly assigned patients with resectable stage IIIA or IIIB NSCLC to receive neoadjuvant nivolumab
plus platinum-based chemotherapy (experimental group) or chemotherapy alone (control group), followed by surgery. Patients in the experimental group who had R0 resections received adjuvant treatment with nivolumab for 6 months. The primary end point was a pathological complete response (0% viable tumor in resected lung and lymph nodes). Secondary end points included progression-free survival and overall survival at 24 months and safety. RESULTS A total of 86 patients underwent randomization; 57 were assigned to the experimental group and 29 were assigned to the control group. A pathological complete response occurred in 37% of the patients in the experimental group and in 7% in the control group (relative risk, 5.34; 95% confidence interval [CI], 1.34 to 21.23; P = 0.02). Surgery was performed in 93% of the patients in the experimental group and in 69% in the control group (relative risk, 1.35; 95% CI, 1.05 to 1.74). Kaplan-Meier estimates of progression-free survival at 24 months were 67.2% in the experimental group and 40.9% in the control group (hazard ratio for disease progression, disease recurrence, or death, 0.47; 95% CI, 0.25 to 0.88). Kaplan-Meier estimates of overall survival at 24 months were 85.0% in the experimental group and 63.6% in the control group (hazard ratio for death, 0.43; 95% CI, 0.19 to 0.98). Grade 3 or 4 adverse events occurred in 11 patients in the experimental group (19%; some patients had events of both grades) and 3 patients in the control group
(10%). CONCLUSIONS In patients with resectable stage IIIA or IIIB NSCLC, perioperative treatment with nivolumab plus chemotherapy resulted in a higher percentage of patients with a pathological complete response and longer survival than chemotherapy alone.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 158.5 **Quartil:** 1 **Categoría:** Medicine, general & internal **Posición:** 2/169
***1º Decil**

Mazieres J, Paik PK, Garassino MC, Le X, Sakai H, Veillon R, Smit EF, Cortot AB, Raskin J, **Viteri S**, Wu YL, Yang JCH, Ahn MJ, Ma R, Zhao J, O'Brate A, Berghoff K, Bruns R, Otto G, Johne A, Felip E, Thomas M. **Tepotinib Treatment in Patients With MET Exon 14-Skipping Non-Small Cell Lung Cancer: Long-term Follow-up of the VISION Phase 2 Nonrandomized Clinical Trial.** JAMA Oncol. 2023 Sep 1;9(9):1260-1266. doi: 10.1001/jamaoncol.2023.1962.PMID: 37270698

Importance: MET inhibitors have recently demonstrated clinical activity in patients with MET exon 14 (METex14)-skipping non-small cell lung cancer (NSCLC); however, data with longer follow-up and in larger populations are needed to further optimize therapeutic approaches.
Objective: To assess the long-term efficacy and safety of tepotinib, a potent and highly selective MET inhibitor, in patients with METex14-skipping NSCLC in the VISION study.
Design, setting, and participants: The VISION phase 2 nonrandomized clinical trial was a multicohort, open-label, multicenter study that enrolled patients with METex14-skipping advanced/metastatic NSCLC (cohorts A and C) from September 2016 to May 2021. Cohort C (>18 months' follow-up) was an independent cohort, designed to confirm findings from cohort A (>35 months' follow-up). Data cutoff was November 20, 2022.
Intervention: Patients received tepotinib, 500 mg (450 mg active moiety), once daily. **Main outcomes and measures:** The primary end point was objective response by independent review committee (RECIST v1.1). Secondary end points included duration of response

(DOR), progression-free survival (PFS), overall survival (OS), and safety. **Results:** Cohorts A and C included 313 patients (50.8% female, 33.9% Asian; median [range] age, 72 [41-94] years). The objective response rate (ORR) was 51.4% (95% CI, 45.8%-57.1%) with a median (m)DOR of 18.0 (95% CI, 12.4-46.4) months. In cohort C (n = 161), an ORR of 55.9% (95% CI, 47.9%-63.7%) with an mDOR of 20.8 (95% CI, 12.6-not estimable [NE]) months was reported across treatment lines, comparable to cohort A (n = 152). In treatment-naive patients (cohorts A and C; n = 164), ORR was 57.3% (95% CI, 49.4%-65.0%) and mDOR was 46.4 (95% CI, 13.8-NE) months. In previously treated patients (n = 149), ORR was 45.0% (95% CI, 36.8%-53.3%) and mDOR was 12.6 (95% CI, 9.5-18.5) months. Peripheral edema, the most common treatment-related adverse event, occurred in 210 patients (67.1%) (35 [11.2%] experienced grade ≥3 events). **Conclusions and relevance:** The findings from cohort C in this nonrandomized clinical trial supported the results from original cohort A. Overall, the long-term outcomes of VISION demonstrated robust and durable clinical activity following treatment with tepotinib, particularly in the treatment-naive setting, in the largest known clinical trial of patients with METex14-skipping NSCLC, supporting the global approvals of tepotinib and enabling clinicians to implement this therapeutic approach for such patients. **Trial registration:** ClinicalTrials.gov Identifier: NCT02864992.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 28.4 **Quartil:** 1 **Categoría:** Oncology **Posición:** 10/318 ***1º Decil**

Rosell R, Jain A, **Codony-Servat J**, Jantus-Lewintre E, Morrison B, Ginesta JB, González-Cao M.
Biological insights in non-small cell lung cancer. Cancer Biol Med. 2023 Jun 28;20(7):500-18. doi: 10.20892/j.issn.20953941.2023.0108.PMID: 37381723

Lung oncogenesis relies on intracellular cysteine to overcome oxidative stress. Several tumor types, including non-small cell lung cancer (NSCLC), upregulate the system x_c^- cystine/glutamate antiporter (xCT) through overexpression of the cystine transporter SLC7A11, thus sustaining intracellular cysteine levels to support glutathione synthesis. Nuclear factor erythroid 2-related factor 2 (NRF2) serves as a master regulator of oxidative stress resistance by regulating SLC7A11, whereas Kelch-like ECH-associated protein (KEAP1) acts as a cytoplasmic repressor of the oxidative responsive transcription factor NRF2. Mutations in KEAP1/NRF2 and p53 induce SLC7A11 activation in NSCLC. Extracellular cystine is crucial in supplying the intracellular cysteine levels necessary to combat oxidative stress. Disruptions in cystine availability lead to iron-dependent lipid peroxidation, thus resulting in a type of cell death called ferroptosis. Pharmacologic inhibitors of xCT (either SLC7A11 or GPX4) induce ferroptosis of NSCLC cells and other tumor types. When cystine uptake is impaired, the intracellular cysteine pool can be sustained by the transsulfuration pathway, which is catalyzed by cystathionine-B-synthase (CBS) and cystathionine g-lyase (CSE). The involvement of exogenous cysteine/cystine and the transsulfuration pathway in the cysteine pool and downstream metabolites results in compromised $CD8^+$ T cell function and evasion of immunotherapy, diminishing immune response and potentially reducing the effectiveness of immunotherapeutic interventions. Pyroptosis is a previously unrecognized form of regulated cell death. In NSCLCs driven by EGFR, ALK, or KRAS, selective inhibitors induce pyroptotic cell death as well as apoptosis. After targeted therapy, the mitochondrial intrinsic apoptotic pathway is activated, thus leading to the cleavage and activation of caspase-3. Consequently, gasdermin E is activated, thus leading to permeabilization of the cytoplasmic membrane and cell-lytic pyroptosis (indicated by characteristic cell membrane

ballooning). Breakthroughs in KRAS G12C allele-specific inhibitors and potential mechanisms of resistance are also discussed herein.

Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 5.5 **Quartil:** 2 **Categoría:** Medicine, research & experimental ; Oncology **Posición:** Medicine, research & experimental 38/136 ; Oncology 68/241

Reischmann N, Schmelas C, **Molina-Vila MÁ**, **Jordana-Ariza N**, Kuntze D, García-Roman S, Simard MA, Musch D, Esdar C, Albers J, Karachaliou N.
Overcoming MET-mediated resistance in oncogene-driven NSCLC. iScience. 2023 May 29;26(7):107006. doi: 10.1016/j.isci.2023.107006. PMID: 37534190; PMCID: PMC10391663.

This study evaluates the efficacy of combining targeted therapies with MET or SHP2 inhibitors to overcome MET-mediated resistance in different NSCLC subtypes. A prevalence study was conducted for MET amplification and overexpression in samples from patients with NSCLC who relapsed on ALK, ROS1, or RET tyrosine kinase inhibitors. MET-mediated resistance was detected in 37.5% of tissue biopsies, which allow the detection of MET overexpression, compared to 7.4% of liquid biopsies. The development of drug resistance by MET overexpression was confirmed in *EGFR*^{ex19del}-, *KRAS*^{G12C}-, *HER2*^{ex20ins}-, and *TPM3-NTRK1*-mutant cell lines. The combination of targeted therapy with MET or SHP2 inhibitors was found to overcome MET-mediated resistance in both *in vitro* and *in vivo* assays. This study highlights the importance of considering MET overexpression as a resistance driver to NSCLC targeted therapies to better identify patients who could potentially benefit from combination approaches with MET or SHP2 inhibitors.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 5.8 **Quartil:** 1 **Categoría:** Multidisciplinary Sciences **Posición:** 15/73

Rosell R, **González-Cao M**, Ito M, Santarpia M, Aguilar A, **Codony-Servat J**.
The role of biomarkers in stage III non-small cell lung cancer.
Rev Respir Med. 2023 Jan-Jun;17(6):469-480. doi: 10.1080/17476348.2023.2223985. Epub 2023 Jun 15.PMID: 37317885

Introduction: Stage III non-small cell lung cancer (NSCLC) is a composite of the regional spread of lung cancer with different levels of potential lymph node involvement and tumor size that often deem the stage at time of diagnosis to be unresectable and suitable for chemoradiation plus consolidation immunotherapy with durvalumab for 12 months. Chemoradiation plus durvalumab consolidation yielded a landmark 49.2% 5-year overall survival in unresectable NSCLC.**Areas covered:** Sub-optimal results lead us to focus on the mechanisms of resistance responsible for intractability in a significant proportion of cases that fail with chemoradiation and immunotherapy. In stage III NSCLC it is opportune to explore the accumulated evidence on ferroptosis resistance that can lead to cancer progression and metastasis. Strong data shows that three anti-ferroptosis pathways are principally involved in resistance to chemotherapy, radiation, and immunotherapy.**Expert opinion:** Because a large part of stage III NSCLCs is resistant to chemoradiation and durvalumab consolidation, a ferroptosis-based therapeutic approach, combined with standard-of-care therapy, can lead to improved clinical outcomes in patients diagnosed with stage III and possibly stage IV NSCLCs.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 3.9 **Quartil:** 2 **Categoría:** Respiratory System **Posición:** 30/66

Rosell R, Aguilar-Hernández A, González-Cao M.
Insights into *EGFR* Mutations and Oncogenic *KRAS* Mutations in Non-Small-Cell Lung Cancer.
Cancers (Basel). 2023 Apr 28;15(9):2519. doi: 10.3390/cancers15092519.PMID: 37173989

Genetic mutations can activate different sets of proto-oncogenes and tumor suppressors genes. However, in lung adenocarcinoma, some combinations of mutations are mutually exclusive, such as mutations in *EGFR* and *KRAS* oncogenes, which are detrimental to cancer cells when combined. The co-expression of mutant *KRAS* and *EGFR* potentiates MAPK signaling through extracellular-signal-regulated kinases (*ERK1/2*), which mediate toxicity, thereby inducing morphological changes and increased micropinocytosis in lung adenocarcinoma cells [1,2]. This Special Issue of *Cancers* features five new articles, four of which focus on *EGFR*-mutant NSCLC patients, while one reports on the characteristics and clinical outcomes of Norwegian *KRAS*-mutant NSCLC patients […].

Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 5.2 **Quartil:** 2 **Categoría:** Oncology **Posición:** 72/241

Rosell R, **González-Cao M**, **Codony-Servat J**, **Molina-Vila MA**, de Las Casas CM, Ito M.
Acquired BRAF gene fusions in Osimertinib resistant EGFR-mutant non-small cell lung cancer.
Transl Cancer Res. 2023 Mar 31;12(3):456-460. doi: 10.21037/tcr-22-2888. Epub 2023 Mar 14.PMID: 37033354

(no abstract)

Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 0.9 **Quartil:** 4 **Categoría:** Oncology **Posición:** 296/318

Giménez-Capitán A, Sánchez-Herrero E, Robado de Lope L, Aguilar-Hernández A, Sullivan I, Calvo V, Moya-Horno I, Viteri S, Cabrera C, **Aguado C**, **Armiger N**, Valarezo **J**, **Mayo-de-Las-Casas C**, Reguart N, Rosell R, Provencio M, Romero A, **Molina-Vila MA**.
Detecting ALK, ROS1, and RET fusions and the METΔex14 splicing variant in liquid biopsies of non-small-cell lung cancer patients using RNA-based techniques.
Mol Oncol. 2023 Sep;17(9):1884-1897. doi: 10.1002/1878-0261.13468. Epub 2023 Jun 6.PMID: 37243883

ALK, ROS1, and RET fusions and METΔex14 variant associate with response to targeted therapies in non-small-cell lung cancer (NSCLC). Technologies for fusion testing in tissue must be adapted to liquid biopsies, which are often the only material available. In this study, circulating-free RNA (cfRNA) and extracellular vesicle RNA (EV-RNA) were purified from liquid biopsies. Fusion and METΔex14 transcripts were analyzed by nCounter (Nanostring) and digital PCR (dPCR) using the QuantStudio® System (Applied Biosystems). We found that nCounter detected ALK, ROS1, RET, or METΔex14 aberrant transcripts in 28/40 cfRNA samples from positive patients and 0/16 of control individuals (70% sensitivity).

Regarding dPCR, aberrant transcripts were detected in the cfRNA of 25/40 positive patients. Concordance between the two techniques was 58%. Inferior results were obtained when analyzing EV-RNA, where nCounter often failed due to a low amount of input RNA. Finally, results of dPCR testing in serial liquid biopsies of five patients correlated with response to targeted therapy. We conclude that nCounter can be used for multiplex detection of fusion and METΔex14 transcripts in liquid biopsies, showing a performance comparable with next-generation sequencing platforms. dPCR could be employed for disease follow-up in patients with a known alteration. cfRNA should be preferred over EV-RNA for these analyses.

Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 37.3 **Quartil:** 1
Categoría: Biochemistry & Molecular Biology ; Oncology **Posición:** Biochemistry & Molecular Biology 4/285 ; Oncology 8/241 ***1º Decil**

Trilla-Fuertes L, Gámez-Pozo A, Prado-Vázquez G, López-Vacas R, Soriano V, Garicano F, Lecumberri MJ, Rodríguez de la Borbolla M, Majem M, Pérez-Ruiz E, **González-Cao M**, Oramas J, Magdaleno A, Fra J, Martín-Carnicero A, Corral M, Puértolas T, Ramos-Ruiz R, Dittmann A, Nanni P, Fresno Vara JÁ, Espinosa E.
Multi-omics Characterization of Response to PD-1 Inhibitors in Advanced Melanoma.
Cancers (Basel). 2023 Sep 3;15(17):4407. doi: 10.3390/cancers15174407.PMID: 37686682

Immunotherapy improves the survival of patients with advanced melanoma, 40% of whom become long-term responders. However, not all patients respond to immunotherapy. Further knowledge of the processes involved in the response and resistance to immunotherapy is still needed. In this study, clinical paraffin samples from fifty-two advanced melanoma patients treated with anti-PD-1 inhibitors were assessed via high-throughput proteomics and RNA-seq. The obtained proteomics and transcriptomics data were analyzed using multi-omics network analyses based on probabilistic graphical models to identify those biological processes involved in the response to immunotherapy. Additionally, proteins related to overall survival were studied. The activity of the node formed by the proteins involved in protein processing in the endoplasmic reticulum and antigen presentation machinery was higher in responders compared to non-responders; the activity of the immune and inflammatory response node was also higher in those with complete or partial responses. A predictor for overall survival based on two proteins (AMBP and PDSM5) was defined. In summary, the response to anti-PD-1 therapy in advanced melanoma is related to protein processing in the endoplasmic reticulum, and also to genes involved in the immune and inflammatory responses. Finally, a two-protein predictor can define survival in advanced disease. The molecular characterization of the mechanisms involved in the response and resistance to immunotherapy in melanoma leads the way to establishing therapeutic alternatives for patients who will not respond to this treatment.

Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 5.2 **Quartil:** 2
Categoría: Oncology **Posición:** 72/241

Trilla-Fuertes L, Gámez-Pozo A, Prado-Vázquez G, López-Vacas R, Zapater-Moros A, López-Camacho E, Lumbreras-Herrera MI, Soriano V, Garicano F, Lecumberri MJ, Rodríguez

de la Borbolla M, Majem M, Pérez-Ruiz E, **González-Cao M**, Oramas J, Magdaleno A, Fra J, Martín-Carnicero A, Corral M, Puértolas T, Ramos R, Fresno Vara JÁ, Espinosa E.
Sorting Transcriptomics Immune Information from Tumor Molecular Features Allows Prediction of Response to Anti-PD1 Therapy in Patients with Advanced Melanoma.
Int J Mol Sci. 2023 Jan 2;24(1):801. doi: 10.3390/ijms24010801.PMID: 36614248

Immunotherapy based on anti-PD1 antibodies has improved the outcome of advanced melanoma. However, prediction of response to immunotherapy remains an unmet need in the field. Tumor PD-L1 expression, mutational burden, gene profiles and microbiome profiles have been proposed as potential markers but are not used in clinical practice. Probabilistic graphical models and classificatory algorithms were used to classify melanoma tumor samples from a TCGA cohort. A cohort of patients with advanced melanoma treated with PD-1 inhibitors was also analyzed. We established that gene expression data can be grouped in two different layers of information: immune and molecular. In the TCGA, the molecular classification provided information on processes such as epidermis development and keratinization, melanogenesis, and extracellular space and membrane. The immune layer classification was able to distinguish between responders and non-responders to immunotherapy in an independent series of patients with advanced melanoma treated with PD-1 inhibitors. We established that the immune information is independent than molecular features of the tumors in melanoma TCGA cohort, and an immune classification of these tumors was established. This immune classification was capable to determine what patients are going to respond to immunotherapy in a new cohort of patients with advanced melanoma treated with PD-1 inhibitors Therefore, this immune signature could be useful to the clinicians to identify those patients who will respond to immunotherapy.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 5.6 **Quartil:** 1 **Categoría:** Biochemistry & Molecular Biology ; Chemistry Multidisciplinary (Q2) **Posición:** Biochemistry & Molecular Biology 66/285 ; Chemistry Multidisciplinary 52/178

ANATOMÍA PATOLÓGICA

Nº Articulos indexados: 1 Journal Impact Factor ™ –2023: 3.4 Factor impacto medio x artículo:3.4

Malapelle U, Pepe F, Pisapia P, Altimari A, Bellevicine C, Brunnström H, Bruno R, Büttner R, Cirnes L, De Andrea CE, de Biase D, Dumur CI, Ericson Lindquist K, Fontanini G, Gautiero E, Gentien D, Hofman P, Hofman V, Iaccarino A, Lozano MD, Mayo-de-Las-Casas C, Merkelbach-Bruse S, Pagni F, **Roman R**, Schmitt FC, Siemanowski J, Roy-Chowdhuri S, Tallini G, **Tresserra F**, Vander Borght S, Vielh P, Vigliar E, Vita GAC, Weynand B, Rosell R, Molina Vila MA, Troncone G.
Reference standards for gene fusion molecular assays on cytological samples: an international validation study.
J Clin Pathol. 2023 Jan;76(1):47-52. doi: 10.1136/jclinpath-2021-207825. Epub 2021 Aug 24.PMID: 34429353

Aims: Gene fusions assays are key for personalised treatments of advanced human cancers. Their implementation on cytological material requires a preliminary validation that may make use of cell line slides mimicking cytological samples. In this international

multi-institutional study, gene fusion reference standards were developed and validated. **Methods:** Cell lines harbouring *EML4*(13)-*ALK*(20) and *SLC34A2*(4)-*ROS1*(32) gene fusions were adopted to prepare reference standards. Eight laboratories (five adopting amplicon-based and three hybridisation-based platforms) received, at different dilution points two sets of slides (slide A 50.0%, slide B 25.0%, slide C 12.5% and slide D wild type) stained by Papanicolaou (Pap) and May Grunwald Giemsa (MGG). Analysis was carried out on a total of 64 slides. **Results:** Four (50.0%) out of eight laboratories reported results on all slides and dilution points. While 12 (37.5%) out of 32 MGG slides were inadequate, 27 (84.4%) out of 32 Pap slides produced libraries adequate for variant calling. The laboratories using hybridisation-based platforms showed the highest rate of inadequate results (13/24 slides, 54.2%). Conversely, only 10.0% (4/40 slides) of inadequate results were reported by laboratories adopting amplicon-based platforms. **Conclusions:** Reference standards in cytological format yield better results when Pap staining and processed by amplicon-based assays. Further investigation is required to optimise these standards for MGG stained cells and for hybridisation-based approaches

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 3.4 **Quartil:** 2 **Categoría:** Pathology **Posición:** 28/76

ICATME (Institut Català de Traumatologia i Medicina de l'Esport)

Nº Articulos indexados: 19 Journal Impact Factor ™–2023: 57.6 Factor impacto medio x artículo: 3.03

Barrera-Ochoa S, **Ibañez M**, Francisco S, Sapage R, Alabau-Rodríguez S, Mir-Bullo X. **Locking plate versus retrograde intramedullary headless compression screw for unstable extra-articular metacarpal base fractures of the thumb.** Injury. 2023 Dec;54 Suppl 7:110891. doi: 10.1016/j.injury.2023.110891. Epub 2024 Jan 13. PMID: 38225157.

The purpose was to compare clinical and radiological outcomes between two fixation techniques used to treat extra-articular fractures involving the base of the thumb metacarpal: retrograde intramedullary cannulated headless screw (RICHS) and locking plate (LP). Fifty-one patients who underwent RICHS (n = 22) or LP fixation (n = 29) from January 2010 through 2020 were included in this retrospective case-control study with mean follow-up 39 months. No inter-group differences were observed comparing mean time to radiological union, grip strength, range of motion, pain severity or QuickDASH scores. Mean surgery time was shorter with RICHS (18.9 min) than with LP fixation (44.4 min). Mean time to return to work or routine activities was less in RICHS than LP (22 vs. 32 days), as was the percentage of patients requiring hardware removal (0% vs. 44.8%). We conclude that RICHS fixation requires less operating time and yields faster post-operative return to full function and fewer secondary procedures.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline **Factor Impacto: Quartil: Categoría: Posición:**

Barrera-Ochoa S, Prieto Meré JA.

Complete median nerve axonotmesis as a late postoperative complication in distal radius fracture.
Surg Case Rep. 2023 May 12;2023(5):rjad242. doi: 10.1093/jscr/rjad242. eCollection 2023 May.PMID: 37192878

Locked volar plate fixation is currently the gold-standard treatment for distal radius fractures. Although volar plating is considered as a reasonably safe treatment option for distal radial fractures, several complications can be observed, such as median nerve injury. We present an 84-year-old male with an intra-articular comminuted fracture of the left distal radius that presented as a late postoperative complication a complete axonotmesis of the median nerve due to screw migration of a locked volar plate. An electromyography was performed confirming complete median nerve axonotmesis, and with proximal stimulation, a Martin-Gruber anastomosis in the proximal forearm was discovered.

Indexado en: Pubmed/WoS/Medline/JCR **Factor Impacto:** 0.5 **Quartil:** 4 **Categoría:** Surgery **Posición:** 252/286

Campillo-Recio D, **Comas-Aguilar M**, **Ibáñez M**, **Maldonado-Sotoca Y**, **Albertí-Fitó G**. **Percutaneous achilles tendon repair with absorbable suture: Outcomes and complications.**
Rev Esp Cir Ortop Traumatol. 2023 Mar-Apr;67(2):139-143. doi: 10.1016/j.recot.2022.08.009. Epub 2022 Sep 9.PMID: 36096468

Objective: The purpose of this study is to evaluate the clinical outcomes and complications of percutaneous achilles tendon repair with absorbable sutures. **Material and methods:** A prospective cohort study including patients treated for an achilles tendon rupture from January 2016 to March 2019 was conducted. **Inclusion criteria:** ≥18 years of age, non-insertional (2-8cm proximal to insertion) achilles tendon ruptures. Open or partial ruptures were excluded. The diagnosis was based on clinical criteria and confirmed by ultrasonography in all patients. Epidemiological data, rupture and healing risk factors, previous diagnosis of tendinopathy, pre-rupture sport activity, job information, mechanism of rupture and the time in days between lesion and surgery were collected. Patients were assessed using visual analogue scale at the 1, 3, 6 and 12-month follow-up. The achilles tendon rupture score were assessed at the 6 and 12 month follow-up. Ultrasound was performed at the 6-month follow-up. The re-rupture rate and postoperative complications were also collected. **Conclusions:** In our experience, percutaneous achilles tendon repair with absorbable sutures in patients with an acute achilles tendon rupture has shown good functional results but with a high incidence of complications. Although most complications were transitory sural nerve symptoms, this complication would be avoided in patients treated conservatively. For this reason, conservative treatment associated with an early weightbearing rehabilitation protocol should be considered a viable option for patients with achilles tendon ruptures, mainly in cooperative young patients.

Indexado en: Pubmed/WoS/Medline **Factor Impacto:** **Quartil:** **Categoría:** Posición:

Coelho A, Sánchez-Soler JF, Fernández-Dominguez JM, Amorim-Barbosa T, **Torres-Claramunt R**, **Perelli S**, **Monllau JC**. **Arthroscopically Assisted Suprapatellar Tibial Nail Removal.**
Arthrosc Tech. 2023 Jul 10;12(8):e1329-e1333. doi: 10.1016/j.eats.2023.03.026. PMID: 37654875; PMCID: PMC10466188.

Intramedullary nailing remains the most popular and preferred method of fixation for tibial shaft fractures. The infrapatellar approach through the patellar tendon has long been considered the gold standard. However, the suprapatellar approach has gained popularity because of the advantages of being easier to perform when treating proximal shaft and metaphyseal fractures and there being less postoperative anterior knee pain. Despite increased use of this approach, the removal of the implant from the same suprapatellar approach is tricky, and in most cases, the removal is performed through a new transpatellar tendon approach. This article describes arthroscopically assisted suprapatellar tibial nail removal using the same approach and instrumentation of the nail insertion. The technique has the advantage of preserving the patellar tendon without causing secondary damage to it. Through arthroscopy, direct visualization of the patellofemoral joint aids in preventing possible cartilage injury. Moreover, any associated intra-articular lesions can be diagnosed and addressed.

Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 1.2 **Quartil:** 3
Categoría: Orthopedics **Posición:** 87/130

Goicoechea N, Hinarejos P, Gasol B, Torres-Claramunt R, Sánchez-Soler J, Perelli S, Monllau JC. **Systematic lateral retinacular release does not reduce anterior knee pain after total knee arthroplasty with patellar resurfacing**. Knee Surg Sports Traumatol Arthrosc. 2023 Oct;31(10):4213-4219. doi: 10.1007/s00167-023-07456-2. Epub 2023 Jun 3. PMID: 37270463.

Purpose: The aim of this study was to assess the effect of systematic lateral retinacular release (LRR) on anterior knee pain (AKP), as well as its impact on the functional and radiological outcomes after total knee arthroplasty (TKA) with patellar resurfacing.Methods: A prospective randomized study was designed. It included patients scheduled for a TKA procedure with patellar resurfacing, who were recruited and randomized into either the LRR group or the non-release group. 198 patients were included in the final analysis. The pressure pain threshold (PPT) assessed by pressure algometry (PA), the visual analogue scale (VAS), Feller's patellar score, the Knee Society Score (KSS), patellar height, and patellar tilt were recorded both preoperatively and at the 1-year follow-up. The Mann-Whitney U test was performed to determine comparisons between both groups as well as to determine differences' intragroup. Results: Relative to the clinical variables and scores, no difference was detected between the two groups at the 1-year follow-up (p = n.s.). However, there was a slight difference in patellar tilt (0.1º vs. 1.4º, p = 0.044), with higher tilt values in the non-release group. There was no difference in terms of improvement in the clinical and radiological scores and variables recorded between the two groups (p = n.s.). Conclusion: LRR in primary TKA with patellar resurfacing does not show an improvement in AKP and functional outcomes over patellar resurfacing without release.

Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 3.8 **Quartil:** 1 **Categoría:** Orthopedics ; Sport Sciences **Posición:** Orthopedics 87/130 ; Sport Sciences 17/87

Mechó S, Balius R, **Bossy M**, **Valle X**, Pedret C, Ruiz-Cotorro Á, Rodas G.
Isolated Adductor Magnus Injuries in Athletes: A Case Series.
Sports Med. 2023 Jan 17;11(1):23259671221138806. doi: 10.1177/23259671221138806. eCollection 2023 Jan.PMID: 36698789

Background: Little is known about injuries to the adductor magnus (AM) muscle and how to manage them. **Purpose:** To describe the injury mechanisms of the AM and its histoarchitecture, clinical characteristics, and imaging features in elite athletes. **Study design:** Case series; Level of evidence, 4. **Methods:** A total of 11 competitive athletes with an AM injury were included in the study. Each case was clinically assessed, and the diagnosis and classification were made by magnetic resonance imaging (MRI) according to the British Athletics Muscle Injury Classification (BAMIC) and mechanism, location, grade, and reinjury (MLG-R) classification. A 1-year follow-up was performed, and return-to-play (RTP) time was recorded. **Results:** Different mechanisms of injury were found; most of the athletes (10/11) had flexion and internal rotation of the hip with extension or slight flexion of the knee. Symptoms consisted of pain in the posteromedial (7/11) or medial (4/11) thigh during adduction and flexion of the knee. Clinically, there was a suspicion of an injury to the AM in only 3 athletes. According to MRI, 5 lesions were located in the ischiocondylar portion (3 in the proximal and 2 in the distal myoconnective junction) and 6 in the pubofemoral portion (4 in the distal and 2 in the proximal myoconnective junction). Most of the ischiocondylar lesions were myotendinous (3/5), and most of the pubofemoral lesions were myofascial (5/6). The BAMIC and MLG-R classification coincided in distinguishing injuries of moderate and mild severity. The management was nonoperative in all cases. The mean RTP time was 14 days (range, 0-35 days) and was longer in the ischiocondylar cases than in the pubofemoral cases (21 vs 8 days, respectively). Only 1 recurrence, at <10 months, was recorded. **Conclusion:** Posteromedial thigh pain after an eccentric contraction during forced adduction of the thigh from hip internal rotation should raise a suspicion of AM lesions. The identification of the affected portion was possible on MRI. An injury in the ischiocondylar portion entailed a longer RTP time than an injury in the pubofemoral portion.

Indexado en: Pubmed/WoS/Current Contents Connect/Medline/JCR **Factor Impacto:** 9.8 **Quartil:** 1 **Categoría:** Sport Sciences **Posición:** 3/87

Monllau JC, **Perelli S**, Costa GG. **Anterior cruciate ligament failure and management.** EFORT Open Rev. 2023 May 9;8(5):231-244. doi: 10.1530/EOR-23-0037. PMID: 37158400; PMCID: PMC10233803.

Anterior cruciate ligament (ACL) reconstruction failure can be defined as abnormal knee function due to graft insufficiency with abnormal laxity or failure to recreate a functional knee according to the expected outcome. . Traumatic ruptures have been reported as the most common reason for failure. They are followed by technical errors, missed concomitant knee injuries, and biological failures. . An in-depth preoperative examination that includes a medical history, clinical examinations, advanced imaging, and other appropriate methods is of utmost importance. . There is still no consensus as to the ideal graft, but autografts are the favorite choice even in ACL revision. . Concomitant meniscal treatment, ligamentous reconstruction, and osteotomies can be performed in the same surgical session to remove anatomical or biomechanical risk factors for the failure. . Patient expectations should be managed since outcomes after ACL revision are not as good as those following primary ACL reconstruction.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 3.4 **Quartil:** 1 **Categoría:** Orthopedics **Posición:** 18/86

Morales-Avalos R, **Masferrer-Pino Á**, Padilla-Medina JR, **Amestoy-Ramos J**, **Ibáñez M**, **Perelli S**, Ariztegui-Andrade C, **Espregueira-Mendes J**, **Monllau JC**. **Mid-Term Clinical and**

Radiological Outcomes of Lateral Meniscal Allograft Transplantation with Suture-Only Fixation Plus Capsulodesis. J Knee Surg. 2024 Jan;37(1):26-36. doi: 10.1055/a-1946-7079. Epub 2022 Sep 19. PMID: 36122692.

Abstract: Meniscal allograft transplantation (MAT) is an effective reconstructive procedure for treating a symptomatic postmeniscectomy syndrome. It consists of replacing the lost meniscal tissue aiming to improve the clinical outcomes and prevent progressive deterioration of the joint. The aim of this study was to evaluate meniscal graft survivorship and report on the radiographic (in terms of graft extrusion and joint space width and alignment) and the functional results through a midterm follow-up of lateral MAT performed with a soft tissue fixation technique after capsulodesis. In total, 23 patients who underwent lateral MAT as a single procedure were included. The Knee injury and Osteoarthritis Outcome Score, Lysholm, Tegner, and visual analog scale scales were used for patient assessment. Magnetic resonance imaging and a complete radiographic protocol were conducted to determine the degree of meniscal extrusion and the changes in the degree of osteoarthritis and coronal alignment. Assessments were performed after 2 and 7 years of follow-up. A significant improvement in all the scores, relative to preoperative values, was found after 7 years of follow-up. This improvement remained consistent throughout the first and second follow-up periods. A mean absolute extrusion of 2.2 mm & PLUSMN; 1.6 and an extrusion percentage of 28.0% +/- 11.43 were found, with no significant differences throughout the follow-up periods. There was no statistically significant difference in terms of the frontal mechanical axis and joint space narrowing between the preoperative value and at the first and second follow-up periods. A survival rate of 85.7% was found after 7 years of follow-up. Capsulodesis results in a low degree of meniscal extrusion in isolated lateral MAT fixed with a suture-only technique, which is maintained after 7 years of follow-up, with a high graft survival index (> 85%) and satisfactory results on the functional scales.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 1.7 **Quartil:** 3 **Categoría:** Orthopedics **Posición:** 56/86

Morales-Avalos R, Diabb-Zavala JM, Mohamed-Noriega N, Vilchez-Cavazos F, **Perelli S**, Padilla-Medina JR, Torres-Gaytán AG, Huesca-Pérez HA, Erosa-Villarreal RA, Monllau JC. **Effect of Injury to the Lateral Meniscotibial Ligament and Meniscofibular Ligament on Meniscal Extrusion: Biomechanical Evaluation of the Capsulodesis and Centralization Techniques in a Porcine Knee Model.** Orthop J Sports Med. 2023 Nov 23;11(11):23259671231212856. doi: 10.1177/23259671231212856. PMID: 38021298; PMCID: PMC10668570.

Background: Previous biomechanical studies of the meniscotibial ligament have determined that it contributes to meniscal stability. An injury to it can cause the meniscus to extrude, and reconstruction of that ligament significantly reduces extrusion.Purpose: To assess the biomechanical effects of sectioning the lateral meniscotibial ligament (LMTL) and the meniscofibular ligament (MFL) with respect to the radial mobility of the lateral meniscus and to evaluate the biomechanical effects of the capsulodesis and centralization techniques.Study Design: Controlled laboratory study.Methods: The lateral meniscus of 22 porcine knees was evaluated. They were mounted on a testing apparatus to apply muscle and ground- reaction forces. The meniscus was evaluated at 30 degrees and 60 degrees of knee flexion using 2 markers placed on the posterior cruciate ligament and the lateral meniscus after applying an axial compression of 200 N to the knee joint. Measurements

were recorded under 5 conditions: intact lateral meniscus, injury of the LMTL, subsequent injury of the MFL, the use of the open capsulodesis technique, and the reconstruction of the LMTL and the MFL with the centralization technique.Results: The distance between the 2 markers was significantly greater in the extrusion group (combined lesion of the LMTL and MFL) than in the intact or reconstruction groups (capsulodesis and centralization techniques; P < .001 in all cases). In the cases of load application, no significant differences were observed between the control group (intact meniscus) and the groups on which the reconstruction techniques were performed. There were also no differences when comparing the results obtained between both reconstruction techniques. In all settings, the distance between the 2 markers increased with the increase in the knee flexion angle.Conclusion: In a porcine model, the LMTL and the MFL participated as restrictors of the radial mobility of the lateral meniscus during loading. Their injury caused a significant increase in lateral meniscal extrusion, and the centralization and the capsulodesis procedures were able to reduce extrusion.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 2.6 **Quartil:** 2 **Categoría:** Orthopedics ; Sport Sciences **Posición:** Orthopedics 34/86 ; Sport Sciences 40/87

Perelli S, **Gelber PE,** Morales-Avalos R, Ronco S, Torres-Claramunt R, Espregueira-Mendes J, **Monllau JC**. **Isolated lateral extra-articular tenodesis in ACL-deficient knees: in vivo knee kinematics and clinical outcomes.** Knee Surg Sports Traumatol Arthrosc. 2023 Aug;31(8):3212-3220. doi: 10.1007/s00167-023-07344-9. Epub 2023 Feb 22. PMID: 36810948.

Purpose: To carry out an in vivo kinematic analysis of isolated modified Lemaire lateral extra- articular tenodesis (LET) to explore its ability to modify the stability of anterior cruciate ligament (ACL) deficient knees. The secondary aim was to look at the clinical outcomes of the isolated LET to analyze whether biomechanical changes have an influence on clinical improvement or not.MethodsA total of 52 patients who underwent an isolated modified Lemaire LET were prospectively studied. Twenty-two were over 55-year-old patients with ACL rupture and subjective instability (group 1). They were followed up for 2 years postoperatively. Thirty were patients underwent a two-stage ACL revision (group 2). They were followed up for 4 months postoperatively (up to the second stage of the ACL revision). Preoperative, intraoperative, and postoperative kinematic analyses were carried out using the KiRA accelerometer and KT1000 arthrometer to look for residual anterolateral rotational instability and residual anteroposterior instability. Functional outcomes were measured with the single-leg vertical jump test (SLVJT) and the single-leg hop test (SLHT). Clinical outcomes were evaluated using the IKDC 2000, Lysholm, and Tegner scores.ResultsA significant reduction of both rotational and anteroposterior instability was detected. It was present both with the patient under anesthesia ($p < 0.001$ and $p = 0.007$ respectively) as well as with the patient awake ($p = 0.008$ and $p = 0.018$ respectively). Postoperative analysis of knee laxity did not show any significant variation from the first to the last follow-up. Both the SLVJT and SLHT improved significantly at the last follow-up ($p < 0.001$ and $p = 0.011$ respectively). The mean values of both the IKDC and Lysholm and Tegner scores showed an improvement ($p = 0.008$; $p = 0.012$; $p < 0.001$).ConclusionThe modified Lemaire LET improves the kinematics of ACL-deficient knees. The improvement in the kinematics leads to an improvement in subjective stability as well as in the function of the knee and in the clinical outcomes. At the 2-year follow-up, these improvements were maintained in a cohort of patients over 55 years. Following our findings, to reduce knee instability, an isolated LET in

ACL-deficient knees may be used when ACL reconstruction in patients over 55 years is not indicated.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline **Factor Impacto: Quartil: Categoría: Posición:**

Pérez-Prieto D, Totlis T, Madjarevic T, Becker R, Ravn C, Monllau JC, Renz N. **ESSKA and EBJIS recommendations for the management of infections after anterior cruciate ligament reconstruction (ACL-R): prevention, surgical treatment and rehabilitation.** Knee Surg Sports Traumatol Arthrosc. 2023 Oct;31(10):4204-4212. doi: 10.1007/s00167-023-07463-3. Epub 2023 May 27. PMID: 37243789; PMCID: PMC10471731.

Abstract: Purpose Infection after anterior cruciate ligament reconstruction (ACL- R) is a rare but severe complication. Despite an increase in articles published on this topic over the last decade, solid data to optimized diagnostic and therapeutic measures are scarce. For this reason, the European Bone and Joint Infection Society (EBJIS) and the European Society for Sports Traumatology, Knee Surgery and Arthroscopy (ESSKA) collaborated in order to develop recommendations for the diagnosis and management of infections after ACL- R. The aim of the workgroup was to perform a review of the literature and provide practical guidance to healthcare professionals involved in the management of infections after ACL-R. Methods An international workgroup was recruited to provide recommendations for predefined clinical dilemmas regarding the management of infections after ACL-R. MEDLINE, EMBASE, Cochrane Library and Scopus databases were searched for evidence to support the recommended answers to each dilemma. Results The recommendations were divided into two articles. The first covers etiology, prevention, diagnosis and antimicrobial treatment of septic arthritis following ACL-R and is primarily aimed at infectious disease specialists. This article includes the second part of the recommendations and covers prevention of infections after ACL- R, surgical treatment of septic arthritis following ACL-R and subsequent postoperative rehabilitation. It is aimed not only at orthopedic surgeons, but at all healthcare professionals dealing with patients suffering from infections after ACL-R.
Conclusion: These recommendations guide clinicians in achieving timely and accurate diagnosis as well as providing optimal management, both of which are paramount to prevent loss of function and other devastating sequelae of infection in the knee joint. Level of evidence V.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline **Factor Impacto: Quartil: Categoría: Posición:**

Prieto Meré JA, **Barrera-Ochoa S**, **Liburd-Hernández D**, Presas JP
Non-prosthetic peri-implant fracture of both forearm bones.
J Surg Case Rep. 2023 Aug 8;2023(8):rjad300. doi: 10.1093/jscr/rjad300. eCollection 2023 Aug.PMID: 37560605

Peri-implant fractures occur in association with an implant that was used to treat a previous injury. Peri-implant fractures are considered relatively 'new' fractures for which there is no accepted classification system in practice. Treatment is difficult due to altered anatomy, the presence of orthopedic implants and phenomena such as stress shielding, osteopenia when not in use, and fracture remodeling. We present the case of a young man who presented to

the emergency room after a sports accident with a successful previous osteosynthesis and a new deformity of the forearm.

Indexado en: Pubmed/WoS/Medline/JCR **Factor Impacto:** 0.5 **Quartil:** 4 **Categoría:** Surgery **Posición:** 252/286

Renz N, Madjarevic T, Ferrari M, Becker R, Ravn C, Vogely C, **Pérez-Prieto D**. **Recommendations on diagnosis and antimicrobial treatment of infections after anterior cruciate ligament reconstruction (ACL-R) endorsed by ESSKA and EBJIS.** J Infect. 2023 Jun;86(6):543-551. doi: 10.1016/j.jinf.2023.03.021. Epub 2023 Apr 3. PMID: 37019288.

Infection after anterior cruciate ligament reconstruction (ACL-R) is a rare but devastating complication affecting predominantly young and sportive individuals. A timely and correct diagnosis as well as optimized management is paramount to circumvent serious sequelae and compromise in life quality. These recommendations are primarily intended for use by infectious disease specialists and microbiologists, but also orthopedic surgeons and other healthcare professionals who care for patients with infections after ACLR. They are based on evidence mainly originating from observational studies and opinions of experts in the field, and cover the management of infections after ACL-R with a special focus on etiology, diagnosis, antimicrobial treatment and prevention. Comprehensive recommendations on surgical treatment and rehabilitation are presented separately in a document primarily addressing orthopedic professionals. Published by Elsevier Ltd on behalf of The British Infection Association. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/).

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 28.2 **Quartil:** 1 **Categoría:** Infectious Diseases **Posición:** 4/129 ***1º Decil**

Tischer T, Andriolo L, Beaufils P, Ahmad SS, Bait C, Bonomo M, Cavaignac E, Cristiani R, Feucht MJ, Fiodorovas M, Grassi A, Helmerhorst G, Hoser C, Karahan M, Komnos G, Lagae KC, Madonna V, Monaco E, **Monllau JC**, Ollivier M, Ovaska M, Petersen W, Piontek T, Robinson J, Samuelsson K, Scheffler S, Sonnery-Cottet B, Filardo G, Condello V. **Management of anterior cruciate ligament revision in adults: the 2022 ESSKA consensus part III-indications for different clinical scenarios using the RAND/UCLA appropriateness method.** Knee Surg Sports Traumatol Arthrosc. 2023 Nov;31(11):4662-4672. doi: 10.1007/s00167-023-07401-3. Epub 2023 May 3. PMID: 37133742; PMCID: PMC10598192.

PurposeThe aim of the ESSKA 2022 consensus Part III was to develop patient-focused, contemporary, evidence-based, guidelines on the indications for revision anterior cruciate ligament surgery (ACLRev).MethodsThe RAND/UCLA Appropriateness Method (RAM) was used to provide recommendations on the appropriateness of surgical treatment versus conservative treatment in different clinical scenarios based on current scientific evidence in conjunction with expert opinion. A core panel defined the clinical scenarios with a moderator and then guided a panel of 17 voting experts through the RAM tasks. Through a two-step voting process, the panel established a consensus as to the appropriateness of ACLRev for each scenario based on a nine-point Likert scale (in which a score in the range 1-3 was considered 'inappropriate', 4-6 'uncertain', and 7-9 'appropriate').ResultsThe criteria used to define the scenarios were: age (18-35 years vs 36-50 years vs 51-60 years), sports

activity and expectation (Tegner 0-3 vs 4-6 vs 7-10), instability symptoms (yes vs no), meniscus status (functional vs repairable vs non-functional meniscus), and osteoarthritis (OA) (Kellgren-Lawrence [KL] grade 0-I-II vs grade III). Based on these variables, a set of 108 clinical scenarios was developed. ACLRev was considered appropriate in 58%, inappropriate in 12% (meaning conservative treatment is indicated), and uncertain in 30%. Experts considered ACLRev appropriate for patients with instability symptoms, aged <= 50 years, regardless of sports activity level, meniscus status, and OA grade. Results were much more controversial in patients without instability symptoms, while higher inappropriateness was related to scenarios with older age (51-60 years), low sporting expectation, non-functional meniscus, and knee OA (KL III).ConclusionThis expert consensus establishes guidelines as to the appropriateness of ACLRev based on defined criteria and provides a useful reference for clinical practice in determining treatment indications.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline **Factor Impacto:** **Quartil:** **Categoría:** **Posición:**

Pizza N, Di Paolo S, Grassi A, Pagano A, Viotto M, Dal Fabbro G, Agostinone P, Lucidi GA, **Monllau JC**, Zaffagnini S. **Good long-term patients reported outcomes, return-to-work and return-to-sport rate and survivorship after posterior cruciate ligament (PCL)-based multiligament knee injuries (MLKI) with posteromedial corner tears as significant risk factor for failure.** Knee Surg Sports Traumatol Arthrosc. 2023 Nov;31(11):5018-5024. doi: 10.1007/s00167-023-07547-0. Epub 2023 Sep 5. PMID: 37668614; PMCID: PMC10598146.

Abstract: Purpose To assess the survival rate and associated risk factors of a wide cohort of patient ' s underwent surgical treatment for posterior cruciate ligament (PCL)-based multiligament knee injury (MLKI) at long-term follow-up and to investigate the long-term patient's reported outcomes (PROMS) and functional activity. Methods All cases of PCL-based MLKI performed at one single sport-medicine institution were extracted and patient's with a minimum 2 years of follow-up included. VAS, Lysholm, KOOS, Tegner Activity level scores, the incidence and time of return to sport (RTS) and return to work (RTW) were collected before, after surgery and at final follow-up. A multivariate logistic regression was performed to investigate the outcomes associated with the patient's acceptable symptoms state (PASS) for each sub-score of the KOOS. The Kaplan-Meier method with surgical failure (re- operation to one of the reconstructed ligaments) as endpoint was used to perform the survivorship analysis for the entire cohort. Results Forty-two patients were included and evaluated at an average of 10 years. All PROMS significantly improved from pre- to post-surgery (range.p2 0.21-0.43, $p < 0.05$) except for the Tegner score which significantly improved from pre-surgery and to final follow-up (.p2 = 0.67, $p < 0.001$). RTW was achieved in the 95.2% after 2.4 +/- 1.9 months. RTS was achieved in 78.6% after 6.7 +/- 5.0 months. The higher number of surgeries were the significant negative predictors of PASS for the KOOS sub-scales Sport ($p = 0.040$) and Quality of Life ($p = 0.046$), while the presence of meniscal lesions was a significant negative predictor of PASS only for the KOOS sub-scale of Sport ($p = 0.003$). Six patients (14.3%) underwent reoperation and were considered as surgical failures. The global survivorship was 95.2%, 92.6%, 87.1%, and 74.7% at 2, 5, 12, and 15 years, respectively. The survivorship in patient undergoing PMC reconstruction surgery was significantly lower ($p = 0.004$; HR 7.1) compared to patients without a PMC lesion. Conclusion Good-to-excellent PROMS could be obtained and maintained at long-term follow-up after surgery, with the higher number of surgeries and

meniscal lesions as significant negative predictors of the PASS. Moreover, the presence of a PMC lesion significantly increases the risk of the PCL reconstruction failure.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline **Factor Impacto:** **Quartil:** **Categoría:** **Posición:**

Perelli S, Costa GG, Russo A, Hinarejos P, **Torres-Claramunt R**, Sanchez-Soler J, Morales-Avalos R, **Monllau JC**. **The distal tibiofibular syndesmosis is a reliable landmark for 3° varus tibial resection in total knee arthroplasty: a radiological evaluation on 1296 cases.** Arch Orthop Trauma Surg. 2024 Feb;144(2):879-885. doi: 10.1007/s00402-023-05099-z. Epub 2023 Oct 21. PMID: 37864591.

Purpose The purpose of this study was to evaluate the reproducibility and the accuracy of distal tibiofibular syndesmosis (DTFS) as landmark to perform controlled varus tibial resections during total knee arthroplasty (TKA). The hypothesis was that DTFS can be used to perform an accurate 3 degrees varus tibial cut.Methods A retrospective analysis on a consecutive series of standard weightbearing full-length anteroposterior views of the lower limbs radiographic images was conducted. For each radiograph, the hip- knee-ankle (HKA) angle, the angle between the tibial mechanical axis and the line connecting the centre of the tibial spines and the DTFS (tibiofibular angle, TFA) and the medial proximal tibial angle (MPTA) were calculated. Each measurement was carried out twice by three independent observers, and intra- and inter- observer measurement reliability were assessed using the intraclass correlation coefficient (ICC) analysis.Results A total of 1296 lower limbs were analysed from a series of 648 weightbearing full-length anteroposterior radiographs. The ICC were > 90% for all measurements. The mean TFA value was 2.94 +/- 0.68 (range 2.38-3.51). No differences were detected comparing the mean TFA value on the right and left limb (p = 0.795) as well as comparing the values in male and female patients (p = 0.691). Linear regression analysis did not find statistically significant correlation between TFA and MPTA, or TFA and HKA angles, respectively.Conclusion The distal tibiofibular syndesmosis is a reliable and easy reproducible radiographic landmark that can be used when planning a 3 degrees varus tibial cut. Future studies are needed to confirm the validity of this method also in clinical settings.Level of evidenceIV, retrospective case series.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 2.3 **Quartil:** 2 **Categoría:** Orthopedics ; Surgery **Posición:** Orthopedics 42/86 ; Surgery 97/213

Pérez-Prieto D, Pardo A, Fontanellas A, Gómez-Junyent J, Hinarejos P, Monllau JC**. Incidence, functional outcomes and cure rate of hematogenous infection in a 2,498 Total Knee Arthroplasties cohort.** J Exp Orthop. 2023 Sep 25;10(1):96. doi: 10.1186/s40634-023-00656-2. PMID: 37743403; PMCID: PMC10518300.

Purpose: The primary aim of the present study is to report the late acute hematogenous (LAH) prosthetic joint infection (PJI) cure rate following Total knee arthroplasty (TKA) treated by means of debridement, antibiotics, and implant retention (DAIR) in a long-term follow-up. The secondary purpose is to report the functional outcomes at that follow-up and to compare them with a non-infected group.Material and MethodsThis study cohort consists of 2,498 TKA performed from September 2005 to April 2010 that had a minimum follow-up of 10 years. The diagnosis of PJI and classification into LAH was done in accordance with the Zimmerli criteria. The primary outcome was the failure rate, defined as death before the end of antibiotic treatment, a further surgical intervention for treatment

of infection, life-long antibiotic suppressive treatment or chronic infection. The Knee Society Score (KSS) was used to evaluate clinical outcomes.ResultsTen patients were diagnosed with acute hematogenous PJI during the study period (0.4%). All of them were managed with DAIR, which was performed by a knee surgeon and/or PJI surgeon. The failure rate was 0% at the 8.5-year (SD, 2.4) follow-up mark. The KSS score was 82.1 vs. 84.1 (p n.s.) at final follow-up.ConclusionAlthough the literature suggests that TKA DAIR for LAH periprosthetic joint infection is associated with high rates of failure, the results presented here suggest a high cure rate with good functional outcomes.Level of evidenceLevel II, prospective cohort study.

Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 1.8 **Quartil:** 2 **Categoría:** Orthopedics ; Surgery **Posición:** Orthopedics 56/130 ; Surgery 120/286

Torres-Claramunt R, Martínez-Díaz S, Sánchez-Soler JF, Tio-Barrera L, Arredondo R, Triginer L, Monllau JC
Fibronectin-coated polyurethane meniscal scaffolding supplemented with MSCs improves scaffold integration and proteoglycan production in a rabbit model.
Knee Surg Sports Traumatol Arthrosc. 2023 Nov;31(11):5104-5110. doi: 10.1007/s00167-023-07562-1. Epub 2023 Sep 19.PMID: 37725106

Purpose: The role of mesenchymal stem cells (MSC) in supporting the formation of new meniscal tissue in a meniscal scaffold is not well understood. The objective of this study was to assess the quality of the meniscal tissue produced in a fibronectin (FN)-coated polyurethane (PU) meniscal scaffold after a meniscal injury was made in an experimental rabbit model. **Methods:** Twelve New Zealand white rabbits were divided in two groups after performing a medial meniscectomy of the anterior horn. In group 1, the meniscal defect was reconstructed with a non-MSC supplemented FN-coated PU scaffold. On the other hand, the same scaffold supplemented with MSCs was used in group 2. The animals were sacrificed at 12 week after index surgery. A modified scoring system was used for histological assessment. This new scoring (ranging from 0 to 15) includes a structural evaluation (meniscal scaffold interface and extracellular matrix production) and tissue quality evaluation (proteoglycan and type I-collagen content). **Results:** The meniscal scaffold was found loose in the joint in three cases, corresponding to two cases in group 1 and 1 case in group 2. No differences were observed between the groups in terms of the total score (7.0 ± 0.9 vs. 9.4 ± 2.6, p = 0.09). However, differences were observed in group 2 in which 2 out of the 5 scored items, scaffold integration (1 ± 0.0 vs. 1.9 ± 0.6, p = 0.03) and proteoglycan production (1.2 ± 0.3 vs. 2.4 ± 0.2, p = 0.001). A trend to a higher production of Type I-Collagen production was also observed in group 2 (1.1 ± 0.4 vs. 1.4 ± 0.7, p = 0.05). **Conclusion:** In a rabbit model at 12 weeks, the adhesion of MSCs to a FN-coated PU scaffold improves scaffold integration, proteoglycan production and the characteristics of the new meniscal-like tissue obtained when compared to a non-supplemented scaffold. This fact could be a major step toward improving the adhesion of the MSCs to meniscal scaffolds and, consequently, the obtention of better quality meniscal tissue.

Indexado en: Pubmed/WoS/Medline **Factor Impacto:** **Quartil:** **Categoría:** Posición:

Valcarenghi J, Vittone G, Mouton C, Coelho Leal A, **Ibañez M,** Hoffmann A, Pape D, Ollivier M, Seil R.
A systematic approach to managing complications after proximal tibial osteotomies of the knee.

J Exp Orthop. 2023 Dec 6;10(1):131. doi: 10.1186/s40634-023-00708-7.PMID: 38055158

Proximal tibial osteotomy (PTO) is an effective procedure for active and young adult patients with symptomatic unicompartmental osteoarthritis and malalignment. They were considered technically demanding and prone to various complications related to the surgical technique, biomechanical or biological origin. Among the most important are hinge fractures and delayed or non-healing, neurovascular complications, loss of correction, implant-related problems, patellofemoral complaints, biological complications and changes in limb length. Being aware of these problems can help minimizing their prevalence and improve the results of the procedure.The aim of this narrative review is to discuss the potential complications that may occur during and after proximal tibial osteotomies, their origin and ways to prevent them.

Indexado en: Pubmed/WoS/Medline/JCR **Factor Impacto:** 1.8 **Quartil:** 2 **Categoría:** Orthopedics ; Surgery **Posición:** Orthopedics 56/130 ; Surgery 120/286

OBSTETRICIA Y GINECOLOGÍA
SALUT DE LA DONA DEXEUS

Nº Articulos indexados: 32 Journal Impact Factor ™ – 2023: 122.5
Factor impacto medio x artículo: 3.82

Albaiges G, Papastefanou I, **Rodriguez I**, Prats P, Echevarria M, Rodriguez MA, **Rodriguez Melcon A**.

External validation of Fetal Medicine Foundation competing-risks model for midgestation prediction of small-for-gestational-age neonates in Spanish population.

Ultrasound Obstet Gynecol. 2023 Aug;62(2):202-208. doi: 10.1002/uog.26210.PMID: 36971008

Objective: To examine the external validity of the new Fetal Medicine Foundation (FMF) competing-risks model for prediction in midgestation of small-for-gestational-age (SGA) neonates. **Methods:** This was a single-center prospective cohort study of 25 484 women with a singleton pregnancy undergoing routine ultrasound examination at 19 + 0 to 23 + 6 weeks' gestation. The FMF competing-risks model for the prediction of SGA combining maternal factors and midgestation estimated fetal weight by ultrasound scan (EFW) and uterine artery pulsatility index (UtA-PI) was used to calculate risks for different cut-offs of birth-weight percentile and gestational age at delivery. The predictive performance was evaluated in terms of discrimination and calibration. **Results:** The validation cohort was significantly different in composition compared with the FMF cohort in which the model was developed. In the validation cohort, at a 10% false-positive rate (FPR), maternal factors, EFW and UtA-PI yielded detection rates of 69.6%, 38.7% and 31.7% for SGA < 10th percentile with delivery at < 32, < 37 and ≥ 37 weeks' gestation, respectively. The respective values for SGA < 3rd percentile were 75.7%, 48.2% and 38.1%. Detection rates in the validation cohort were similar to those reported in the FMF study for SGA with delivery at < 32 weeks but lower for SGA with delivery at < 37 and ≥ 37 weeks. Predictive performance in the validation cohort was similar to that reported in a subgroup of the FMF cohort consisting of nulliparous

and Caucasian women. Detection rates in the validation cohort at a 15% FPR were 77.4%, 50.0% and 41.5% for SGA < 10th percentile with delivery at < 32, < 37 and ≥ 37 weeks, respectively, which were similar to the respective values reported in the FMF study at a 10% FPR. The model had satisfactory calibration. **Conclusion:** The new competing-risks model for midgestation prediction of SGA developed by the FMF performs well in a large independent Spanish population. © 2023 International Society of Ultrasound in Obstetrics and Gynecology.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 7.1 **Quartil:** 1 **Categoría:** Acoustics ; Obstetrics & Gynecology **Posición:** Acoustics 2/31 ; Obstetrics & Gynecology 5/85

Ata B, La Marca A, **Polyzos NP**. **Free your patients and yourself from day 2-3: start ovarian stimulation any time in freeze-all cycles.** Reprod Biomed Online. 2023 Oct;47(4):103305. doi: 10.1016/j.rbmo.2023.103305. Epub 2023 Jul 23. PMID: 37619517.

Ovarian stimulation for assisted reproductive technology is traditionally started in the early follicular phase. The essential rationale is to allow timely follicle growth and oocyte retrieval to ensure synchronization of the in-vitro cultured embryos with the receptive period of the endometrium in a fresh transfer cycle. In addition, conventional thought suggested that follicle recruitment happened only once, around menstruation. A deeper understanding of folliculogenesis, advances in cryobiology and an increasing proportion of freeze-all cycles provide a unique opportunity here. Experience from oncofertility patients as well as infertile women and oocyte donors who underwent ovarian stimulation in different phases of the menstrual cycle, dubbed 'random start' cycles, suggests that the number of oocytes collected and their reproductive potential do not depend on the time of starting ovarian stimulation, although the duration of stimulation and gonadotrophin consumption can vary slightly. It may be time to free both patients and clinics from the obsession with starting ovarian stimulation in the early follicular phase in planned freeze-all cycles. The flexibility provided by random start cycles is one aspect of individualizing treatment to patients' needs.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 4 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 17/85 ; Reproductive Biology 6/31

Browne JL, Pascual MÁ, Perez J, Salazar S, Valero B, Rodriguez I, Cassina D, Alcázar JL, Guerriero S, **Graupera B. AI: Can It Make a Difference to the Predictive Value of Ultrasound Breast Biopsy?** Diagnostics (Basel). 2023 Feb 20;13(4):811. doi: 10.3390/diagnostics13040811. PMID: 36832299; PMCID: PMC9955683.

Background: This study aims to compare the ground truth (pathology results) against the BI-RADS classification of images acquired while performing breast ultrasound diagnostic examinations that led to a biopsy and against the result of processing the same images through the AI algorithm KOIOS DS (TM) (KOIOS). (2) Methods: All results of biopsies performed with ultrasound guidance during 2019 were recovered from the pathology department. Readers selected the image which better represented the BI- RADS classification, confirmed correlation to the biopsied image, and submitted it to the KOIOS AI software. The results of the BI-RADS classification of the diagnostic study performed at our institution were set against the KOIOS classification and both were compared to the

pathology reports. (3) Results: 403 cases were included in this study. Pathology rendered 197 malignant and 206 benign reports. Four biopsies on BI- RADS 0 and two images are included. Of fifty BI-RADS 3 cases biopsied, only seven rendered cancers. All but one had a positive or suspicious cytology; all were classified as suspicious by KOIOS. Using KOIOS, 17 B3 biopsies could have been avoided. Of 347 BI-RADS 4, 5, and 6 cases, 190 were malignant (54.7%). Because only KOIOS suspicious and probably malignant categories should be biopsied, 312 biopsies would have resulted in 187 malignant lesions (60%), but 10 cancers would have been missed. (4) Conclusions: KOIOS had a higher ratio of positive biopsies in this selected case study vis-a-vis the BI-RADS 4, 5 and 6 categories. A large number of biopsies in the BI-RADS 3 category could have been avoided.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/ JCR **Factor Impacto:** 3.6 **Quartil:** 2 **Categoría:** Medicine, general & internal **Posición:** 64/169

Cabezas N, López-Picazo A, Diaz P, **Valero B**, Rodriguez MJ, Redondo A, Díaz-de la Noval B, **Pascual MA**, Ajossa S, Guerriero S, Alcázar JL. **How Frequently Benign Uterine Myomas Appear Suspicious for Sarcoma as Assessed by Transvaginal Ultrasound?** Diagnostics (Basel). 2023 Jan 30;13(3):501. doi: 10.3390/diagnostics13030501. PMID: 36766608; PMCID: PMC9914371.

Background: Uterine myomas may resemble uterine sarcomas in some cases. However, the rate of benign myomas appearing as sarcomas at an ultrasound examination is not known. The objective of this study is to determine the percentage of benign myomas that appear suspicious for uterine sarcoma on ultrasound examination. This is a prospective observational multicenter study (June 2019-December 2021) comprising a consecutive series of patients with histologically proven uterine myoma after hysterectomy or myomectomy who underwent transvaginal and/or transabdominal ultrasound prior to surgery. All ultrasound examinations were performed by expert examiners. MUSA criteria were used to describe the lesions (1). Suspicion of sarcoma was established when three or more sonographic features, described by Ludovisi et al. as "frequently seen in uterine sarcoma", were present (2). These features are no visible myometrium, irregular cystic areas, non-uniform echogenicity, irregular contour, "cooked" appearance, and a Doppler color score of 3-4. In addition, the examiners had to classify the lesion as suspicious based on her/his impression, independent of the number of features present. Eight hundred and ten women were included. The median maximum diameter of the myomas was 58.7 mm (range: 10.0-263.0 mm). Three hundred and forty-nine (43.1%) of the patients had more than one myoma. Using the criterion of >3 suspicious features, 40 (4.9%) of the myomas had suspicious appearance. By subjective impression, the examiners considered 40 (4.9%) cases suspicious. The cases were not exactly the same. We conclude that approximately 5% of benign uterine myomas may exhibit sonographic suspicion of sarcoma. Although it is a small percentage, it is not negligible.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR JCR **Factor Impacto:** 3.6 **Quartil:** 2 **Categoría:** Medicine, general & internal **Posición:** 64/169

Castellet C, **Tresserra F**, **Pellisé-Tintoré M**, **Sánchez-Prieto M**, **Fábregas R**, **Baulies S**, **Rodríguez I**. **Carcinoma micropapilar infiltrante de la mama. Pronóstico a largo plazo.** Revista de Senología y Patología Mamaria. 202, 36(3). doi: /10.1016/j.senol.2023.100475.

El carcinoma micropapilar infiltrante (CMI) es una variante histológica inusual y potencialmente agresiva caracterizada por primera vez en 1993 por Siriangkul et al. y que no formó parte de la clasificación de la Organización Mundial de la Salud (OMS) hasta 2003, como tumor mamario epitelial. Representa menos del 2% del total de carcinomas invasivos de la mama y se presupone que presenta un pronóstico desfavorable en comparación con otros carcinomas convencionales debido a su elevado tropismo vascular y linfático.
Material y métodos: hasta la fecha no existe ningún estudio con un número elevado de pacientes procedentes de un único centro (> 100 casos) con un periodo de seguimiento largo (> 20 años) que compare la supervivencia del CMI con otros carcinomas convencionales no micropapilares. Se ha llevado a cabo un estudio retrospectivo, observacional con un total de 401 pacientes: 174 con CMI y 227 con otros carcinomas convencionales.
Resultados: el CMI presenta mayor grado histológico, mayor afectación ganglionar y mayor riesgo de metástasis a distancia en comparación con otros carcinomas convencionales de características similares. Sin embargo, en el análisis multivariante considerando factores pronósticos como edad, tamaño tumoral, afectación ganglionar y grado histológico, no se observan diferencias estadísticamente significativas para la supervivencia global y libre de enfermedad entre los CMI diagnosticados en el mismo periodo de tiempo que los casos pareados del grupo control y otros carcinomas convencionales.
Conclusión la supervivencia global y libre de enfermedad es similar entre el CMI y otros carcinomas convencionales a igual edad, tamaño tumoral, grado histológico y afectación ganglionar.

Indexado en: WoS **Factor Impacto:** **Quartil:** **Categoría:** Posición:

Chacón E, Marucco J, Martinez I, Monroy A, Laza MV, Tomaizeh A, **Pascual MÁ**, Guerriero S, Alcázar JL. **Learning Curve for Ultrasound Assessment of Myometrial Infiltration in Endometrial Cancer Visualizing Videoclips: Potential Implications for Training.** Diagnostics (Basel). 2023 Jan 24;13(3):425. doi: 10.3390/diagnostics13030425. PMID: 36766530; PMCID: PMC9914064.

Background: Diagnostic accuracy for estimating myometrial infiltration by ultrasound in endometrial cancer requires experience. The objective of this study is to determine the learning curve (LC) for assessing myometrial infiltration in cases of endometrial cancer using transvaginal ultrasound (TVS). Methods: Five trainees (one staff radiologist and four fourth-year OB/GYN residents) participated in this study. All trainees had experience in performing TVS, but none of them had specific training on the assessment of myometrial infiltration. Trainees were given one specific lecture about the topic, and then they observed videoclips from 10 cases explained by the trainer. After this, all trainees visualized 45 videoclips of uterine ultrasound scans of endometrial cancer cases. The assessment of myometrial infiltration was based on the subjective impression. Definitive histology was used as a reference standard. Trainees stated whether myometrial infiltration was >= 50% or <50%. LC-CUSUM and standard CUSUM graphics were plotted to determine how many cases were needed to reach competence, allowing a mistake rate of 15%. Results: All trainees completed the study. LC-CUSUM graphics showed that three trainees reached competence at the 33rd, 35th and 36th case, respectively. All three of them kept the process under control after reaching competence. One trainee reached competence but did not maintain it in the cumulative analysis. One trainee did not reach competence. Conclusion: Our study suggests that 30-40 cases would be needed to be trained for assessing myometrial infiltration by TVS by visual interpretation of videoclips by most trainees.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR JCR **Factor Impacto:** 3.6 **Quartil:** 2 **Categoría:** Medicine, general & internal **Posición:** 64/169

Donno V, García-Martínez S, Polyzos NP.
Female BMI and Body Weight Is Not Associated with Oocyte Yield and Maturation in hCG, Agonist or Dual Trigger Cycles: A Large Observational Study including 5000 Cycles. J Clin Med. 2023 May 1;12(9):3249. doi: 10.3390/jcm12093249. PMID: 37176689; PMCID: PMC10179424.

Background: Triggering final oocyte maturation is a key step of ovarian stimulation. Although previous studies demonstrated a negative association between female BMI and serum hCG levels, little evidence is available regarding the association between oocyte yield and patients' BMI. The scope of the current study was to examine whether the efficiency of the r-hCG and triptorelin to trigger final oocyte maturation may be associated with patients' BMI or weight. **Methods:** This is a retrospective observational study including 5190 ovarian stimulation cycles performed between January 2019 and September 2022 in the Reproductive Medicine Department of Dexeus University Hospital. Cycles were analyzed according to the type of trigger (triptorelin vs. r-hCG vs. dual). The primary outcome measures were oocyte maturation rate (MII/oocytes) and FOI (oocytes/AFC); secondary outcomes were oocyte and MII yield. **Results:** Multivariable regression analysis, adjusting for confounding factors, demonstrated that BMI was not associated with oocyte maturation rate (OR: 1.00 [95%CI: 0.99; 1.01]), FOI (Beta 0.52 [95%CI: -0.49; 1.54]), number of oocytes (Beta 0.02 [95%CI: -0.08; 0.13]) or MIIs (Beta 0.01 [95%CI: -0.08; 0.10]) retrieved. Similarly, all analyses conducted considering patients' weight failed to reveal any association. **Conclusion:** Our study demonstrates that, independent of the type of trigger, patients' BMI and weight are not associated with oocyte yield, maturation, or FOI.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 3.9 **Quartil:** 2 **Categoría:** Medicine, general & internal **Posición:** 58/169

Drakopoulos P, Khalaf Y, Esteves SC, **Polyzos NP**, Sunkara SK, Shapiro D, Rizk B, Ye H, Costello M, Koloda Y, Salle B, Lispi M, D'Hooghe T, La Marca A. **Treatment algorithms for high responders: What we can learn from randomized controlled trials, real-world data and models.** Best Pract Res Clin Obstet Gynaecol. 2023 Feb;86:102301. doi: 10.1016/j.bpobgyn.2022.102301. Epub 2022 Dec 27. PMID: 36646567.

A high ovarian response to conventional ovarian stimulation (OS) is characterized by an increased number of follicles and/or oocytes compared with a normal response (10-15 oocytes retrieved). Ac-cording to current definitions, a high response can be diagnosed before oocyte pick-up when >18-20 follicles >= 11- 12 mm are observed on the day of ovulation triggering; high response can be diagnosed after oocyte pick-up when >18-20 oocytes have been retrieved. Women with a high response are also at high risk of early ovarian hyper-stimulation syndrome (OHSS)/or late OHSS after fresh embryo transfers. Women at risk of high response can be diagnosed before stimulation based on several indices, including ovarian reserve markers (anti-Mullerian hormone [AMH] and antral follicle count [AFC], with cutoff values indicative of a high response in patients with PCOS of >3.4 ng/mL for AMH and >24 for AFC). Owing to the high proportion of high responders who are at the risk of developing OHSS (up to 30%), this educational article provides a framework

for the identification and management of patients who fall into this category. The risk of high response can be greatly reduced through appropriate management, such as individualized choice of the gonadotropin starting dose, dose adjustment based on hormonal and ultrasound monitoring during OS, the choice of down-regulation protocol and ovulation trigger, and the choice between fresh or elective frozen embryo transfer. Appropriate management strategies still need to be defined for women who are predicted to have a high response and those who have an unex-pected high response after starting treatment.(c) 2023 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (http://creativecommons. org/licenses/by/4.0/).

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 5.5 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology **Posición:** 11/85

ESHRE Add-ons working group; Lundin K, Bentzen JG, Bozdag G, Ebner T, Harper J, Le Clef N, Moffett A, Norcross S, **Polyzos NP**, Rautakallio-Hokkanen S, Sfontouris I, Sermon K, Vermeulen N, Pinborg A. **Good practice recommendations on add-ons in reproductive medicine**. Hum Reprod. 2023 Nov 2;38(11):2062-2104. doi: 10.1093/humrep/dead184. PMID: 37747409; PMCID: PMC10628516.

STUDY QUESTION: Which add-ons are safe and effective to be used in ART treatment? SUMMARY ANSWER: Forty-two recommendations were formulated on the use of add-ons in the diagnosis of fertility problems, the IVF laboratory and clinical management of IVF treatment. WHAT IS KNOWN ALREADY: The innovative nature of ART combined with the extremely high motivation of the patients has opened the door to the wide application of what has become known as 'add-ons' in reproductive medicine. These supplementary options are available to patients in addition to standard fertility procedures, typically incurring an additional cost. A diverse array of supplementary options is made available, encompassing tests, drugs, equipment, complementary or alternative therapies, laboratory procedures, and surgical interventions. These options share the common aim of stating to enhance pregnancy or live birth rates, mitigate the risk of miscarriage, or expedite the time to achieving pregnancy. STUDY DESIGN, SIZE, DURATION: ESHRE aimed to develop clinically relevant and evidence-based recommendations focusing on the safety and efficacy of add-ons currently used in fertility procedures in order to improve the quality of care for patients with infertility. PARTICIPANTS/MATERIALS, SETTING, METHODS: ESHRE appointed a European multidisciplinary working group consisting of practising clinicians, embryologists, and researchers who have demonstrated leadership and expertise in the care and research of infertility. Patient representatives were included in the working group. To ensure that the guidelines are evidence-based, the literature identified from a systematic search was reviewed and critically appraised. In the absence of any clear scientific evidence, recommendations were based on the professional experience and consensus of the working group. The guidelines are thus based on the best available evidence and expert agreement. Prior to publication, the guidelines were reviewed by 46 independent international reviewers. A total of 272 comments were received and incorporated where relevant. MAIN RESULTS AND THE ROLE OF CHANCE: The multidisciplinary working group formulated 42 recommendations in three sections; diagnosis and diagnostic tests, laboratory tests and interventions, and clinical management. LIMITATIONS, REASONS FOR CAUTION: Of the 42 recommendations, none could be based on high-quality evidence and only four could be based on moderate-quality evidence, implicating that 95% of the recommendations are supported only by low-quality randomized controlled trials, observational data, professional experience, or consensus of the development group.

WIDER IMPLICATIONS OF THE FINDINGS: These guidelines offer valuable direction for healthcare professionals who are responsible for the care of patients undergoing ART treatment for infertility. Their purpose is to promote safe and effective ART treatment, enabling patients to make informed decisions based on realistic expectations. The guidelines aim to ensure that patients are fully.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 6.1 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 9/85 ; Reproductive Biology 4/31

Esteban L M, Castán B, Esteban-Escaño J, Sanz-Enguita G, Laliena A T, Lou-Mercadé A C, **Chóliz-Ezquerro M**, Castán S, Savirón-Cornudella R. **Machine learning algorithms combining slope deceleration and fetal heart rate features to predict acidemia.** Applied Sciences. 2023 13,[77 p.]. doi: 10.3390/app13137478.

Electronic fetal monitoring (EFM) is widely used in intrapartum care as the standard method for monitoring fetal well-being. Our objective was to employ machine learning algorithms to predict acidemia by analyzing specific features extracted from the fetal heart signal within a 30 min window, with a focus on the last deceleration occurring closest to delivery. To achieve this, we conducted a case-control study involving 502 infants born at Miguel Servet University Hospital in Spain, maintaining a 1:1 ratio between cases and controls. Neonatal acidemia was defined as a pH level below 7.10 in the umbilical arterial blood. We constructed logistic regression, classification trees, random forest, and neural network models by combining EFM features to predict acidemia. Model validation included assessments of discrimination, calibration, and clinical utility. Our findings revealed that the random forest model achieved the highest area under the receiver characteristic curve (AUC) of 0.971, but logistic regression had the best specificity, 0.879, for a sensitivity of 0.95. In terms of clinical utility, implementing a cutoff point of 31% in the logistic regression model would prevent unnecessary cesarean sections in 51% of cases while missing only 5% of acidotic cases. By combining the extracted variables from EFM recordings, we provide a practical tool to assist in avoiding unnecessary cesarean sections.

Indexado en: WoS/SCIE/Current Contents Connect/JCR **Factor Impacto:** 2.7 **Quartil:** 3 **Categoría:** Chemistry, Multidisciplinary & Engineering Multidisciplinary (Q2) **Posición:** Chemistry, Multidisciplinary 100/178 & Engineering Multidisciplinary 42/90

Feferkorn I, Santos-Ribeiro S, Ubaldi FM, Velasco JG, Ata B, Blockeel C, Conforti A, Esteves SC, Fatemi HM, Gianaroli L, Grynberg M, Humaidan P, Lainas GT, La Marca A, Craig LB, Lathi R, Norman RJ, Orvieto R, Paulson R, Pellicer A, **Polyzos NP**, Roque M, Sunkara SK, Tan SL, Urman B, Venetis C, Weissman A, Yarali H, Dahan MH. **The HERA (Hyper-response Risk Assessment) Delphi consensus for the management of hyper-responders in in vitro fertilization.** J Assist Reprod Genet. 2023 Nov;40(11):2681-2695. doi: 10.1007/s10815-023-02918-5. Epub 2023 Sep 15. Erratum in: J Assist Reprod Genet. 2024 Feb;41(2):519-520. PMID: 37713144; PMCID: PMC10643792.

Purpose: To provide agreed-upon guidelines on the management of a hyper-responsive patient undergoing ovarian stimulation (OS)MethodsA literature search was performed regarding the management of hyper-response to OS for assisted reproductive technology. A scientific committee consisting of 4 experts discussed, amended, and selected the final statements. A priori, it was decided that consensus would be reached when & GE;66% of

the participants agreed, and & LE;3 rounds would be used to obtain this consensus. A total of 28/31 experts responded (selected for global coverage), anonymous to each other.ResultsA total of 26/28 statements reached consensus. The most relevant are summarized here. The target number of oocytes to be collected in a stimulation cycle for IVF in an anticipated hyper-responder is 15-19 (89.3% consensus). For a potential hyper-responder, it is preferable to achieve a hyper-response and freeze all than aim for a fresh transfer (71.4% consensus). GnRH agonists should be avoided for pituitary suppression in anticipated hyper-responders performing IVF (96.4% consensus). The preferred starting dose in the first IVF stimulation cycle of an anticipated hyper-responder of average weight is 150 IU/day (82.1% consensus). ICoasting in order to decrease the risk of OHSS should not be used (89.7% consensus). Metformin should be added before/during ovarian stimulation to anticipated hyper-responders only if the patient has PCOS and is insulin resistant (82.1% consensus). In the case of a hyper-response, a dopaminergic agent should be used only if hCG will be used as a trigger (including dual/double trigger) with or without a fresh transfer (67.9% consensus). After using a GnRH agonist trigger due to a perceived risk of OHSS, luteal phase rescue with hCG and an attempt of a fresh transfer is discouraged regardless of the number of oocytes collected (72.4% consensus). The choice of the FET protocol is not influenced by the fact that the patient is a hyper-responder (82.8% consensus). In the cases of freeze all due to OHSS risk, a FET cycle can be performed in the immediate first menstrual cycle (92.9% consensus).ConclusionThese guidelines for the management of hyper-response can be useful for tailoring patient care and for harmonizing future research.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 3.1 **Quartil:** 2 **Categoría:** Genetic & Heredity ; Obstetrics & Gynecology **Posición:** Genetic & Heredity 80/171 ; Obstetrics & Gynecology 32/85

Feferkorn I, Ata B, Esteves SC, La Marca A, Paulson R, Blockeel C, Conforti A, Fatemi HM, Humaidan P, Lainas GT, Mol BW, Norman RJ, Orvieto R, **Polyzos NP**, Santos-Ribeiro S, Sunkara SK, Tan SL, Ubaldi FM, Urman B, Velasco JG, Weissman A, Yarali H, Dahan MH. **The HERA (Hyper-response Risk Assessment) Delphi consensus definition of hyper-responders for in-vitro fertilization.** J Assist Reprod Genet. 2023 May;40(5):1071-1081. doi: 10.1007/s10815-023-02757-4. Epub 2023 Mar 18. PMID: 36933094; PMCID: PMC10239403.

Abstract: Purpose To provide an agreed upon definition of hyper-response for women undergoing ovarian stimulation (OS)? Methods A literature search was performed regarding hyper-response to ovarian stimulation for assisted reproductive technology. A scientific committee consisting of 5 experts discussed, amended, and selected the final statements in the questionnaire for the first round of the Delphi consensus. The questionnaire was distributed to 31 experts, 22 of whom responded (with representation selected for global coverage), each anonymous to the others. A priori, it was decided that consensus would be reached when >= 66% of the participants agreed and <= 3 rounds would be used to obtain this consensus. Results 17/18 statements reached consensus. The most relevant are summarized here. (I) Definition of a hyper-response: Collection of >= 15 oocytes is characterized as a hyper-response (72.7% agreement). OHSS is not relevant for the definition of hyper-response if the number of collected oocytes is above a threshold (>= 15) (77.3% agreement). The most important factor in defining a hyper-response during stimulation is the number of follicles >= 10 mm in mean diameter (86.4% agreement). (II) Risk factors for hyper-response: AMH values (95.5% agreement), AFC (95.5% agreement), patient's age (77.3% agreement) but not ovarian volume (72.7% agreement). In a patient

without previous ovarian stimulation, the most important risk factor for a hyper-response is the antral follicular count (AFC) (68.2% agreement). In a patient without previous ovarian stimulation, when AMH and AFC are discordant, one suggesting a hyper-response and the other not, AFC is the more reliable marker (68.2% agreement). The lowest serum AMH value that would place one at risk for a hyper-response is >= 2 ng/ml (14.3 pmol/L) (72.7% agreement). The lowest AFC that would place one at risk for a hyper-response is >= 18 (81.8% agreement). Women with polycystic ovarian syndrome (PCOS) as per Rotterdam criteria are at a higher risk of hyper-response than women without PCOS with equivalent follicle counts and gonadotropin doses during ovarian stimulation for IVF (86.4% agreement). No consensus was reached regarding the number of growing follicles >= 10 mm that would define a hyper- response. ConclusionThe definition of hyper-response and its risk factors can be useful for harmonizing research, improving understanding of the subject, and tailoring patient care.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 3.1 **Quartil:** 2 **Categoría:** Genetic & Heredity ; Obstetrics & Gynecology **Posición:** Genetic & Heredity 80/171 ; Obstetrics & Gynecology 32/85

Ferrand T, Boulant J, He C, Chambost J, Jacques C, Pena CA, Hickman C, Reignier A, **Fréour T**. **Predicting the number of oocytes retrieved from controlled ovarian hyperstimulation with machine learning.** Hum Reprod. 2023 Oct 3;38(10):1918-1926. doi: 10.1093/humrep/dead163. PMID: 37581894; PMCID: PMC10546073.

STUDY QUESTION Can machine learning predict the number of oocytes retrieved from controlled ovarian hyperstimulation (COH)? SUMMARY ANSWER Three machine-learning models were successfully trained to predict the number of oocytes retrieved from COH. WHAT IS KNOWN ALREADY A number of previous studies have identified and built predictive models on factors that influence the number of oocytes retrieved during COH. Many of these studies are, however, limited in the fact that they only consider a small number of variables in isolation. STUDY DESIGN, SIZE, DURATION This study was a retrospective analysis of a dataset of 11,286 cycles performed at a single centre in France between 2009 and 2020 with the aim of building a predictive model for the number of oocytes retrieved from ovarian stimulation. The analysis was carried out by a data analysis team external to the centre using the Substra framework. The Substra framework enabled the data analysis team to send computer code to run securely on the centre's on-premises server. In this way, a high level of data security was achieved as the data analysis team did not have direct access to the data, nor did the data leave the centre at any point during the study. PARTICIPANTS/MATERIALS, SETTING, METHODS The Light Gradient Boosting Machine algorithm was used to produce three predictive models: one that directly predicted the number of oocytes retrieved and two that predicted which of a set of bins provided by two clinicians the number of oocytes retrieved fell into. The resulting models were evaluated on a held-out test set and compared to linear and logistic regression baselines. In addition, the models themselves were analysed to identify the parameters that had the biggest impact on their predictions. MAIN RESULTS AND THE ROLE OF CHANCE On average, the model that directly predicted the number of oocytes retrieved deviated from the ground truth by 4.21 oocytes. The model that predicted the first clinician's bins deviated by 0.73 bins whereas the model for the second clinician deviated by 0.62 bins. For all models, performance was best within the first and third quartiles of the target variable, with the model underpredicting extreme values of the target variable (no oocytes and large

numbers of oocytes retrieved). Nevertheless, the erroneous predictions made for these extreme cases were still within the vicinity of the true value. Overall, all three models agreed on the importance of each feature which was estimated using Shapley Additive Explanation (SHAP) values. The feature with the highest mean absolute SHAP value (and thus the highest importance) was the antral follicle count, followed by basal AMH and FSH. Of the other hormonal features, basal TSH, LH, and testosterone levels were similarly important and baseline LH was the least important. The treatment characteristic with the highest SHAP value was the initial dose of gonadotropins. LIMITATIONS, REASONS FOR CAUTION The models produced in this study were trained on a cohort from a single centre. They should thus not be used in clinical practice until trained and evaluated on a larger cohort more representative of the general population. WIDER IMPLICATIONS OF FINDINGS These predictive models for the number of oocytes retrieved from COH may be useful in clinical practice, assisting clinicians in optimizing COH protocols for individual patients. Our work also demonstrates the promise of using the Substra framework for allowing external researchers to provide clinically relevant insights on sensitive fertility data in a fully secure, trustworthy manner and opens a number of exciting avenues for accelerating future research. STUDY FUNDING/COMPETING INTEREST(S) This study was funded by the French Public Bank of Investment as part of the Healthchain Consortium. T.Fe., C.He., J.C., C.J., C.-A.P., and C.Hi. are employed by Apricity. C.Hi. has received consulting fees and honoraria from Vitrolife, Merck Serono, Ferring, Cooper Surgical, Dibimed, Apricity, and Fairtility and travel support from Fairtility and Vitrolife, participates on an advisory board for Merck Serono, was the founder and organizer of the AI Fertility conference, has stock in Aria Fertility, TMRW, Fairtility, Apricity, and IVF Professionals, and received free equipment from Planar in exchange for first user feedback. C.J. has received a grant from BPI. J.C. has also received a grant from BPI, is a member of the Merck AI advisory board, and is a board member of Labelia Labs. C.He has a contract for medical writing of this manuscript by CHU Nantes and has received travel support from Apricity. A.R. has received honoraria from Ferring and Organon. T.Fe. has received a grant from BPI.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 6.1 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 9/85 ; Reproductive Biology 4/31

García-Alfaro P, **García S**, **Rodriguez I**, **Pascual MA**, Pérez-López FR. **Association of Endogenous Hormones and Bone Mineral Density in Postmenopausal Women**. J Midlife Health. 2023 Jul-Sep;14(3):196-204. doi: 10.4103/jmh.jmh_115_23. Epub 2023 Dec 30. PMID: 38312770; PMCID: PMC10836432.

Aim: The aim of this study was to examine the association between endogenous hormones and bone mineral density (BMD) in postmenopausal women. **Materials and methods:** This was a cross-sectional study of 798 postmenopausal women aged 47-85 years. Data were collected on age, age at menopause, years since menopause, smoking status, body mass index, adiposity, BMD, physical activity, and Vitamin D supplementation. Measured hormonal parameters were: follicle-stimulating hormone (FSH), estradiol, testosterone, dehydroepiandrosterone sulfate, Δ4-androstenedione, cortisol, insulin-like growth factor-1, 25-hydroxyvitamin D, and parathormone (PTH) levels. BMD was measured at the lumbar spine, femoral neck, and total hip using dual-energy X-ray absorptiometry. A directed acyclic graph was used to select potential confounding variables.
Results: Multivariable analysis showed significant associations between cortisol and femoral neck BMD (β: -0.02, 95% confidence interval [CI]: -0.03--0.00), and PTH with femoral neck

BMD (β: -0.01, 95% CI: -0.02--0.01) and total hip BMD (β: -0.01, 95% CI: -0.01--0.00). Hormonal factors more likely associated with a higher risk of low BMD (osteopenia or osteoporosis) were FSH (odds ratio [OR]: 1.02, 95% CI: 1.01-1.03) and PTH (OR: 1.02, 95% CI: 1.01-1.04). **Conclusions:** Higher cortisol and PTH levels were inversely associated with BMD. Postmenopausal women with higher FSH or PTH levels were likely to have low BMD.

Indexado en: Pubmed/WoS/Medline **Factor Impacto:** **Quartil:** **Categoría:** Posición:

García-Alfaro P, García S, Rodriguez I, Bergamaschi L, Pérez-López FR. **Relationship between handgrip strength and endogenous hormones in postmenopausal women**. Menopause. 2023 Jan 1;30(1):11-17. doi: 10.1097/GME.0000000000002093. Epub 2022 Oct 16. PMID: 36256922.

Objectives: This study aimed to evaluate the endogenous hormonal factors related to dominant handgrip strength (HGS) in postmenopausal women. **Methods:** A cross-sectional study was performed on 402 postmenopausal women aged 47 to 83 years. The following variables were recorded: age, age at menopause, smoking status, adiposity, HGS, and physical activity. Hormonal parameters (follicle-stimulating hormone, estradiol, testosterone, cortisol, dehydroepiandrosterone sulfate, Δ4 androstenedione, insulin-like growth factor-1 [IGF-1], vitamin D, and parathormone levels) were measured and results reported as odds ratios (ORs), β coefficients and 95% confidence interval (95% CI). A directed acyclic graph was used to identify potential confounding variables and was adjusted in the regression model to assess associations between endogenous hormones and HGS. **Results:** The mean dominant HGS was 22.8 ± 3.7 kg, and 25.6% of women had dynapenia. There were significant differences in plasma levels of follicle-stimulating hormone (OR, 0.99; 95% CI, 0.98-1.00), cortisol (OR, 1.07; 95% CI, 1.02-1.12), and dehydroepiandrosterone sulfate (OR, 0.99; 95% CI, 0.98-1.00) between women with normal HGS and those who presented with dynapenia. After adjusting for confounding variables, no significant association was found between endogenous hormones and HGS. **Conclusions:** Our results showed that studied ovarian steroids, adrenal hormones, IGF-1, parathormone, and vitamin D were not associated with HGS.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 2.7 **Quartil:** 2 **Categoría:** Obstetrics & Gynecology **Posición:** 42/85

González-Foruria I, García S, Álvarez M, Racca A, Hernández M, Polyzos NP, Coroleu B. **Elevated serum progesterone levels before frozen embryo transfer do not negatively impact reproductive outcomes: a large retrospective cohort study.** Fertil Steril. 2023 Sep;120(3 Pt 2):597-604. doi: 10.1016/j.fertnstert.2023.04.038. Epub 2023 May 2. PMID: 37142050.

Objective: To evaluate whether patients with high-serum progesterone levels before frozen embryo transfer (FET) under hormonal replacement therapy present with worse reproductive outcomes. Design: A cohort retrospective study. Setting: A university-affiliated fertility center.
Patient(s): A total of 3,183 FET cycles in patients receiving hormonal replacement therapy between March 2009 and December 2020 were included. The luteal phase was covered with 200 mg per 8 hours of vaginal micronized progesterone either alone or in combination with a daily subcutaneous injection of 25 mg of progesterone. A total of 1,360 cycles corresponded to frozen homologous embryo transfer (ET) (hom-FET), 1,024 were euploid ET

(eu-FET) after preimplantation genetic testing for aneuploidies, and 799 cycles were frozen heterologous ET (het-FET). All patients had adequate serum progesterone levels (R10.6 ng/mL) before the procedure.
Intervention(s): Frozen embryo transfer cycles. Main Outcome Measure(s): Clinical pregnancy, miscarriage, and live birth rates (LBRs). Results: Median (P25; P75) serum progesterone level before FET was 14.39 (12.43-17.49) ng/mL. Progesterone levels were significantly higher in the group under vaginal plus subcutaneous progesterone (15.96 [13.74-21.60] vs. 14.09 [12.19-16.95]). No differences in clinical pregnancy, miscarriage, and LBR were observed based on the use of vaginal or vaginal plus subcutaneous progesterone for each of the groups (hom-FET, eu-FET, and het-FET). Live birth rates were comparable among patients in the highest centile of serum progesterone levels (>= p90) (22.33 ng/mL) and the rest of the patients (p< 90) (43.9% vs. 41.3%). Patients with progesterone levelsRp90 presented lower body mass index than those in the lower centiles (<p90) (22.62 +/- 3.82 vs. 23.32 +/- 4.06). After dividing patients into deciles based on serum progesterone levels, no differences in LBRs were observed among the groups. No association was observed using a generalized additive model between progesterone levels and LBR. A multivariable logistic regression adjusted by oocyte age, type of treatment, body mass index, type of luteal phase support, and the number of embryos transferred was applied for centile 90 and centile 95 of progesterone and showed that serum progesterone in their highest levels did not negatively impact LBR. Conclusions: Elevated serum progesterone levels before FET do not impair reproductive outcomes in patients receiving artificially prepared cycles with vaginal or vaginal plus subcutaneous progesterone. (Fertil Steril((R)) 2023;120:597-604. (c) 2023 by American Society for Reproductive Medicine.)

Indexado en: Pubmed/WoS/SCIE/JCR **Factor Impacto:** 6.7 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 6/85 ; Reproductive Biology 3/31

Joly J, Goronflot T, Reignier A, Rosselot M, Leperlier F, Barrière P, Gourraud PA, **Fréour T**, Lefebvre T. **Impact of the duration of oestradiol treatment on live birth rate in Hormonal Replacement Therapy cycle before frozen blastocyst transfer.** Hum Fertil (Camb). 2023 Dec;26(5):1256-1263. doi: 10.1080/14647273.2022.2163467. Epub 2023 Jan 3. PMID: 36594497.

Although the duration of progesterone administration in Hormonal Replacement Therapy (HRT) cycles before frozen embryo transfer is standardized, the optimal duration of oestrogen treatment remains controversial. In this monocentric retrospective study conducted in all single frozen blastocyst transfer (FBT) performed with HRT between January 2016 and July 2019, we evaluated the association between the duration of oestradiol treatment before FBT and live birth rate (LBR) in HRT cycles. Cycles were gathered in 3 groups according to quartiles of duration of oestrogen treatment. LBR was compared across the 3 groups and multivariate analysis was performed. We included 2235 single FBT cycles; 507, 1257 and 471 with E2 treatment below 23 days, 23-30 days (reference) and more than 30 days respectively. After multivariate analysis and adjustment, no significant difference in LBR was found between below 23 or more than 30 days and reference groups (OR = 0.93 [0.68-1.27] and OR = 1.29 [0.88-1.89] respectively). Complementary sensitivity analysis led to a non-significant adjusted OR = 1.66 [IC 0.9-3.1]. In conclusion, our study showed that the duration of E2 treatment in HRT cycles before FBT is not associated with LBR.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 1.9 **Quartil:** 4 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 65/85 ; Reproductive Biology 26/31

Maignien C, Hachem RE, Bourdon M, Marcellin L, Chalas C, Patrat C, **Gonzàlez-Foruria I**, Chapron C, Santulli P. **Oocyte donation outcomes in endometriosis patients with multiple IVF failures.** Reprod Biomed Online. 2023 Aug;47(2):103236. doi: 10.1016/j.rbmo.2023.05.008. Epub 2023 May 22. PMID: 37390602.

Research question: What are the reproductive outcomes and the prognostic factors of live birth rates in patients with endometriosis referred to oocyte donation after multiple IVF failures? Design: Observational cohort study including all women with endometriosis-related infertility and two or more failed IVF/ intracytoplasmic sperm injection (ICSI) cycles referred to oocyte donation between January 2013 and June 2022. Endometriosis was diagnosed based on published imaging criteria, and was confirmed histologically in women who had a history of surgery for endometriosis. The main outcome measured was the cumulative live birth rate (CLBR). The characteristics of women who had a live birth were compared with those who did not using univariate and multivariate analysis to identify determinant factors of fertility outcome. Results: Fifty-seven patients underwent 90 oocyte donation cycles after 244 failed autologous IVF cycles. The mean & PLUSMN; SD age of the population was 36.8 & PLUSMN; 3.3 years, with a mean duration of infertility of 3.6 & PLUSMN; 2.2 years, and a mean number of autologous IVF/ ICSI cycles of 4.4 & PLUSMN; 2.3 cycles per patient. Three patients (5.3%) had superficial peritoneal endometriosis, two patients (3.5%) had ovarian endometriomas, and 52 patients (91.2%) had deep infiltrating endometriosis, among which 30 patients (57.7%) had bowel lesions. Thirty patients (52.6%) had associated adenomyosis. Overall, CLBR per patient was 36/57 (63.2%). After multivariate analysis, only being nulligravida (P=0.002) remained an independent negative predictive factor of the live birth rate. Previous surgery did not impact reproductive outcomes. Conclusion: This study suggests that oocyte donation appears to be a viable option to optimize the live birth rate in women with endometriosis-related infertility and recurrent IVF failures.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 4 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 17/85 ; Reproductive Biology 6/31

Mula R, **Prats P**, **García S**, **Serra B**, **Scazzocchio E**, **Meler E**.
Angiogenic factors assessment in pre-eclampsia high-risk population for the prediction of small-for-gestational age neonates: A prospective longitudinal study.
Int J Gynaecol Obstet. 2023 May;161(2):439-446. doi: 10.1002/ijgo.14508. Epub 2022 Oct 26. PMID: 36238970

Objective: The authors aimed to compare cross-sectional versus longitudinal models for prediction of small-for-gestational age (SGA) neonates among pregnancies with high risk of early pre-eclampsia (PE). **Methods:** A prospective longitudinal study was performed in Hospital Universitari Dexeus, Barcelona. The study population included 390 pregnancies with a high risk of early PE according to the first trimester algorithm. Cross-sectional models combining first trimester risk plus placental growth factor and FMS-like tyrosine kinase 1/placental growth factor ratio, respectively, were created at 19-22, 24-26, and 27-30 weeks and compared with a model assessing longitudinal changes of these parameters. Models

adding mean uterine artery pulsatility index and abdominal circumference were evaluated. SGA neonates were defined as having a birth weight less than the tenth centile.
Results: The predictive performance of a model assessing longitudinal changes of angiogenic factors was similar to that of single evaluations at the second and early third trimesters. The performance of the models combining angiogenic factors with mean uterine artery pulsatility index and abdominal circumference was better than those using only biochemical markers. However, the longitudinal evaluation of biochemical and biophysical parameters did not perform better than cross-sectional evaluations.
Conclusions: Evaluation of angiogenic factors are useful for prediction of SGA neonates in a high-risk population for early PE. However, longitudinal models do not increase their predictive capacity.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline **Factor Impacto: Quartil: Categoría: Posición:**

Neves AR, **Garcia S**, Vuong LT, Blockeel C, **Arroyo G**, Spits C, Pham TD, Ho TM, Tournaye H, Polyzos NP. **Association between sequence variants in the FSHR gene and reproductive outcomes following IVF in predicted normoresponders.** Reprod Biomed Online. 2023 May;46(5):826-834. doi: 10.1016/j.rbmo.2023.01.013. Epub 2023 Jan 26. PMID: 37130623.

Research question: Is there an association between FSHR sequence variants and reproductive outcomes following IVF in predicted normoresponders?Design: Multicentre prospective cohort study conducted from November 2016 to June 2019 in Vietnam, Belgium and Spain including patients aged <38 years, and undergoing IVF with a predicted normal response with fixed-dose 150 IU rFSH in an antagonist protocol. Genotyping was performed for three FSHR (c.919A>G, c.2039A>G, c.-29G>A) and one FSHB sequence variants (c.-211G>T). Clinical pregnancy rate (CPR), live birth rate (LBR) and miscarriage rate in the first embryo transfer and cumulative live birth rate (CLBR) were compared between the different genotypes.Results: A total of 351 patients underwent at least one embryo transfer. Genetic model analysis that adjusted for patient age, body mass index, ethnicity, type of embryo transfer, embryo stage and number of top-quality embryos transferred revealed a higher CPR for homozygous patients for the variant allele G of c.919A>G when compared to patients with genotype AA (60.3% versus 46.3%, adjusted odds ratio [ORadj] 1.96, 95% confidence interval [CI] 1.09-3.53). Also, c.919A>G genotypes AG and GG presented a higher CPR and LBR when compared with genotype AA (59.1% versus 46.3%, ORadj 1.80, 95% CI 1.08-3.00, and 51.3% versus 39.0%, ORadj 1.69, 95% CI 1.01-2.80, respectively). Cox regression models revealed a statistically significantly lower CLBR for c.2039A>G genotype GG in the codominant model (hazard ratio [HR] 0.66, 95% CI 0.43-0.99). Conclusion: These results demonstrate a previously unreported association between variant c.919A>G genotype GG and higher CPR and LBR in infertile patients and reinforce a potential role for genetic background in predicting the reproductive prognosis following IVF.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 4 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 17/85 ; Reproductive Biology 6/31

Pedrassani M, Guerriero S, **Pascual MÁ**, Ajossa S, Graupera B, Pagliuca M, Podgaec S, Camargos E, Vieira de Oliveira Y, Alcázar JL. **Superficial Endometriosis at Ultrasound Examination-A Diagnostic Criteria Proposal.** Diagnostics (Basel). 2023 May 27;13(11):1876. doi: 10.3390/diagnostics13111876. PMID: 37296728; PMCID: PMC10252330.

The actual prevalence of superficial endometriosis is not known. However, it is considered the most common subtype of endometriosis. The diagnosis of superficial endometriosis remains difficult. In fact, little is known about the ultrasound features of superficial endometriotic lesions. In this study, we aimed to describe the appearance of superficial endometriosis lesions at ultrasound examination, with laparoscopic and/or histologic correlation. This is a prospective study on a series of 52 women with clinical suspicion of pelvic endometriosis who underwent preoperative transvaginal ultrasound and received a confirmed diagnosis of superficial endometriosis via laparoscopy. Women with ultrasound or laparoscopic findings of deep endometriosis were not included. We observed that superficial endometriotic lesions may appear as a solitary lesions, multiple separate lesions, and cluster lesions. The lesions may exhibit the presence of hypoechogenic associated tissue, hyperechoic foci, and/or velamentous (filmy) adhesions. The lesion may be convex, protruding from the peritoneal surface, or it may appear as a concave defect in the peritoneum. Most lesions exhibited several features. We conclude that transvaginal ultrasound may be useful for diagnosing superficial endometriosis, as these lesions may exhibit different ultrasound features.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR JCR **Factor Impacto:** 3.6 **Quartil:** 2 **Categoría:** Medicine, general & internal **Posición:** 64/169

Pellisé-Tintoré, Maria, Paltrinieri, Anna Lucia, Abulí, Anna, Murillo, Elena, Serrano, Ariana and Albaigés, Gerard. **"Staying alert with polyhydramnios; an Ondine syndrome case"** Case Reports in Perinatal Medicine, vol. 12, no. 1, 2023, pp. 20220026. https://doi.org/10.1515/crpm-2022-0026

Objectives: Amniotic fluid is essential for proper fetal development. In the case of severe polyhydramnios associated with low fetal growth, a number of different underlying disorders must be considered. One such condition is congenital central hypoventilation syndrome (CCHS) or Ondine's curse, a rare genetic disease caused by mutation of the PHOX2B gene. The incidence of CCHS is estimated to be 1 case in 200,000 live births. No publications have been made to date on the intrauterine period findings. This precludes an early intrauterine diagnosis and impedes ethically responsible therapeutic options. **Case presentation:** A 37-year-old patient presented in her second pregnancy with a small for gestation fetus and severe polyhydramnios evidenced in the third trimester ultrasound (US) study. There were no previous signs of maternal diabetes or fetal abnormalities at US. During the immediate postpartum period, the newborn presented repeated apneas with cyanosis and hypo-responsiveness. Neonatal arterial blood gas testing revealed severe respiratory acidosis requiring orotracheal intubation and admission to the Neonatal Intensive Care Unit. Over the following days, all imaging and functional test findings were within normal ranges. A de novo pathogenic PHOX2B variant was identified. **Conclusions:** Despite a high mortality rate, no neurological sequelae or other systemic diseases were recorded, thanks to multidisciplinary and coordinated follow-up.

Indexado en: WoS **Factor Impacto:** 0.1 **Quartil:** 4 **Categoría:** Obstetrics & Gynecology **Posición:** 127/131

Pérez-López FR, Blümel JE, Vallejo MS, **Rodríguez I**, Tserotas K, Salinas C, Rodrigues MA, Rey C, Ojeda E, Ñañez M, Miranda C, López M, Díaz K, Dextre M, Calle A, Bencosme A. **Anxiety but not menopausal status influences the risk of long-COVID-19 syndrome in women living**

in Latin America. Maturitas. 2024 Feb;180:107873. doi: 10.1016/j.maturitas.2023.107873. Epub 2023 Nov 2. PMID: 37995422.

Objective: To study sociodemographic and clinical factors associated with the long-COVID-19 syndrome among women living in Latin American countries using undirected and directed methods. Method: We studied 347 patients with COVID-19 (confirmed by polymerase chain reaction) living in nine Latin American countries between May 2021 and July 2022, including 70 premenopausal, 48 perimenopausal, and 229 postmenopausal women. We compared the sociodemographic and general health information of women with (n = 164) and without (n = 183) the long-COVID-19 syndrome. They also completed the Connor-Davidson Resilience Scale, the Fear of COVID-19 Scale, the Jenkins Sleep Scale, and the Menopause Rating Scale to define the minimum set of variables for adjustment. We designed a directed acyclic graph (DAG) to identify factors related to the long-COVID-19 syndrome. Data were submitted to categorical logistic regression analyses. Results are reported as means and standard deviations or beta-coefficients and 95 % confidence intervals. Results: Women with long-COVID-19 syndrome had a poor lifestyle, severe menopause symptoms, hypertension, insomnia, depression, anxiety, chronic diseases/conditions, risk of hospitalization, sleep disturbance, and low menopause-related quality of life compared to women without the syndrome. The DAG identified the following long-COVID-19 covariates: age, obesity, anxiety, depression, cancer, lifestyle, smoking, and menstrual status. A multivariable logistic model with these covariates indicated that anxiety is the only factor to be significantly associated with long- COVID-19 syndrome, whereas other covariates were confounding factors. There was no significant influence of menopausal status on the long-COVID-19 syndrome. Conclusion: Among factors selected by the DAG, only anxiety was significantly associated with the long-COVID-19. There was no significant influence of the menopause status on the long-COVID-19 syndrome in the studied population.

Indexado en: Pubmed/WoS/SCIE/JCR **Factor Impacto:** 4.9 **Quartil:** 2 **Categoría:** Geriatrics & Geriontology ; Obstetrics & Gynecology **Posición:** Geriatrics & Geriontology 19/54 ; Obstetrics & Gynecology 12/85

Pons MC, Carrasco B, Rives N, Delgado A, Martínez-Moro A, Martínez-Granados L, Rodriguez I, Cairó O, Cuevas-Saiz I; SIG Embryology of ASEBIR. **Predicting the likelihood of live birth: an objective and user-friendly blastocyst grading system.** Reprod Biomed Online. 2023 Sep;47(3):103243. doi: 10.1016/j.rbmo.2023.05.015. Epub 2023 Jun 3. PMID: 37473718.

Research question: Can day-5 blastocysts be ranked according to their likelihood of live birth using an objective and user-friendly grading system? **Design:** A retrospective multicentre study conducted between 2017 and 2019, including 1044 day-5 blastocysts. Blastocyst expansion degree, trophectoderm and inner cell mass quality were assessed morphologically and morphometrically. Several analyses were conducted: the association between the qualitative and quantitative assessment for the blastocyst expansion degree and the number of trophectoderm cells; the effect of the embryo quality on day 3 and the contribution of the three blastocyst parameters to live birth, with logistic regression; and a decision tree with the most significant variables to create the new scoring system. **Results:** Cut-off points were found to discriminate between expanding and expanded blastocysts (165 µm for blastocyst diameter) and between trophectoderm grades (A: ≥14 cells; B: 11-13 cells; C: ≤10 cells). When the embryos reached the blastocyst stage, their quality on day 3 did not add predictive value for implantation and live birth. In the logistic

regression analysis, the only parameter capable of significantly predicting the live birth likelihood was the trophectoderm grade: A versus C (OR 1.95, 95% CI 1.26 to 3.0); B versus C (OR 1.71, 95% CI 1.22 to 2.4). The decision tree supported the finding that the trophectoderm grade had the highest predictive value for a live birth, followed by the blastocyst expansion degree in a second step. **Conclusions:** This new method makes objective blastocyst assessment feasible, allowing for standardization and exportation to other laboratories worldwide.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 4 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 17/85 ; Reproductive Biology 6/31

Popovic M, Borot L, Lorenzon AR, Lopes ALRC, Sakkas D, Lledó B, Morales R, Ortiz JA, **Polyzos NP**, **Parriego M**, Azpiroz F, Galain M, Pujol A, Menten B, Dhaenens L, Vanden Meerschaut F, Stoop D, Rodriguez M, de la Blanca EP, Rodríguez A, Vassena R. **Implicit bias in diagnosing mosaicism amongst preimplantation genetic testing providers: results from a multicenter study of 36 395 blastocysts.** Hum Reprod. 2024 Jan 5;39(1):258-274. doi: 10.1093/humrep/dead213. PMID: 37873575.

STUDY QUESTION: Does the diagnosis of mosaicism affect ploidy rates across different providers offering preimplantation genetic testing for aneuploidies (PGT-A)?SUMMARY ANSWER: Our analysis of 36 395 blastocyst biopsies across eight genetic testing laboratories revealed that euploidy rates were significantly higher in providers reporting low rates of mosaicism.WHAT IS KNOWN ALREADY: Diagnoses consistent with chromosomal mosaicism have emerged as a third category of possible embryo ploidy outcomes following PGT-A. However, in the era of mosaicism, embryo selection has become increasingly complex. Biological, technical, analytical, and clinical complexities in interpreting such results have led to substantial variability in mosaicism rates across PGT-A providers and clinics. Critically, it remains unknown whether these differences impact the number of euploid embryos available for transfer. Ultimately, this may significantly affect clinical outcomes, with important implications for PGT-A patients.STUDY DESIGN, SIZE, DURATION: In this international, multicenter cohort study, we reviewed 36 395 consecutive PGT-A results, obtained from 10 035 patients across 11 867 treatment cycles, conducted between October 2015 and October 2021. A total of 17 IVF centers, across eight PGT-A providers, five countries and three continents participated in the study. All blastocysts were tested using trophectoderm biopsy and next-generation sequencing. Both autologous and donation cycles were assessed. Cycles using preimplantation genetic testing for structural rearrangements were excluded from the analysis.PARTICIPANTS/MATERIALS, SETTING, METHODS: The PGT-A providers were randomly categorized (A to H). Providers B, C, D, E, F, G, and H all reported mosaicism, whereas Provider A reported embryos as either euploid or aneuploid. Ploidy rates were analyzed using multilevel mixed linear regression. Analyses were adjusted for maternal age, paternal age, oocyte source, number of embryos biopsied, day of biopsy, and PGT-A provider, as appropriate. We compared associations between genetic testing providers and PGT-A outcomes, including the number of chromosomally normal (euploid) embryos determined to be suitable for transfer.MAIN RESULTS AND THE ROLE OF CHANCE: The mean maternal age (+/- SD) across all providers was 36.2 (+/- 5.2). Our findings reveal a strong association between PGT-A provider and the diagnosis of euploidy and mosaicism. Amongst the seven providers that reported mosaicism, the rates varied from 3.1% to 25.0%. After adjusting for confounders, we observed a significant difference in the likelihood of diagnosing mosaicism across providers ($P < 0.001$), ranging from 6.5% (95%

CI: 5.2-7.4%) for Provider B to 35.6% (95% CI: 32.6-38.7%) for Provider E. Notably, adjusted euploidy rates were highest for providers that reported the lowest rates of mosaicism (Provider B: euploidy, 55.7% (95% CI: 54.1-57.4%), mosaicism, 6.5% (95% CI: 5.2-7.4%); Provider H: euploidy, 44.5% (95% CI: 43.6-45.4%), mosaicism, 9.9% (95% CI: 9.2-10.6%)); and Provider D: euploidy, 43.8% (95% CI: 39.2-48.4%), mosaicism, 11.0% (95% CI: 7.5-14.5%)). Moreover, the overall chance of having at least one euploid blastocyst available for transfer was significantly higher when mosaicism was not reported, when we compared Provider A to all other providers (OR = 1.30, 95% CI: 1.13-1.50). Differences in diagnosing and interpreting mosaic results across PGT-A laboratories raise further concerns regarding the accuracy and relevance of mosaicism predictions. While we confirmed equivalent clinical outcomes following the transfer of mosaic and euploid blastocysts, we found that a significant proportion of mosaic embryos are not used for IVF treatment.LIMITATIONS, REASONS FOR CAUTION: Due to the retrospective nature of the study, associations can be ascertained, however, causality cannot be established. Certain parameters such as blastocyst grade were not available in the dataset. Furthermore, certain platform-related and clinic-specific factors may not be readily quantifiable or explicitly captured in our dataset. As such, a full elucidation of all potential confounders accounting for variability may not be possible.WIDER IMPLICATIONS OF THE FINDINGS: Our findings highlight the strong need for standardization and quality assurance in the industry. The decision not to transfer mosaic embryos may ultimately reduce the chance of success of a PGT-A cycle by limiting the pool of available embryos. Until we can be certain that mosaic diagnoses accurately reflect biological variability, reporting mosaicism warrants utmost caution. A prudent approach is imperative, as it may determine the difference between success or failure for some patients.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 6.1 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 9/85 ; Reproductive Biology 4/31

Racca A, Santos-Ribeiro S, Drakopoulos P, De Coppel J, Van Landuyt L, Tournaye H, Blockeel C. **Clinical pregnancy rate for frozen embryo transfer with HRT: a randomized controlled pilot study comparing 1 week versus 2 weeks of oestradiol priming.** Reprod Biol Endocrinol. 2023 Jul 7;21(1):62. doi: 10.1186/s12958-023-01111-8. PMID: 37420186; PMCID: PMC10326948.

Research questionDoes a frozen-embryo transfer in an artificially-prepared endometrium (FET- HRT) cycle yield similar clinical pregnancy rate with 7 days of oestrogen priming compared to 14 days? DesignThis is a single-centre, randomized, controlled, open-label pilot study. All FET-HRT cycles were performed in a tertiary centre between October 2018 and January 2021. Overall, 160 patients were randomized, with a 1:1 allocation, into two groups of 80 patients each: group A (7 days of E2 prior to P4 supplementation) and group B (14 days of E2 prior to P4 supplementation). Both groups received single blastocyst stage embryos on the 6th day of vaginal P4 administration. The primary outcome was the feasibility of such strategy assessed as clinical pregnancy rate, secondary outcomes were biochemical pregnancy rate, miscarriage rate, live birth rate and serum hormone levels on the day of FET. Chemical pregnancy was assessed by an hCG blood test 12 days after FET and clinical pregnancy was confirmed by transvaginal ultrasound at 7 weeks.ResultsThe analysis included 160 patients who were randomly assigned to either group A or group B on the seventh day of their FET-HRT cycle if the measured endometrial thickness was above 6.5 mm. Following screening failures and of drop-outs, 144 patients were finally included both

in group A (75 patients) or group B (69 patients). Demographic characteristics for both groups were comparable. The biochemical pregnancy rate was 42.5% and 48.8% for group A and group B, respectively (p 0.526). Regarding the clinical pregnancy rate at 7 weeks, no statistical difference was observed (36.3% vs 46.3% for group A and group B, respectively, p = 0.261). The secondary outcomes of the study (biochemical pregnancy, miscarriage, and live birth rate) were comparable between the two groups for IIT analysis, as well as the P4 values on the day of FET.ConclusionsIn a frozen embryo transfer cycle, performed with artificial preparation of the endometrium, 7 versus 14 days of oestrogen priming are comparable, in terms of clinical pregnancy rate; the advantages of a seven-day protocol include the shorter time to pregnancy, reduced exposure to oestrogens, and more flexibility of scheduling and programming, and less probability to recruit a follicle and have a spontaneous LH surge. It is important to keep in mind that this study was designed as a pilot trial with a limited study population as such it was underpowered to determine the superiority of an intervention over another; larger-scale RCTs are warranted to confirm our preliminary results.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 4.4 **Quartil:** 2 **Categoría:** Endocrinology & Metabolism ; Reproductive Biology (Q1) **Posición:** Endocrinology & Metabolism 45/145 ; Reproductive Biology 5/31

Sachs-Guedj N, Hart R, Requena A, Vergara V, **Polyzos NP**. **Real-world practices of hormone monitoring during ovarian stimulation in assisted reproductive technology: a global online survey.** Front Endocrinol (Lausanne). 2023 Nov 28;14:1260783. doi: 10.3389/fendo.2023.1260783. PMID: 38089631; PMCID: PMC10714002.

Objective: The aim of this study is to understand the global practice of routine hormonal monitoring (HM) during ovarian stimulation (OS) in the context of assisted reproductive technique (ART) treatment. Methods: An open-access questionnaire was available to 3,845 members of IVF-Worldwide.com from September 8 to October 13, 2021. The survey comprised 25 multiple-choice questions on when and how ultrasound (US) and hormone tests were conducted during ovarian stimulation OS. For most questions, respondents were required to select a single option. Some questions allowed the selection of multiple options. Results: In all, 528 (13.7%) members from 88 countries responded to the questionnaire. Most respondents (98.9%) reported using US to monitor OS cycles. HM was used by 79.5% of respondents during any of the cycle monitoring visits and was most commonly performed on the day of, or a day prior to final oocyte maturation. Overall, 87% of respondents claimed adjusting the dose of gonadotropin during OS, with 61.7% adjusting the dose based on hormonal levels. Oestradiol (E2) was the most frequently monitored hormone during all visits and was used by 74% of respondents for the prediction of ovarian hyperstimulation syndrome (OHSS). On or a day prior to ovulation triggering (OT), the number of respondents who measured progesterone increased from 34.3% in the second/third visit to 67.7%. Approximately one-third of respondents measured luteinizing hormone during all visits. Conclusion: Globally, most ART specialists (similar to 80%) use HM, along with US, for monitoring OS, especially for the prevention of OHSS.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 5.2 **Quartil:** 1 **Categoría:** Endocrinology & Metabolism **Posición:** 36/145

Sachs-Guedj N, **Coroleu B**, **Pascual MÁ**, **Rodríguez I**, **Polyzos NP**. **Presence of Adenomyosis Impairs Clinical Outcomes in Women Undergoing Frozen Embryo Transfer: A Retrospective Cohort Study.** J Clin Med. 2023 Sep 19;12(18):6058. doi: 10.3390/jcm12186058. PMID: 37762998; PMCID: PMC10531755.

Background: The presence of adenomyosis among pregnant patients has been associated with a higher incidence of miscarriage and pregnancy complications. Although the role of adenomyosis in women undergoing in vitro fertilization (IVF) was investigated in several studies and demonstrated a potentially detrimental effect on live birth rates following IVF, most of them were small studies in which the adenomyosis diagnosis was not confirmed based on solid ultrasonographic criteria.(2) Methods: 3503 patients undergoing their first blastocyst frozen transfer through a hormonal replacement (HRT) FET cycle. Among them, 140 women had a confirmed diagnosis of adenomyosis based on the MUSA criteria.(3) Results: Adenomyosis patients were more likely to proceed with deferred FET compared with no- adenomyosis women ($p = 0.002$) and were significantly more likely to be treated with GnRH agonist pre- treatment (2 months) ($p < 0.001$). The presence of adenomyosis significantly decreased the clinical pregnancy rates (aOR 0.62, 95% CI: 0.39-0.98, $p = 0.040$) and live birth rates (aOR 0.46, 95% CI: 0.27- 0.75, $p = 0.003$) and significantly increased the miscarriage rates (aOR 2.13, 95% CI: 0.98-4.37, $p = 0.045$). Multivariable logistic regression adjusting for age, autologous or donor oocytes, PGT-A, deferred FET, serum progesterone levels the day before FET, GnRH agonist pre-treatment, number of embryos transferred, and adenomyosis demonstrated that the use of the GnRH agonist protocol did not decrease or increase the miscarriage rate, clinical pregnancy rate, or live birth rate.(4) Conclusions: The presence of adenomyosis had a significant negative impact on the clinical outcomes of patients undergoing FET and was associated with higher miscarriage, lower clinical pregnancy, and live birth rates. GnRH agonist pre-treatment does not appear to improve clinical outcomes.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 3.9 **Quartil:** 2 **Categoría:** Medicine, general & internal **Posición:** 58/169

Sánchez-Borrego R, de Diego Pérez de Zabalza MV, Alfageme Gullón MJ, Alija Castrillo ML, **Sánchez Prieto M**, Palacios S, González Calvo AJ, Quijano Martín JJ, Cancelo MJ. **Satisfaction and medication adherence in women with vulvovaginal atrophy: the CRETA.** Climacteric. 2023 Oct;26(5):437-444. doi: 10.1080/13697137.2023.2190508. Epub 2023 Apr 5.PMID: 37017707

Objective: This study aimed to evaluate the self-reported satisfaction of Spanish postmenopausal women currently treated for vulvovaginal atrophy (VVA) symptoms. **Methods:** The CRETA (CRoss sectional European sTudy on Adherence) is a multicenter cross-sectional study conducted in 29 public and private hospitals in Spain, which enrolled postmenopausal women receiving treatment with ospemifene, local hormone therapy (HT) or vaginal moisturizers for VVA. After the prior informed consent of the patients, sociodemographic and treatment perception data were collected using a structured questionnaire. **Results:** Among 752 women who completed the survey, the satisfaction score was significantly higher for the group treated with ospemifene (mean 8.3 ± 1.4) compared with the local HT group (7.2 ± 1.7) and the vaginal moisturizer group (6.5 ± 2.1) according to a 10-point Likert scale ($p < 0.0001$). Compared to vaginal moisturizers and local HT, participants

treated with ospemifene reported the highest adherence (96.7% vs. 70.2% and 78.6%, respectively) and the lowest number of missed doses in the last month (0.6 ± 1.3 standard deviation [SD] vs. 3.5 ± 4.3 SD and 2.0 ± 2.8 SD, respectively) ($p < 0.0001$). Ospemifene was significantly perceived as easy to use (83.9% vs. 44.9% and 58.6%, respectively; $p < 0.0001$), efficacious in reducing the time to relieve symptoms (17.1% vs. 7.0% and 6.7%, $p = 0.0005$ and $p = 0.0006$, respectively) and convenient for sexual life (53.1% vs. 25.6% and 42.3%, $p < 0.0001$ and $p = 0.0234$, respectively). **Conclusions:** Among postmenopausal women with VVA, treatment with ospemifene has the most positive perceptions and the highest overall satisfaction level and could be an optimal therapeutic approach, maximizing patient adherence.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 2.8 **Quartil:** 2 **Categoría:** Obstetrics & Gynecology **Posición:** 39/85

Vara J, Pagliuca M, Springer S, Gonzalez de Canales J, Brotons I, Yakcich J, Ajossa S, **Pascual MA**, Guerriero S, Alcazar JL. **O-RADS Classification for Ultrasound Assessment of Adnexal Masses: Agreement between IOTA Lexicon and ADNEX Model for Assigning Risk Group.** Diagnostics (Basel). 2023 Feb 10;13(4):673. doi: 10.3390/diagnostics13040673. PMID: 36832161; PMCID: PMC9955729.

Background: The O-RADS system is a new proposal for establishing the risk of malignancy of adnexal masses using ultrasound. The objective of this study is to assess the agreement and diagnostic performance of O-RADS when using the IOTA lexicon or ADNEX model for assigning the O-RADS risk group. Methods: Retrospective analysis of prospectively collected data. All women diagnosed as having an adnexal mass underwent transvaginal/transabdominal ultrasound. Adnexal masses were classified according to the O-RADS classification, using the criterion of the IOTA lexicon and according to the risk of malignancy determined by the ADNEX model. The agreement between both methods for assigning the O- RADS group was estimated using weighted Kappa and the percentage of agreement. The sensitivity and specificity of both approaches were calculated. Results: 454 adnexal masses in 412 women were evaluated during the study period. There were 64 malignant masses. The agreement between the two approaches was moderate (Kappa: 0.47), and the percentage of agreement was 46%. Most disagreements occurred for the groups O-RADS 2 and 3 and for groups O-RADS 3 and 4. The sensitivity and specificity for O-RADS using the IOTA lexicon and O-RADS using the ADNEX model were 92.2% and 86.1%, and 85.9% and 87.4%, respectively. Conclusion: The diagnostic performance of O-RADS classification using the IOTA lexicon as opposed to the IOTA ADNEX model is similar. However, O-RADS group assignment varies significantly, depending on the use of the IOTA lexicon or the risk estimation using the ADNEX model. This fact might be clinically relevant and deserves further research.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 3.6 **Quartil:** 2 **Categoría:** Medicine, general & internal **Posición:** 64/169

Vloeberghs V, De Munck N, **Racca A**, Mateizel I, Wouters K, Tournaye H. **Enzymatic tissue processing after testicular biopsy in non-obstructive azoospermia enhances sperm retrieval.** Hum Reprod Open. 2023 Oct 18;2023(4):hoad039. doi: 10.1093/hropen/hoad039. PMID: 37936829; PMCID: PMC10627277.

Study question: What is the added value of enzymatic processing of testicular biopsies on testicular sperm retrieval (SR) rates for patients with non-obstructive azoospermia (NOA)? **Summary answer:** In addition to mechanical mincing, enzymatic digestion increased SR rates in testicular biopsies of NOA patients. **What is known already:** Many studies focus on the surgical approach to optimize recovery of testicular sperm in NOA, and in spite of that, controversy still exists about whether the type of surgery makes any difference as long as multiple biopsies are taken. Few studies, however, focus on the role of the IVF laboratory and the benefit of additional lab procedures, e.g. enzymatic digestion, in order to optimize SR rates. **Study design size duration:** This retrospective single-center cohort study included all patients who underwent their first testicular sperm extraction (TESE) by open multiple-biopsy method between January 2004 and July 2022. Only patients with a normal karyotype, absence of Y-q deletions and a diagnosis of NOA based on histology were included. The primary outcome was SR rate after mincing and/or enzymes. The secondary outcome was cumulative live birth (CLB) after ICSI with fresh TESE and subsequent ICSI cycles with frozen TESE. **Participants/materials setting methods:** Multiple biopsies were obtained from the testis, unilaterally or bilaterally, on the day of oocyte retrieval. Upon mechanical mincing, biopsies were investigated for 30 min; when no or insufficient numbers of spermatozoa were observed, enzymatic treatment was performed using Collagenase type IV. Multivariable regression analysis was performed to predict CLB per TESE by adjusting for the following confounding factors: male FSH level, female age, and requirement of enzymatic digestion to find sperm. **Main results and the role of chance:** We included 118 patients, of whom 72 (61.0%) had successful SR eventually. Spermatozoa were retrieved after mechanical mincing for 28 patients (23.7%; 28/118) or after additional enzymatic digestion for another 44 patients (37.2%; 44/118). Thus, of the 90 patients requiring enzymatic digestion, sperm were retrieved for 44 (48.9%). Male characteristics were not different between patients with SR after mincing or enzymatic digestion, in regard to mean age (34.5 vs 34.5 years), testis volume (10.2 vs 10.6 ml), FSH (17.8 vs 16.9 IU/l), cryptorchidism (21.4 vs 34.1%), varicocele (3.6 vs 4.6%), or histological diagnosis (Sertoli-cell only 53.6 vs 47.7%, maturation arrest 21.4 vs 38.6%, sclerosis/atrophy 25.0 vs 13.6%).Of the 72 patients with sperm available for ICSI, 23/72 (31.9%) achieved a live birth (LB) after the injection with fresh testicular sperm (and fresh or frozen embryo transfers). Of the remaining 49 patients without LB, 34 (69.4%) had supernumerary testicular sperm frozen. Of these 34 patients, 19 (55.9%) continued ICSI with frozen testicular sperm, and 9/19 (47.4%) had achieved an LB after ICSI with frozen testicular sperm. Thus, the total CLB was 32/118 (27.1%) per TESE or 32/72 (44.4%) per TESE with sperm retrieved.Of the female characteristics (couples with sperm available), only female age (30.3 vs 32.7 years; $P = 0.042$) was significantly lower in the group with a LB, compared to those without.The CLB with testicular sperm obtained after enzymatic digestion was 31.8% (14/44), while the CLB with sperm obtained after mincing alone was 64.3% (18/28). Multivariable logistic regression analysis showed that when enzymatic digestion was required, it was associated with a significant decrease in CLB per TESE (OR: 0.23 (0.08-0.7); $P = 0.01$). **Limitations reasons for caution:** Limitations of the study are related to the retrospective design. However, the selection of only patients with NOA, and specific characteristics (normal karyotype and absence Y-q deletion) and having their first TESE, strengthens our findings. **Wider implications of the findings:** Enzymatic processing increases the SR rate from testicular biopsies of NOA patients compared to mechanical mincing only, demonstrating the importance of an appropriate laboratory protocol. However, NOA patients should be counseled that when sperm have been found after enzymatic digestion, their chances to father a genetically own child may be lower compared to those not requiring enzymatic digestion.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 6.1 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 9/85 ; Reproductive Biology 4/31

Verdyck P, Altarescu G, Santos-Ribeiro S, Vrettou C, Koehler U, Griesinger G, Goossens V, Magli C, Albanese C, **Parriego M**, **Coll L**, Ron-El R, Sermon K, Traeger-Synodinos J. **Aneuploidy in oocytes from women of advanced maternal age: analysis of the causal meiotic errors and impact on embryo development.** Hum Reprod. 2023 Dec 4;38(12):2526-2535. doi: 10.1093/humrep/dead201. PMID: 37814912.

STUDY QUESTION: In oocytes of advanced maternal age (AMA) women, what are the mechanisms leading to aneuploidy and what is the association of aneuploidy with embryo development? SUMMARY ANSWER: Known chromosome segregation errors such as precocious separation of sister chromatids explained 90.4% of abnormal chromosome copy numbers in polar bodies (PBs), underlying impaired embryo development.WHAT IS KNOWN ALREADY: Meiotic chromosomal aneuploidies in oocytes correlate with AMA (>35 years) and can affect over half of oocytes in this age group. This underlies the rationale for PB biopsy as a form of early preimplantation genetic testing for aneuploidy (PGT-A), as performed in the 'ESHRE STudy into the Evaluation of oocyte Euploidy by Microarray analysis' (ESTEEM) randomized controlled trial (RCT). So far, chromosome analysis of oocytes and PBs has shown that precocious separation of sister chromatids (PSSC), Meiosis II (MII) non-disjunction (ND), and reverse segregation (RS) are the main mechanisms leading to aneuploidy in oocytes.STUDY DESIGN, SIZE, DURATION: Data were sourced from the ESTEEM study, a multicentre RCT from seven European centres to assess the clinical utility of PGT-A on PBs using array comparative genomic hybridization (aCGH) in patients of AMA (36-40 years). This included data on the chromosome complement in PB pairs (PGT-A group), and on embryo morphology in a subset of embryos, up to Day 6 post-insemination, from both the intervention (PB biopsy and PGT-A) and control groups.PARTICIPANTS/MATERIALS, SETTING, METHODS: ESTEEM recruited 396 AMA patients: 205 in the intervention group and 191 in the control group. Complete genetic data from 693 PB pairs were analysed. Additionally, the morphology from 1034 embryos generated from fertilized oocytes (two pronuclei) in the PB biopsy group and 1082 in the control group were used for statistical analysis.MAIN RESULTS AND THE ROLE OF CHANCE: Overall, 461/693 PB pairs showed abnormal segregation in 1162/10 810 chromosomes. The main observed abnormal segregations were compatible with PSSC in Meiosis I (MI) (n = 568/1162; 48.9%), ND of chromatids in MII or RS (n = 417/1162; 35.9%), and less frequently ND in MI (n = 65/1162; 5.6%). For 112 chromosomes (112/1162; 9.6%), we observed a chromosome copy number in the first PB (PB1) and second PB (PB2) that is not explained by any of the known mechanisms causing aneuploidy in oocytes. We observed that embryos in the PGT-A arm of the RCT did not have a significantly different morphology between 2 and 6 days post-insemination compared to the control group, indicating that PB biopsy did not affect embryo quality. Following age-adjusted multilevel mixed-effect ordinal logistic regression models performed for each embryo evaluation day, aneuploidy was associated with a decrease in embryo quality on Day 3 (adjusted odds ratio (aOR) 0.62, 95% CI 0.43-0.90), Day 4 (aOR 0.15, 95% CI 0.06-0.39), and Day 5 (aOR 0.28, 95% CI 0.14-0.58).LIMITATIONS, REASON FOR CAUTION: RS cannot be distinguished from normal segregation or MII ND using aCGH. The observed segregations were based on the detected copy number of PB1 and PB2 only and were not confirmed by the analysis of embryos. The embryo morphology assessment was

static and single observer.WIDER IMPLICATIONS OF THE FINDINGS: Our finding of frequent unexplained chromosome copy numbers in PBs indicates that our knowledge of the mechanisms causing aneuploidy in oocytes is incomplete. It challenges the dogma that aneuploidy in oocytes is exclusively caused by mis-segregation of chromosomes during MI and MII. STUDY FUNDING/COMPETING INTEREST(S): Data were mined from a study funded by ESHRE. Illumina provided microarrays and other consumables necessary for aCGH testing of PBs. None of the authors have competing interests.TRIAL REGISTRATION NUMBER: Data were mined from the ESTEEM study (ClinicalTrials.gov Identifier NCT01532284).

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 6.1 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 9/85 ; Reproductive Biology 4/31

FARMACIA

Nº Articulos indexados: 1 Journal Impact Factor ™–2023: 10.8
Factor impacto medio x artículo: 10.8

Batlle M, Badia JM, Hernández S, Grau S, Padulles A, Boix-Palop L, Giménez-Pérez M, Ferrer R, Calbo E, Limón E, Pujol M, Horcajada JP; Members of the 7VINCut Study Group; VINCat Program. Collaborators: **Julen Montoya** [et.al.]
Reducing the duration of antibiotic therapy in surgical patients through a specific nationwide antimicrobial stewardship program. A prospective, interventional cohort study.
Int J Antimicrob Agents. 2023 Nov;62(5):106943. doi: 10.1016/j.ijantimicag.2023.106943. Epub 2023 Aug 2.PMID: 37541529

Background: Guidelines recommend 5-7 days of antibiotic treatment in patients with surgical infection and adequate source control. This nationwide stewardship intervention aimed to reduce the duration of treatments in surgical patients to <7 days.
Methods: Prospective cohort study evaluating surgical patients receiving antibiotics ≥7 days in 32 hospitals. Indication for treatment, quality of source control, type of recommendations issued, and adherence to the recommendations were analysed. Temporal trends in the percentages of patients with treatment >7 days were evaluated using a linear regression model and Pearson's correlation coefficients. **Results:** A total of 32 499 patients were included. Of these, 13.7% had treatments ≥7 days. In all, 3912 stewardship interventions were performed, primarily in general surgery (90.7%) and urology (8.1%). The main types of infection were intra-abdominal (73.4%), skin/soft tissues (9.8%) and urinary (9.2%). The septic focus was considered controlled in 59.9% of cases. Out of 5458 antibiotic prescriptions, the most frequently analysed drugs were piperacillin/tazobactam (21.7%), metronidazole (11.2%), amoxicillin/clavulanate (10.3%), meropenem (10.7%), ceftriaxone (9.3%) and ciprofloxacin (6.7%). The main recommendations issued were: treatment discontinuation (35.0%), maintenance (40.0%) or de-escalation (15.5%), and the overall adherence rate was 91.5%. With adequate source control, the most frequent recommendation was to terminate treatment (51.2%). Throughout the study period, a significant decrease in the percentage of prolonged treatments was observed (Pc=-0.69;P < 0.001). **Conclusions:** This stewardship programme reduced the duration of treatments in surgical departments. Preference was given to general surgery services, intra-abdominal

infection, and beta-lactam antibiotics, including carbapenems. Adherence to the issued recommendations was high.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 10.8 **Quartil:** 1 **Categoría:** Infectious Diseases ; Microbiology **Posición:** Infectious Diseases 12/96 ; Microbiology 15/135

ENDOCRINOLOGÍA Y NUTRICIÓN

Nº Articulos indexados: 5 Journal Impact Factor ™ –2023: 28.3 Factor impacto medio x artículo: 5.66

Casals G, Costa RF, Rull EU, Escobar-Morreale HF, Argente J, **Sesmilo G**, Biagetti B.
Recommendations for the measurement of sexual steroids in clinical practice. A position statement of SEQC[ML]/SEEN/SEEP.
Int J Antimicrob Agents. 2023 Nov;62(5):106943. doi: 10.1016/j.ijantimicag.2023.106943. Epub 2023 Aug 2.PMID: 37541529

The proper clinical approach to a wide range of disorders relies on the availability of accurate, reproducible laboratory results for sexual steroids measured using methods with a high specificity and sensitivity. The chemiluminescent immunoassays currently available have analytical limitations with significant clinical implications. This position statement reviews the current limitations of laboratory techniques for the measurement of estradiol and testosterone and their impact on diverse clinical scenarios. A set of recommendations are provided to incorporate steroid hormone analysis by mass spectrometry in national health systems. International societies have recommended this methodology for a decade.

Indexado en: Pubmed/WoS/Medline/JCR **Factor Impacto:** 10.8 **Quartil:** 1 **Categoría:** Infectious Diseases ; Microbiology **Posición:** Infectious Diseases 12/96 ; Microbiology 15/135

Casals G, Ferrer Costa R, Urgell Rull E, Escobar-Morreale HF, Argente J, **Sesmilo G**, Biagetti B.
Executive summary of the position statement of the Spanish Societies SEQC[ML]/SEEN/SEEP. Recommendations for the measurement of sex steroids in clinical practice.
Endocrinol Diabetes Nutr (Engl Ed). 2023 Mar;70 Suppl 1:103-109. doi: 10.1016/j.endien.2023.03.004. Epub 2023 Mar 7.PMID: 36894451

Accurate measurement of sex steroids, particularly testosterone and estradiol, is relevant for the diagnosis and treatment of a wide range of conditions. Unfortunately, current chemiluminescent immunoassays have analytical limitations with important clinical consequences. This document reviews the current state of clinical assays for estradiol and testosterone measurements and their potential impact in different clinical situations. It also includes a series of recommendations and necessary steps to introduce steroid analysis by mass spectrometry into national health systems, a methodology recommended for more than a decade by international societies.

Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 1.9 **Quartil:** 4 **Categoría:** Endocrinology & Metabolism ; Nutrition & Dietetics **Posición:** Endocrinology & Metabolism 128/145 ; Nutrition & Dietetics 72/88

Gil J, Marques-Pamies M, Valassi E, Serra G, Salinas I, Xifra G, Casano-Sancho P, Carrato C, Biagetti B, **Sesmilo G**, Marcos-Ruiz J, Rodriguez-Lloveras H, Rueda-Pujol A, Aulinas A, Blanco A, Hostalot C, Simó-Servat A, Muñoz F, Rico M, Ibáñez-Domínguez J, Cordero E, Webb SM, Jordà M, Puig-Domingo M.
Molecular characterization of epithelial-mesenchymal transition and medical treatment related-genes in non-functioning pituitary neuroendocrine tumors.
Front Endocrinol (Lausanne). 2023 Mar 22;14:1129213. doi: 10.3389/fendo.2023.1129213. eCollection 2023.PMID: 37033229

Introduction: Different medical therapies have been developed for pituitary adenomas. However, Non-Functioning Pituitary Neuroendocrine Tumors (NF-PitNET) have shown little response to them. Furthermore, epithelial-mesenchymal transition (EMT) has been linked to resistance to medical treatment in a significant number of tumors, including pituitary adenomas. **Methods:** We aimed to evaluate the expression of EMT-related markers in 72 NF-PitNET and 16 non-tumoral pituitaries. To further explore the potential usefulness of medical treatment for NF-PitNET we assessed the expression of somatostatin receptors and dopamine-associated genes. **Results:** We found that *SNAI1, SNAI2*, Vimentin, *KLK10, PEBP1*, Ki-67 and *SSTR2* were associated with invasive NF-PitNET. Furthermore, we found that the EMT phenomenon was more common in NF-PitNET than in GH-secreting pituitary tumors. Interestingly, *PEBP1* was overexpressed in recurrent NF-PitNET, and could predict growth recurrence with 100% sensitivity but only 43% specificity. In parallel with previously reported studies, *SSTR3* is highly expressed in our NF-PitNET cohort.
However, *SSTR3* expression is highly heterogeneous among the different histological variants of NF-PitNET with very low levels in silent corticotroph adenomas.
Conclusion: NF-PitNET showed an enhanced EMT phenomenon. *SSTR3* targeting could be a good therapeutic candidate in NF-PitNET except for silent corticotroph adenomas, which express very low levels of this receptor. In addition, *PEBP1* could be an informative biomarker of tumor regrowth, useful for predictive medicine in NF-PitNET.
Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 5.2 **Quartil:** 1 **Categoría:** Endocrinology & Metabolism **Posición:** 36/145

Gil J, Marques-Pamies M, Valassi E, Serra G, Salinas I, Xifra G, Casano-Sancho P, Carrato C, Biagetti B, **Sesmilo G**, Marcos-Ruiz J, Rodriguez-Lloveras H, Rueda-Pujol A, Aulinas A, Blanco A, Hostalot C, Simó-Servat A, Muñoz F, Rico M, Ibáñez-Domínguez J, Cordero E, Webb SM, Jordà M, Puig-Domingo M. **Molecular characterization of epithelial-mesenchymal transition and medical treatment related-genes in non-functioning pituitary neuroendocrine tumors.**
Front Endocrinol (Lausanne). 2023 Mar 22;14:1129213. doi: 10.3389/fendo.2023.1129213. PMID: 37033229; PMCID: PMC10074986.

Introduction. Different medical therapies have been developed for pituitary adenomas. However, Non-Functioning Pituitary Neuroendocrine Tumors (NF-PitNET) have shown little response to them. Furthermore, epithelial-mesenchymal transition (EMT) has been linked to resistance to medical treatment in a significant number of tumors, including pituitary

adenomas. MethodsWe aimed to evaluate the expression of EMT-related markers in 72 NF-PitNET and 16 non-tumoral pituitaries. To further explore the potential usefulness of medical treatment for NF-PitNET we assessed the expression of somatostatin receptors and dopamine-associated genes. ResultsWe found that SNAI1, SNAI2, Vimentin, KLK10, PEBP1, Ki-67 and SSTR2 were associated with invasive NF-PitNET. Furthermore, we found that the EMT phenomenon was more common in NF-PitNET than in GH-secreting pituitary tumors. Interestingly, PEBP1 was overexpressed in recurrent NF-PitNET, and could predict growth recurrence with 100% sensitivity but only 43% specificity. In parallel with previously reported studies, SSTR3 is highly expressed in our NF-PitNET cohort. However, SSTR3 expression is highly heterogeneous among the different histological variants of NF-PitNET with very low levels in silent corticotroph adenomas. ConclusionNF-PitNET showed an enhanced EMT phenomenon. SSTR3 targeting could be a good therapeutic candidate in NF-PitNET except for silent corticotroph adenomas, which express very low levels of this receptor. In addition, PEBP1 could be an informative biomarker of tumor regrowth, useful for predictive medicine in NF-PitNET.

Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 5.2 **Quartil:** 1 **Categoría:** Endocrinology & Metabolism **Posición:** 36/145

Racca A, **Alvarez M**, **Garcia Martinez S**, **Rodriguez I**, **Gonzalez-Foruria I**, **Polyzos NP**, **Coroleu B**. **Assessment of progesterone levels on the day of pregnancy test determination: A novel concept toward individualized luteal phase support.** Front Endocrinol (Lausanne). 2023 Feb 1;14:1090105. doi: 10.3389/fendo.2023.1090105. PMID: 36817599; PMCID: PMC9929287.

Research questionThe main objective of the study is to define the optimal trade-off progesterone (P4) values on the day of embryo transfer (ET), to identify low P4-human chorionic gonadotropin (hCG), and to establish whether P4 supplementation started on the hCG day can increase the success rate of the frozen embryo transfer (FET) cycle. DesignA single-center, cohort, retrospective study with 664 hormone replacement therapy (HRT)-FET cycles analyzed female patients who received vaginal 600 mg/day of P4 starting from 6 days before the FET, had normal P4 values on the day before ET, and whose P4 on the day of the pregnancy test was assessed. ResultsOf the 664 cycles, 69.6% of cycles showed P4 >= 10.6 ng/ml, while 30.4% showed P4 < 10.6 ng/ml on the day of the hCG. Of the 411 chemical pregnancies detected, 71.8% had P4-hCG >= 10.6 ng/ml (group A), while 28.2% had P4-hCG < 10.6 ng/ml. Of the cycles with P4-hCG < 10.6 ng/ml, 64.7% (group B) were supplemented with a higher dose of vaginal P4 (1,000 mg/day), while 35.3% (group C) were maintained on the same dose of vaginal micronized P4. The live birth rate was 71.9%, 96%, and 7.3% for groups A, B, and C, respectively. ConclusionThe likelihood to detect P4-hCG < 10.6 ng/ml decreased as the level of serum P4 the day before ET increased. The live birth rate (LBR) was shown to be significantly lower when P4 was low and not supplemented.

Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 5.2 **Quartil:** 1 **Categoría:** Endocrinology & Metabolism **Posición:** 36/145

APARATO DIGESTIVO Y ENDOSCOPIA

Nº Articulos indexados: 2 Journal Impact Factor ™–2023: 4 Factor impacto medio x artículo: 2

Espinet Coll E, Del Pozo García AJ, Turró Arau R, Nebreda Durán J, Cortés Rizo X, Serrano Jiménez A, Escartí Usó MÁ, Muñoz Tornero M, Carral Martínez D, Bernabéu López J, Sierra Bernal C, Martínez-Ares D, Espinel Díez J, Marra-López Valenciano C, Sola Vera J, Sanchis Artero L, Domínguez Jiménez JL, Carreño Macián R, Juanmartiñena Fernández JF, Fernández Zulueta A, Consiglieri Alvarado C, Grecco E, Bezerra Silva L, Galvao Neto M.
Spanish Intragastric Balloon Consensus Statement (SIBC): practical guidelines based on experience of over 20.000 cases.
Rev Esp Enferm Dig. 2023 Jan;115(1):22-34. doi: 10.17235/reed.2022.9322/2022 PMID: 36426855

Background: intragastric balloons (IGBs) are a minimally invasive, increasingly popular option for obesity treatment. However, there is only one worldwide guideline standardizing the technical aspects of the procedure (BIBC, SOARD 2018). **Objectives:** to construct a practical guideline for IGB usage by reproducing and expanding the BIBC survey among the Spanish Bariatric Endoscopy Group (GETTEMO). **Methods:** a 140-question survey was submitted to all GETTEMO members. Twenty-one Spanish experienced endoscopists in IGBs answered back. Eight topics on patient selection, indications/contraindications, technique, multidisciplinary follow-up, results, safety, and financial/legal aspects were discussed. Consensus was defined as consensus ≥ 70 %. **Results:** overall data included 20 680 IGBs including 12 different models. Mean age was 42.0 years-old, 79.9 % were women, and the mean preoperative body mass index (BMI) was 34.05 kg/m². Indication in BMI > 25 kg/m², 10 absolute contraindications, and nutritional and medication measures at follow-up were settled. A mean %TBWL (total body weight loss) of 17.66 % ± 2.5 % was observed. Early removal rate due to intolerance was 3.62 %. Adverse event rate was 0.70 % and 6.37 % for major and minor complications with consensual management. A single case of mortality occurred. IGBs were placed in private health, prior contract, and with full and single payment at the beginning. Seven lawsuits (0.034 %) were received, all ran through civil proceeding, and with favorable final resolution. **Conclusions:** this consensus based on more than 20 000 cases represents practical recommendations to perform IGB procedures. This experience shows that the device leads to satisfactory weight loss with a low rate of adverse events. Most results are reproducible compared to those obtained by the BIBC.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 2 **Quartil:** 4 **Categoría:** Endocrinology & Metabolism Posición: 106/139

Espinet Coll E, Turró Arau R, **Nebreda Durán J**, Del Pozo-García AJ, Esteban López-Jamar JM, Dolz Abadía C, Galvao Neto M, Espinet Coll F.
Bariatric endoscopy, care-curative medicine and legal conflicts. Spanish Bariatric Endoscopy Group (Gettemo-SEED) Positioning.
Rev Esp Enferm Dig. 2023 Nov;115(11):652-653. doi: 10.17235/reed.2023.9476/2023 PMID: 36719345

Bariatric endoscopy treats obesity as a disease, in addition to its multiple associated comorbidities, so it should be considered in the "care-curative" field and not as "satisfying, voluntary or outcoming" medicine. Insufficient weight loss cases, or complications may

occur. This, in parallel with the greater diffusion of these techniques, results an increase in the risk of complaints and judicial claims, which will presumably grow during next years. In this sense, we consider that all Bariatric Endoscopic Units working with medical-scientific rigor, must be able to be accredited and have legal support by the Scientific Societies. We propose to create a Medical-Legal Advisory Committee, composed of a medical team and a specialized law firm, which allows advising and guiding the endoscopist when incurring in a conflict.

Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 2 **Quartil:** 4 **Categoría:** Endocrinology & Metabolism **Posición:** 106/139

CIRUGÍA MAXILOFACIAL, IMPLANTOLOGÍA Y ESTÉTICA FACIAL

Nº Articulos indexados: 3 Journal Impact Factor ™ –2023: 12.2 Factor impacto medio x artículo: 4

Flores-Orozco EI, Ignatova-Mishutina T, Hernandez-Zamora MO, De-Haro-López C, Osuna-Hernández MG, Escobedo-Jiménez XP, Flores-Hernández FL, Rodríguez-Correa L, **Rovira-Lastra B**, Martinez-Gomis J. **Side switch frequency while masticating different chewing materials, and its relationship with other masticatory behaviors and sensory perceptions.**
Arch Oral Biol. 2023 Nov;155:105804. doi: 10.1016/j.archoralbio.2023.105804. Epub 2023 Sep 14. PMID: 37722154

Objective: This cross-sectional study aimed to establish normative values for masticatory side switch (MSS) frequency in young Mexican adults and to assess the relationship between various indices and MSS frequency when masticating different chewing materials. **Design:** We enrolled 101 dentate adults and performed four masticatory assays that involved masticating different chewing materials (i.e., two-colored chewing gum, sweet cracker, salty cracker, and bread). Participants were asked to eat and swallow these foods and to chew the gum for 40 cycles and the following indices were determined: MSS index (MSSI), unilateral chewing index, chewing cycle duration, and number of cycles before terminal swallowing. The participants then rated perceived flavor intensity, salivary flow, and muscle fatigue during each trial. **Results:** The MSSI ranged from 0.03-0.06 (10th percentile) to 0.48-0.54 (90th percentile). A repeated-measures general linear model revealed a mean MSSI value of 0.28 (95 %CI, 0.25-0.30) adjusted by several factors. Male sex, soft food, and the last chewing period were associated with lower MSS frequency. Spearman's test showed a high correlation for the MSSI among the different foods. MSSI correlated negatively with the unilateral chewing index for each chewing material and with number of cycles for the sweet cracker. However, no significant correlation was detected between MSSI and sensory perception. **Conclusions:** In healthy dentate individuals, the mean MSS relative frequency is 25-30 % with an 80-central percentile of 5-50 % of the maximum possible side changes. Lower MSS frequencies were detected in men, when chewing soft food, and during the final chewing period.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 3 **Quartil:** 2 **Categoría:** Dentistry, Oral, Surgery & Medicine **Posición:** 37/91

Ignatova-Mishutina T, Khoury-Ribas L, Flores-Orozco EI, **Rovira-Lastra B**, Martinez-Gomis J.
Influence of masticatory side switch frequency on masticatory mixing ability and sensory perception in adults with healthy dentitions: A randomized crossover trial.
J Prosthet Dent. 2023 Apr 14:S0022-3913(23)00170-1. doi: 10.1016/j.prosdent.2023.03.006. PMID: 37062609

Statement of problem: The advantages and disadvantages of frequently changing sides while masticating remain unclear. **Purpose:** The purpose of this clinical study was to determine the effect of varying the frequency of masticatory side switches on masticatory mixing ability and sensory perception in dentate adults. **Material and methods:** This nonblinded, randomized 12-period crossover study, conducted at Barcelona Dental School from January to March 2022, included 36 healthy adults with natural dentitions (median age, 23.5 years; 26 women). Participants were randomly allocated to 12 sequences and performed 12 masticatory assays masticating a 2-colored gum for 40 cycles each using the following masticatory styles as interventions: freestyle, unilateral right, unilateral left, and switching sides 5%, 15%, and 25%. The primary outcome was the mixing ability index (MAI), defined as the standard deviation of the red channel intensity of the masticated gum in the color-histogram plugin of the ImageJ software program. Participants also rated the perceived flavor intensity and salivary flow on a visual analog scale. Data were analyzed by repeated measures analysis of variance (α=.05). **Results:** The MAI was similar for all masticatory styles (P=.63). Participants perceived greater flavor intensity (mean difference: 8%, 95% CI: 1% to 15%) and salivary flow (mean difference: 11%, 95% CI: 0% to 21%) with 25% side switching compared with freestyle or unilateral mastication.
Conclusions: Frequently switching the masticatory side while masticating gum does not alter the mixing ability, but it appears to enhance salivary flow and flavor intensity.
Indexado en: Pubmed/WoS/Medline/JCR **Factor Impacto:** 4.6 **Quartil:** 1 **Categoría:** Dentistry, oral, surgery & medicine **Posición:** 10/91

Rovira-Lastra B, Khoury-Ribas L, Flores-Orozco EI, Ayuso-Montero R, Chaurasia A, Martinez-Gomis J.
Accuracy of digital and conventional systems in locating occlusal contacts: A clinical study.
J Prosthet Dent. 2023 Aug 21:S0022-3913(23)00481-X. doi: 10.1016/j.prosdent.2023.06.036. PMID: 37612195

Statement of problem: The accuracy of methods used for locating occlusal contacts throughout the entire clinical procedure has been poorly studied. **Purpose:** The purpose of this clinical study was to determine the reproducibility and criterion validity for different methods of locating occlusal contacts. **Material and methods:** Thirty-two adults with natural dentitions participated in this cross-sectional test-retest study. In total, occlusal contacts at maximum intercuspation were recorded by using 15 methods: silicone transillumination with Occlufast Rock (40, 50, 100, and 200 μm) and Occlufast CAD (40 and 50 μm); virtual occlusion (100, 200, 300, and 400 μm); articulating film (12-, 40-, 100-, and 200-μm-thick); and T-Scan III. Images of the occlusal records were scaled and calibrated spatially, and the occlusal contacts of the right posterior mandibular teeth were delimited by using the FIJI software program. Reproducibility was expressed as 95% confidence intervals (95% CI) of the percentage of agreement in the location of the occlusal contacts between images from the test sessions against retest sessions using the same method. Criterion validity was expressed as 95% CI of the percentage of agreement in the location of the occlusal contacts between images from the test sessions against images from Occlufast Rock (criterion

standard). **Results:** Occlufast Rock achieved 85% to 95% agreement in the location of the occlusal contacts between the 2 sessions, whereas Occlufast CAD, 200-µm articulating film, and T-Scan offered 79% to 86%, 68% to 75%, and 65% to 75% agreement, respectively. The most valid method was Occlufast CAD (74% to 80%) followed by the 200-µm articulating film (57% to 63%), 400-µm virtual occlusion (53% to 62%), 100-µm articulating film (52% to 60%), and T-Scan (48% to 56%). **Conclusions:** Conventional methods, such as 100- and 200-µm articulating film and digital methods, including 400 µm virtual occlusion and T-Scan, offer sufficient accuracy in locating the occlusal contacts. However, strategies are needed to improve accuracy.

Indexado en: Pubmed/WoS/Medline/JCR **Factor Impacto:** 4.6 **Quartil:** 1 **Categoría:** Dentistry, oral, surgery & medicine **Posición:** 10/91

ANESTESIOLOGÍA

Nº Articulos indexados: 2 Journal Impact Factor ™–2023: 9.3 Factor impacto medio x artículo: 4.65

Abella L, D'Adamo E, Strozzi M, Botondi V, Abella E, Cassinari M, Mazzucco L, Maconi A, Testa M, Zanelli C, Patacchiola R, Librandi M, Osmelli J, Carabotta M, Chiarelli F, Gazzolo D. **Early changes in S100B maternal blood levels can predict fetal intrauterine growth restriction.** Clin Chem Lab Med. 2023 Jun 28;61(12):2205-2211. doi: 10.1515/cclm-2023-0294. PMID: 37366015.

Objectives: Intrauterine growth restriction (IUGR) represents one of the main causes of perinatal mortality and morbidity. Nowadays, IUGR early diagnosis is mandatory in order to limit the occurrence of multiorgan failure, especially the brain. Therefore, we investigated whether longitudinal S100B assessment in maternal blood could be a trustable predictor of IUGR.Methods: We conducted a prospective study in 480 pregnancies (IUGR: n=40; small for gestational age, SGA: n=40; controls: n=400) in whom S100B was measured at three predetermined monitoring time-points (T1: 8-18 GA; T2: 19-23 GA; T3: 24-28 GA).Results: Lower S100B in IUGR fetuses than SGA and controls ($p<0.05$, for all) at T1-T3. Receiver operating characteristic curve showed that S100B at T1 was the best predictor of IUGR (sensitivity: 100 %; specificity: 81.4 %) than T2, T3.Conclusions: The early lower S100B concentration in pregnant women lately complicated by IUGR support the notion that non-invasive early IUGR diagnosis and monitoring is becoming feasible. Results open the way to further studies aimed at diagnosing and monitoring fetal/maternal diseases at earliest time.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 6.8 **Quartil:** 1 **Categoría:** Medical laboratory technology ; Biochemistry & Molecular Biology **Posición:** Medical laboratory technology 4/29 ; Biochemistry & Molecular n/a

Homs M, Milà R, **Valdés R**, Blay D, **Borràs RM**, Parés D. **Efficacy of conditioned autologous serum therapy (Orthokine®) on the dorsal root ganglion in patients with chronic radiculalgia: study protocol for a prospective randomized placebo-controlled double-blind**

clinical trial (RADISAC trial). Trials. 2023 Nov 25;24(1):755. doi: 10.1186/s13063-023-07787-y. PMID: 38007491; PMCID: PMC10676602.

Background: Pulsed radiofrequency (PRF) treatment on the dorsal root ganglion (DRG) has been proposed as a good option for the treatment of persistent radicular pain based on its effect of neuromodulation on neuropathic pain. Autologous conditioned serum (ACS) therapy is a conservative treatment based on the patient's own blood. The aim of this manuscript is to develop a study protocol using ACS on the DRG as a target for its molecular modulation. **Methods:** We plan to conduct a randomized controlled study to compare the efficacy of PRF therapy plus ACS versus PRF therapy plus physiological saline 0.9% (PhS) on the DRG to reduce neuropathic pain in patients with persistent lower limb radiculalgia (LLR) and to contribute to the functional improvement and quality of life of these patients. Study participants will include patients who meet study the inclusion/exclusion criteria. Eligible patients will be randomized in a 1:1 ratio to one of treatment with PRF plus ACS (experimental group) or PRF plus PhS (placebo group). The study group will consist of 70 patients (35 per group) who have experienced radicular pain symptoms for ≥ 6 months' duration who have failed to respond to any therapy. Both groups will receive PRF on the DRG treatment before the injection of the sample (control or placebo). Patient assessments will occur at baseline, 1 month, 3 months, 6 months, and 12 months after therapy. The primary efficacy outcome measure is Numeric Pain Rating Scale (NPRS) responders from baseline to 12 months of follow-up using validated minimal important change (MIC) thresholds. A reduction of ≥ 2 points in NPRS is considered a clinically significant pain relief. The secondary efficacy outcome measure is the proportion of Oswestry Low Back Pain Disability Scale (ODS) responders from baseline to 12 months of follow-up in the experimental group (PRF plus ACS) versus the placebo group (PRF plus PhS). ODS responders are defined as those patients achieving the validated MIC of ≥ 10-point improvement in ODS from baseline to 12 months of follow-up as a clinically significant efficacy threshold. **Discussion:** This prospective, double-blind, randomized placebo-controlled study will provide level I evidence of the safety and effectiveness of ACS on neuropathic symptoms in LLR patients. TRIAL REGISTRATION {2A}{2B}: EUDRACT number: 2021-005124-38. Validation date: 13 November 2021. Protocol version {3}: This manuscript presents the 2nd protocol version.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 2.5 **Quartil:** 3 **Categoría:** Medicine, Research & Experimental **Posición:** 99/136

OFTALMOLOGÍA

Nº Articulos indexados: 1 Journal Impact Factor ™ – 2023: 6.4 Factor impacto medio x artículo: 6.4

Vergés C, **Giménez-Capitán A**, **Ribas V**, **Salgado-Borges J**, **March de Ribot F**, **Mayo-de-Las-Casas C**, **Armiger-Borras N**, **Pedraz C**, **Molina-Vila MÁ**. **Gene expression signatures in conjunctival fornix aspirates of patients with dry eye disease associated with Meibomian gland dysfunction.** A proof-of-concept study. Ocul Surf. 2023 Oct;30:42-50. doi: 10.1016/j.jtos.2023.07.010. Epub 2023 Jul 29. PMID: 37524297.

Background: Meibomian gland dysfunction (MGD) is one of the most common conditions in ophthalmic practice and the most frequent cause of evaporative dry eye disease (DED). However, the immune mechanisms leading to this pathology are not fully understood and the diagnostic tests available are limited. Here, we used the nCounter technology to analyze immune gene expression in DED-MGD that can be used for developing diagnostic signatures for DED. **Methods:** Conjunctival cell samples were obtained by aspiration from patients with DED-MGD (n = 27) and asymptomatic controls (n = 22). RNA was purified, converted to cDNA, preamplified and analyzed using the Gene Expression Human Immune V2 panel (NanoString), which includes 579 target and 15 housekeeping genes. A machine learning (ML) algorithm was applied to design a signature associated with DED-MGD. **Results:** Forty-five immune genes were found upregulated in DED-MGD vs. controls, involved in eight signaling pathways, IFN I/II, MHC class I/II, immunometabolism, B cell receptor, T Cell receptor, and T helper-17 (Th-17) differentiation. Additionally, statistically significant correlations were found between 31 genes and clinical characteristics of the disease such as lid margin or tear osmolarity (Pearson's $r < 0.05$). ML analysis using a recursive feature elimination (RFE) algorithm selected a 4-gene mRNA signature that discriminated DED-MGD from control samples with an area under the ROC curve (AUC ROC) of 0.86 and an accuracy of 77.5%. **Conclusions:** Multiplexed mRNA analysis of conjunctival cells can be used to analyze immune gene expression patterns in patients with DED-MGD and to generate diagnostic signatures.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 6.4 **Quartil:** 1 **Categoría:** Ophtalmology **Posición:** 4/62

PEDIATRIA DEXEUS – PAIDO SALUT INFANTIL

Nº Articulos indexados: 2 Journal Impact Factor ™ –2023: 6.4 Factor impacto medio x artículo:3.2

Boix H, Fernández C, Serrano Martín MDM, Arruza L, Concheiro A, Gimeno A, Sánchez A, Rite S, Jiménez F, Méndez P, Agüera JJ; VENTIS study research group. **Failure of early non-invasive ventilation in preterm infants with respiratory distress syndrome in current care practice in Spanish level-III neonatal intensive care units - a prospective observational study.** Front Pediatr. 2023 Feb 21;11:1098971. doi: 10.3389/fped.2023.1098971. PMID: 36896404; PMCID: PMC9989254.

Introduction Despite advances in respiratory distress syndrome (RDS) management over the past decade, non-invasive ventilation (NIV) failure is frequent and associated with adverse outcomes. There are insufficient data on the failure of different NIV strategies currently used in clinical practice in preterm infants.MethodsThis was a prospective, multicenter, observational study of very preterm infants [gestational age (GA) <32 weeks] admitted to the neonatal intensive care unit for RDS that required NIV from the first 30 min after birth. The primary outcome was the incidence of NIV failure, defined as the need for mechanical ventilation for ResultsThe study included 173 preterm infants with a median GA of 28 (IQR 27- 30) weeks and a median birth weight of 1,100 (IQR 800-1,333) g. The incidence of NIV failure was 15.6%. In the multivariate analysis, lower GA (OR, 0.728; 95% CI, 0.576-0.920) independently increased the risk of NIV failure. Compared to NIV success, NIV failure was associated with higher rates of unfavorable outcomes, including pneumothorax,

intraventricular hemorrhage, periventricular leukomalacia, pulmonary hemorrhage, and a combined outcome of moderate-to-severe bronchopulmonary dysplasia or death.ConclusionNIV failure occurred in 15.6% of the preterm neonates and was associated with adverse outcomes. The use of LISA and newer NIV modalities most likely accounts for the reduced failure rate. Gestational age remains the best predictor of NIV failure and is more reliable than the fraction of inspired oxygen during the first hour of life.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 2.6 **Quartil:** 2 **Categoría:** Pediatrics **Posición:** 48/130

Strozzi C, Di Battista C, Graziosi A, D'Adamo E, Librandi M, Patacchiola R, Maconi A, Ghiglione V, Pelazzo C, Pasino M, Paterlini G, Bozzetti V, Salvo V, Gazzolo F, Concolino D, **Abella L**, Spinelli M, Betti M, Bertolotti M, Gazzolo D.
Cerebral and systemic near infrared spectroscopy patterns in preterm infants treated by caffeine.
Acta Paediatr. 2024 Apr;113(4):700-708. doi: 10.1111/apa.17077. Epub 2023 Dec 29. PMID: 38156367.

Aim To investigate the effects of caffeine loading/maintenance administration on near-infrared spectroscopy cerebral, kidney and splanchnic patterns in preterm infants.Methods We conducted a multicentre case-control prospective study in 40 preterm infants (gestational age 29 +/- 2 weeks) where each case acted as its own control. A caffeine loading dose of 20 mg/kg and a maintenance dose of 5 mg/kg after 24 h were administered intravenously. Near infrared spectroscopy monitoring parameters were monitored 30 min before, 30 min during and 180 min after caffeine therapy administration.Results A significant increase ($p < 0.05$) in splanchnic regional oxygenation and tissue function and a decrease ($p < 0.05$) in cerebral tissue function after loading dose was shown. A preferential hemodynamic redistribution from cerebral to splanchnic bloodstream was also observed. After caffeine maintenance dose regional oxygenation did not change in the monitored districts, while tissue function increased in kidney and splanchnic bloodstream.Conclusion Different caffeine administration modalities affect cerebral/systemic oxygenation status, tissue function and hemodynamic pattern in preterm infants. Future studies correlating near infrared spectroscopy parameters and caffeine therapy are needed to determine the short/long-term effect of caffeine in preterm infants.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 3.8 **Quartil:** 1 **Categoría:** Pediatrics **Posición:** 17/130

PSIQUIATRÍA Y PSICOLOGÍA[2] (PSICODEX SL)

Nº Articulos indexados: 12 Journal Impact Factor ™ –2023: 41.9 Factor impacto medio x artículo: 3.49

[2] Solo artículos en su propia revista ('Psicosomática y psiquiatría') que está en proceso de ser incorporada al WoS y el JCR. Por lo tanto de momento no disponen de FI, ni del resto de indicadores que generan esas bases de datos.

El Servicio de Psiquiatría y Psicología (Psicodex SL) del Hospital Universitario Dexeus cuenta con una revista de publicación propia: "Psicosomática y Psiquiatría" (ISSN electrónico: 2565-0564). Es el órgano oficial de la Sociedad Española de Medicina Psicosomática (SEMP) y de la Sociedad Española de Salud Mental Perinatal (MARES). Su editor científico es el Dr. Josep Mª Farré, y varios miembros de Psicodex forman parte tambien de sus dinamizadores y del Consejo de Redacción.

Esta indexada en DOAJ, Latindex, Psicodoc, Ibecs, MIAR, Dialnet y Scielo España. Aún está en proceso de ser incorporada al SCIE y a PubMed, por lo tanto sus artículos aún no figuran en el JCR ni el WoS y no tenemos aún los indicadores: Factor de Impacto, Cuartil, Categoría y Posición.

>URL de la revista: https://raco.cat/index.php/PsicosomPsiquiatr

Álvarez Alonso MJ, Lopez-Escribano R, Marzán A, Alonso-Alvarez L. **Delayed-onset posttraumatic stress disorder with response to methylphenidate**. Psiquiatría Biológica. 2023 Jul 30(2):100397. doi: 10.1016/j.psiq.2023.100397.

Introduction:Posttraumatic stress disorder (PTSD) is extremely frequent in war veterans and has been widely studied. However, the efficacy of currently available pharmacological and psychotherapeutic treatments of war PTSD and other causes of PTSD is very limited. Method: We present a case of war PTSD with delayed expression, with a good response to complementation with methylphenidate after a failed treatment with venlafaxine and risperidone. Results: We review the role of dopamine in the pathophysiology of PTSD and the scarce studies in the treatment of PTSD with dopaminergic drugs that show an improvement in re-experimentation and in affective symptoms, especially anhedonia and cognitive impairment. Conclusions: We conclude that the use of methylphenidate and other dopaminergic drugs can be a promising treatment for PTSD, a high prevalent disease with a high resistance to treatment, for which we encourage the use of large sample studies.

Indexado en: Factor Impacto: Quartil: Categoría: Posición:

Alvarez Alonso MJ, Guerrero Medina A, García Eslava JS, Martín Rodriguez AC, Martinez Salvador L, Aubareda Magriña M. **GnRh agonists as precipitating components of psychiatric pathology**. A case report. European Psychiatry. 2023;66(S1):S1042–3. doi:10.1192/j.eurpsy.2023.2211

Introduction: GnRh agonists are drugs used in various gynecological pathologies, among which is endometriosis. They act by stimulating GnRh receptors in the pituitary gland. This sustained and continuous stimulation of GnRh, will initially generate an increase in the release of luteinizing hormones and follicle-stimulating hormones, subsequently losing sensitivity to the receptors, internalizing them, and thus suppressing the release of these hormones, which would entail an ovarian suppression, thereby inhibiting the release of estrogens and progesterone. Psychiatric adverse effects have been described. Gonzalez-Rodriguez et al (Front Psychiatry 2020; 11:479), described this association with changes in mood, and the presence of a series of cases where the link between GnRh agonist and the possibility of presenting psychotic symptoms is observed. Wieck (Curr Top Behav Neurosci 2011;8:173-87), Frokjaer (J Neurosci Res 2020;98(7):1283-1292),

Brzezinski-Sinai et al (Front Psychiatry 2020;11:693) reported that this association could be related with the relationship of the hypothalamic-pituitary-gonadal axis, hormonal fluctuation and its relationship with the dopaminergic regulation, a genetic component that would increase the predisposition to trigger psychiatric pathology in patients with greater sensitivity to hormonal fluctuations, and the loss of neuroprotection generated by the decrease of estrogens in the central nervous system. All of this in the context of multiple environmental and genetic factors that participate together in the appearance of the disease.Objectives:To describe the importance of detecting the risk factors that can precipitate a psychotic episode, including the use of certain drugs, such as GnRh agonists. Methods: We describe a case of a 45 year old patient with endometriosis with multiple organ involvement who went to the emergency room due to behavioral changes in the context of a brief psychotic disorder with “ad-integrum” recovery. Results: A retrospective analysis of the case is conducted, observing an association between the introduction of GnRh agonists and the presentation of a first psychotic episode. Conclusions: The importance of this case lies in the limited evidence of this association in the literature, and the implication of these drugs in the triggering of psychiatric pathology, being an aspect to be considered by psychiatrists in their patient’s follow-up.

Indexado en: WoS/SCIE/JCR **Factor Impacto:** 7.8 **Quartil:** 1 **Categoría:** Psychiatry (SCIE) ; Psychiatry (SSCI) **Posición:** Psychiatry (SCIE) 18/155 ; Psychiatry (SSCI) 13/144

Álvarez Alonso MJ, Masramón H, Foguet-Boreu Q, Roura-Poch P, González Vázquez A. **Trauma infantil en esquizofrenia. Implicaciones en los síntomas psicóticos positivos y negativos.** Psicosomática y Psiquiatría. 2023 Enero-Febrero-Marzo;24:4-15. doi: 10.60940/PsicosomPsiquiatrnum240401. Epub 2021 May 31. PMID: 34144574.

La relación entre trauma infantil (TI) y la psicosis está bien establecida y son diversas las teorías sobre los factores que median en esta relación. También son muchos los estudios que exploran la influencia del TI en el curso de la psicosis en distintas áreas. El objetivo de este estudio fue explorar la influencia del TI en la presencia e intensidad de los síntomas psicóticos positivos (SPP) y negativos (SPN) en pacientes con trastornos del espectro esquizofrénico. Se incluyeron un total de 45 pacientes con diagnóstico de esquizofrenia o trastorno esquizoafectivo. Se valoraron datos sociodemográficos, los antecedentes de TI mediante el *Childhood Trauma Questionnaire*, *Short Form* (CTQ-SF), así como la intensidad de los síntomas psicóticos positivos y negativos mediante la *Positive and Negative Syndrome Scale* (PANSS+ y -). De la totalidad de la muestra, 35 pacientes, el 77,8 %, habían padecido algún tipo trauma infantil; el 55,6%, negligencia emocional; el 48,9%, abuso emocional: el 46,7%, negligencia física y el 40,0%, abuso sexual. No encontramos correlación entre CTQ-SF y PANSS+ y sí una relación inversa ente CTQ-SF v PANSS- (Rho -0.300, p=0.045). A diferencia de otros estudios no encontramos una correlación entre el TI y los SPP, a excepción del abuso físico con el ítem de excitación, tal vez debido a la cronicidad de los pacientes de nuestra muestra. La correlación moderada e inversa entre el TI y los SPN sugerimos que podría deberse a que los síntomas psicóticos positivos y negativos surgirían de diátesis distintas. Los síntomas negativos estarían en relación con déficits de neurodesarrollo y no relacionados con el estrés, como se ha sugerido en los síntomas psicóticos positivos. Sin embargo, dado que se trata de un hallazgo poco replicado, es difícil establecer conclusiones claras.

Indexado en: Factor Impacto: Quartil: Categoría: Posición:

Campos-Aguilar A, **Farré-Sender B**, **Farre JM**, Gomà M. **Variables predictoras del cumplimiento de medidas preventivas durante la pandemia de COVID-19**. Psicosomàtica Y Psiquiatría. 2023 Mayo;25. doi:10.60940/PsicosomPsiquiatrnum250402.

Con la propagación de la COVID-19 en todo el mundo, los comportamientos preventivos asumieron un papel clave en la contención del virus. En España, el Ministerio de Salud aprobó un confinamiento de la población de 14 semanas a nivel nacional, del 15 de marzo al 20 de junio de 2020. Aproximadamente un mes después del confinamiento, del 10 al 16 de abril, el presente estudio analizó la percepción de riesgo en función de la edad y el sexo y su relación con el cumplimiento de la conducta preventiva frente a la propagación de la COVID-19. La muestra estuvo constituida por 535 participantes (67,9% mujeres) distribuidos en dos grupos de edad: (42,4%) clasificados como jóvenes (18-23 años) y (57,5%) como adultos (40-65 años). Los datos se recopilaron a través de un cuestionario en línea *ad hoc*. Los resultados indicaron que la percepción de temor/ansiedad y la edad predecían la adopción de medidas preventivas. Nuestro estudio concluye que los jóvenes y las personas que experimentan menos emociones de temor/ansiedad ante la COVID-19 adoptan menos comportamientos preventivos para la salud.

Indexado en: Factor Impacto: Quartil: Categoría: Posición:

Lasheras G, de Gracia M, **Farré-Sender B**, Giralt M, **Sanz C**, Serrano E. **Evaluación del efecto de las intervenciones psicoeducativas sobre el apego prenatal y la ansiedad/depresión en mujeres embarazadas y sus parejas: una revisión sistemática y un metanálisis**. Psicosomàtica Y Psiquiatria, 2023 Noviembre;27. doi:10.60940/PsicosomPsiquiatrnum2712.

(no abstract)

Indexado en: Factor Impacto: Quartil: Categoría: Posición:

Lozano-Madrid M, Granero R, Lucas I, Sánchez I, Sánchez-González J, Gómez-Peña M, Moragas L, Mallorquí-Bagué N, Tapia J, Jiménez-Murcia S, Fernández-Aranda F. **Impulsivity and compulsivity in gambling disorder and bulimic spectrum eating disorders: Analysis of neuropsychological profiles and sex differences**. Eur Psychiatry. 2023 Oct 19;66(1):e91. doi: 10.1192/j.eurpsy.2023.2458. PMID: 37855168; PMCID: PMC10755579.

Gambling disorder (GD) and bulimic spectrum eating disorders (BSDs) not only share numerous psychopathological, neurobiological, and comorbidity features but also are distinguished by the presence of inappropriate behaviours related to impulsivity and compulsivity. This study aimed to emphasise the differences and similarities in the main impulsivity and compulsivity features between GD and BSD patients, and to analyse the potential influence of sex in these domains.Methods: using self-reported and neurocognitive measures, we assessed different impulsive–compulsive components in a sample of 218 female and male patients (59 with BSD and 159 with GD) and 150 healthy controls. Results: we observed that GD and BSDs exhibited elevated levels of impulsivity and compulsivity in all the dimensions compared to healthy controls. Moreover, these disorders showed differences in several personality traits, such as high novelty seeking in GD, and low persistence and high harm avoidance in BSDs. In addition, patients with BSDs also displayed a trend towards greater impulsive choice than GD patients. Regarding sex effects, GD women presented higher overall impulsivity and compulsivity than GD men. Nevertheless, no sex differences were found in BSDs. Conclusions: Clinical interventions should consider these deficits to enhance their effectiveness, including adjunctive

treatment to target these difficulties. Our findings also provide support to the relevance of sex in GD, which should also be considered in clinical interventions.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 7.8 **Quartil:** 1 **Categoría:** Psychiatry (SCIE) ; Psychiatry (SSCI) **Posición:** Psychiatry (SCIE) 18/155 ; Psychiatry (SSCI) 13/144

Lopez-Ruiz M, **Doreste Soler A**, Pujol J, Losilla JM, Ojeda F, Blanco-Hinojo L, Martínez-Vilavella G, Gutiérrez-Rosado T, Monfort J, Deus J. **Central Sensitization and Chronic Pain Personality Profile: Is There New Evidence? A Case-Control Study**. Int J Environ Res Public Health. 2023 Feb 8;20(4):2935. doi: 10.3390/ijerph20042935. PMID: 36833631; PMCID: PMC9957222.

Background: Personality traits are relevant for pain perception in persistent pain disorders, although they have not been studied in depth in sensitized and nonsensitized patients with knee osteoarthritis (OA). Objective: To explain and compare the personality profile of patients with OA, with and without central sensitization (CS), and fibromyalgia (FM). Setting: Participants were selected at the Rheumatology Department in two major hospitals in Spain. Participants: Case-control study where the sample consists of 15 patients with OA and CS (OA-CS), 31 OA without CS (OA-noCS), 47 FM, and 22 controls. We used a rigorous and systematic process that ensured the sample strictly fulfilled all the inclusion/exclusion criteria, so the sample is very well delimited. Primary outcome measures: Personality was assessed by the Temperament and Character Inventory of Cloninger. Results: The percentile in harm-avoidance dimension for the FM group is higher compared to OA groups and controls. The most frequent temperamental profiles in patients are cautious, methodical, and explosive. Patients with FM are more likely to report larger scores in harm-avoidance, with an increase in logistic regression adjusted odds ratio (ORadj) between 4.2% and 70.2%. Conclusions: Harm-avoidance seems to be the most important dimension in personality patients with chronic pain, as previously found. We found no differences between OA groups and between sensitized groups, but there are differences between FM and OA-noCS, so harm-avoidance might be the key to describe personality in patients with CS rather than the presence of prolonged pain, as found in the literature before.

Indexado en: Pubmed/Medline/JCR **Factor Impacto:** 3.2 **Quartil:** 3 **Categoría:** Environmental Sciences **Posición:** 146/275

Mallorquí-Bagué N, **Palazón-Llecha A**, Madre M, Batlle F, Duran-Sindreu S, Trujols J. **CBT4CBT web-based add-on treatment for cocaine use disorder: Study protocol for a randomized controlled trial**. Front Psychiatry. 2023 Mar 2;14:1051528. doi: 10.3389/fpsyt.2023.1051528. PMID: 36937712; PMCID: PMC10017533.

Background: Cocaine use disorder (CUD) is a chronic condition that presents high relapse rates and treatment dropouts. Web-based interventions have proven to be effective when optimizing face-to-face treatments in different mental health conditions and have the potential to optimize current CUD treatments. However, web-based interventions in addictive behaviors are still limited. The aim of this study is to evaluate whether adding a web-based cognitive behavioral therapy (i.e., CBT4CBT) to standard CUD treatment, improves treatment outcomes in a Spanish sample of patients with severe CUD (which requires inpatient treatment). Additionally, we aim to explore predictive factors of treatment response and treatment gender-related differences. Methods: All individuals

coming for inpatient cocaine detoxification who meet the inclusion criteria will have the possibility to be part of the study. The participants of this open-label randomized controlled clinical trial (RCT) will be allocated to treatment as usual (TAU) or TAU+CBT4CBT after the hospitalization for cocaine detoxification. During the inpatient treatment they will all receive an individualized psychological intervention. There will be six time point assessments: at 48-72 h of starting inpatient treatment, at the end of inpatient treatment and before starting day care and outpatient treatment, at the end of the 8 weeks CTB4CBT / TAU arm treatment and at three follow-up time points (1-, 3-, and 6-months post-treatment). Discussion: To the best of our knowledge, this is the first RCT that explores the efficacy of adding a web-based cognitive behavioral therapy to usual CUD treatment with patients of a clinical sample in Europe.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 4.7 **Quartil:** 2 **Categoría:** Psychiatry (SSCI) ; Psychiatry (SCIE) **Posición:** Psychiatry (SSCI) 40/144 ; Psychiatry (SCIE) 53/155

Mallorquí-Bagué N, Mestre-Bach G, Testa G. **Craving in gambling disorder: A systematic review**. J Behav Addict. 2023 Feb 13;12(1):53-79. doi: 10.1556/2006.2022.00080. PMID: 36787136; PMCID: PMC10260221.

Background and objectives: Craving is one of the main criteria for the diagnosis of substance use disorder according to the DSM-5; however, it is not included in the main criteria for gambling disorder (GD). In the present systematic review, we aimed to evaluate the available body of knowledge regarding gambling craving to help step forward to a consensus regarding this topic. Data sources: PsycINFO/PsycARTICLES and PubMed/Medline were used. Study eligibility criteria, participants, and interventions: (1) individuals of both genders who had a clinical diagnosis of GD in which the presence of gambling craving were studied by means of tasks or self-report tools; (2) we included three types of studies: (a) validation articles of craving psychometric tools in which GD was assessed; (b) articles in which craving-GD association was explored; and (c) treatment articles for GD in which craving was assessed. Results: n = 63 studies were finally included in the systematic review. Some studies described an association between craving- and gambling-related factors, and craving was also described as a predictor of GD severity, gambling episodes, chasing persistence and income-generating offenses. Gambling craving also seems to be associated with emotional states and negative urgency. Finally, some studies implemented specific interventions for GD and assessed its impact on reducing gambling craving. Conclusions: There is a growing body of knowledge on the relevant role of craving in gambling behavior and GD. Further studies are needed to reach a consensus on the diagnostic criterion for GD.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 7.8
Quartil: 1 **Categoría:** Psychiatry (SCIE) ; Psychiatry (SSCI) **Posición:** Psychiatry (SCIE) 18/155 ; Psychiatry (SSCI) 13/144

Mallorquí-Bagué N, Lozano-Madrid M, Granero R, Mestre-Bach G, Vintró-Alcaraz C, Sánchez I, Jiménez-Murcia S, Fernández-Aranda F. **Cognitive and clinical gender-related differences among binge-spectrum eating disorders: Analysis of therapy response predictors**. Eur Eat Disord Rev. 2023 May;31(3):377-389. doi: 10.1002/erv.2961. Epub 2022 Dec 8. PMID: 36482806.

Objective: This study assessed gender-related differences in executive functions (decision-making, inhibitory control and cognitive flexibility), personality traits and psychopathological symptoms in binge-spectrum eating disorders (EDs). Secondly, we aimed to separately explore the predictive value of gender and executive functions in treatment outcome. Method: A battery of self-reported and neurocognitive measures were answered by a sample of 85 patients (64 females) diagnosed with a binge-spectrum ED (41 BN; 44 binge eating disorder). Results: Data showed gender-related differences in executive functioning, displaying women lower inhibitory control and lower cognitive flexibility than men. Regarding personality traits and psychopathology symptoms, women presented higher reward dependence and cooperativeness, as well as more drive for thinness, body dissatisfaction, bulimia, and somatization symptoms than men. Finally, worse executive functioning, particularly having lower ability in concept formation seems to predict worse treatment outcomes and dropout in these patients. Conclusions: We described gender specific neuropsychological, personality and psychopathological impairments in patients with binge-spectrum EDs. Moreover, difficulties in executive functioning might have an impact on treatment response, since patients with a lower ability in concept formation are less likely to benefit from treatment. The present results can help improving current treatment approaches by tackling gender and individual differences.

Indexado en: Pubmed/WoS/Current Contents Connect/Medline/JCR **Factor Impacto:** 5.3 **Quartil:** 1 **Categoría:** Psychology, clinical **Posición:** 18/131

Mallorquí-Bagué N, Vintró-Alcaraz C, Lozano-Madrid M, Testa G, Granero R, Sánchez I, Fernández-Aranda F, (2023). **The usefulness of an intervention with a serious video game as a complementary approach to cognitive behavioural therapy in eating disorders: A pilot randomized clinical trial for impulsivity management**. European Eating Disorders Review, 31(6), 781-792.

Objective: The aim of the present study was to test the usefulness of an add-on serious video game approach (i.e., Playmancer) to treatment as usual (TAU) on reducing impulsive behaviours and psychopathology in individuals diagnosed with an eating disorder (ED). Method: Thirty-seven patients diagnosed with an ED according to the DSM-5 were included in the present randomized clinical trial (RCT; study record 35,405 in ClinicalTrials.gov) and were randomly assigned to either the TAU or TAU + Playmancer group. All participants completed a clinical interview. Impulsivity (UPPS-P self reported questionnaire and Stroop task) and general psychopathology (SCL-90-R) measures were assessed at: baseline, 4 weeks into treatment, at the end of TAU (after 16 weeks), and follow-up (2 years). In addition, patients in the experimental group underwent a total of nine sessions with Playmancer over the span of 3 weeks. Results: Patients in both treatment groups (TAU + Playmancer or TAU) improved on Stroop task performance and psychological distress. Additionally, patients in TAU-Playmancer improved on the impulsive trait domain of lack of perseverance. No statistical differences were found regarding treatment outcomes (i.e., treatment adherence and remission of eating symptomatology) when comparing the two treatment groups. Conclusion: Our results suggest that the impulsivity associated with EDs should be addressed and could be modified, as some facets of trait impulsivity improved after Playmancer add-on treatment. Yet, there were no significant differences in treatment outcomes when comparing the two groups and further research needs to be conducted.

Indexado en: WoS/Current Contents Connect/Medline/JCR **Factor Impacto:** 5.3 **Quartil:** 1 **Categoría:** Psychology, clinical **Posición:** 18/131

Mallorquí Bagué N, **Palazón-Llecha A**, Caparrós B, Trujols J, Duran-Sindreu S, Batlle F, Madre. (2023). **Predictors of Cocaine Use Disorder Treatment Outcomes: a Systematic Review**. doi: 10.21203/rs.3.rs-3635474/v1.

Background: Cocaine use disorder (CUD) is a complex condition in which multiple variables can alter the course of the addiction. Treatment retention rates with current treatment approaches are low. Thus, the aim of this study is to explore predictors of treatment retention and abstinence in CUD. Methods: This systematic review was performed according the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). We searched three databases—PubMed, PsychINFO and Web of Science—for randomized clinical trials published in English and Spanish from database inception through April 1, 2023. We selected all studies that met the inclusion criteria (adults aged ≥18, outpatient treatment, CUD as main addiction, and no severe mental illness) to obtain data for a narrative synthesis. After data extraction was completed, risk of bias was assessed using the Cochrane risk-of-bias tool for randomized trials (RoB-2). Results: A total of 566 studies were screened, and, of those, 32 were included in the synthesis. Younger age, more years of cocaine use, and craving levels were significant predictors of relapse and treatment dropout. Fewer withdrawal symptoms, greater baseline abstinence, greater treatment engagement, and more self-efficacy were all predictors of longer duration of abstinence. The role of impulsivity as a predictor of CUD is unclear due to conflicting data, although the evidence generally suggests that higher impulsivity scores can predict more severe addiction and withdrawal symptoms, and earlier discontinuation of treatment. Conclusion: The treatment of CUD is complex due to the numerous interconnected variables that can influence treatment outcomes. Consequently, it is important to identify and evaluate the factors that predict abstinence and treatment retention in order to select the most appropriate treatment approach.

Indexado en: Factor Impacto: Quartil: Categoría: Posición:

NEUROLOGÍA

Nº Articulos indexados: 1 Journal Impact Factor ™ –2023: 2.4 Factor impacto medio x artículo: 2.4

Yagüe S, Veciana M, Martínez-Yélamos A, Pedro J, Cardona P, Quesada H, Lara B, Kumru H, García B, Montero J, Valls-Solé J. **Effects of Bihemispheric Transcranial Direct Current Stimulation Combined With Repetitive Peripheral Nerve Stimulation in Acute Stroke Patients.** J Clin Neurophysiol. 2023 Jan 1;40(1):63-70. doi: 10.1097/WNP.0000000000000840. Epub 2021 May 31. PMID: 34144574.

Purpose: Transcranial direct current stimulation (tDCS) can change the excitability of the central nervous system and contribute to motor recovery of stroke patients. The aim of our

study was to examine the short- and long-term effects of real versus sham bihemispheric tDCS combined with repetitive peripheral nerve stimulation in patients with acute stroke and a severe motor impairment.Methods:The study was prospective, randomized, double blind, and placebo controlled. Nineteen acute stroke patients (ischemic and hemorrhagic) with upper limb Fugl-Meyer mean score of <19 were randomized in two groups: one group received five consecutive daily sessions of anodal tDCS over the affected hemisphere and cathodal over unaffected hemisphere combined with repetitive peripheral nerve stimulation and the other received sham tDCS associated to repetitive peripheral nerve stimulation. Clinical and neurophysiological assessment was applied before tDCS, 5 days after tDCS, and 3, 6, and 12 months after tDCS.Results:There were significant time-related changes in both groups of patients in motor evoked potentials, somatosensory evoked potentials, Hmax:Mmax ratio, upper limb Fugl-Meyer scores, and Modified Ashworth scales scores ($P < 0.05$). However, no significant differences between groups were present at any time ($P > 0.05$).Conclusions:Bihemispheric tDCS and repetitive peripheral nerve stimulation with the parameters of our study did not add significant short- or long-term clinical improvement or change in neurophysiological data in severe acute stroke patients in comparison to sham stimulation. The severity of motor impairment in stroke patients may influence a possible response to an interventional tDCS treatment.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 2.4 **Quartil:** 3 **Categoría:** Clinical Neurology ; Neurosciences (Q4) **Posición:** Clinical Neurology 143/212 ; Neurosciences 206/272

REUMATOLOGÍA

Nº Articulos indexados: 6 Journal Impact Factor ™ – 2023: 50.4 Factor impacto medio x artículo: 8.4

González I, Pego-Reigosa J, Jiménez N, Hernández-Martín A, **Vidal-Montal P**, et. al.(2023). **POS1144 Effectiveness of Belimumab in systemic lupus erythematosus patients of a multicenter spanish cohort.** Annals of the Rheumatic Diseases. 82. 901.2-902. doi: 10.1136/annrheumdis-2023-eular.3482.

Background Belimumab (BLM) is a recombinant human IgG-1λ monoclonal antibody that inhibits B-cell activating factor. It is approved for the treatment of systemic lupus erythematosus (SLE). It is effective in reducing disease activity, flares, damage prevention and also as a steroid-sparing agent. A treat to target (T2T) approach in the care of SLE patients is important in terms of improving short and long-term outcomes. Objectives To evaluate belimumab (BLM) effectiveness in SLE patients from a Spanish multicenter registry. Methods A longitudinal retrospective multicenter cohort including SLE patients treated with belimumab from 18 Spanish rheumatology departments. Demographic, clinical and serological data were collected at baseline, 6, 12 and in the last visit available. Changes in SLEDAI-2K; LLDAS and DORIS 2021 states and global response according to physician criteria were compared between visits, as well as changes in damage and glucocorticoids used. T-test was used for numerical variables and the Fisher's test for categorical variables. Results 324 patients were included: 295 (91%) females with a mean (±SD) age of 42.4 (±12.9) years. Mean follow-up was 3,8 (±2.7) years and mean time with BLM was 2.7 (±2.4) years. At

baseline, mean SLEDAI-2K was 10.4 (±5.25), 68.2% had elevated anti-double-stranded DNA (anti-dsDNA) antibodies and 69.8% had complement consumption. BLM was initiated concomitant to other DMARD in 67.9% (n=220) of patients.Mean reduction in SLEDAI-2K score was 5.0 (± 5.1), 6.1 (± 5.5) and 7.13 (± 5.3) points at 6, 12 months and in the last visit, respectively (p<0.05 for all comparisons). Rates of achievement of LLDAS, DORIS and clinical response according to physician criteria, significantly increased from baseline to 6, 12 months, and to the last visit (Table 1). Anti-dsDNA antibodies and inflammatory markers (ESR, CRP), significantly decreased from baseline to 6, 12 months and in the last visit. Complements increased over the follow up but without statistical significance.A total of 107 (45,9%) patients discontinued GC. At 6 months, 58.9% (n=155) of patients reduced the dose of GC with respect to baseline and 72.8% (n=131) of patients did it at the last visit. Mean (± SD) prednisone dose was significantly reduce over the visits: 12.3 (± 12.16); 7.42 (± 5.36); 5.8 (±4.42) and 4.7 (±3.7) mg/day at baseline, 6 and 12 months and in the last visit, respectively. Median (IQR) SDI score at the end of the observation period did not change from baseline visit: 0 (0-1) and 0 (0-1), respectively (p=0.97). Neither were changes observed in the percentage of patients with damage between the beginning and the end of the observation period: at baseline 47.5% (n=152) patients presented damage and, in the last visit, 45.6% (n=99).View this table: • View inline • View popup Table 1. Clinical response and changes in GC dose. • Download figure • Open in new tab • Download powerpoint Figure 1. Rates of therapeutic targets attained by patients in treatment with Belimumab. View this table: • View inline • View popup Conclusion Real-world data of SLE patients confirm belimumab efficacy in real world, reducing clinical and serological activity in the short and medium-term. Add-on therapy with BLM leads to high rates of LLDAS and DORIS at 6 months, that continue increasing over time. BLM has an important GC sparing effect and prevents organ damage accrual. All these data shows that BLM is useful to achieve the therapeutic goals of a T2T strategy. REFERENCES NIL. Acknowledgements NIL. Disclosure of Interests None Declared.

Indexado en: WoS/JCR/SCIE **Factor Impacto:** 27.4 **Quartil:** 1 **Categoría:** Rheumatology **Posición:** 2/54 ***1er Decil**

Narváez, Cañadillas J, Castellvi E, Alegre JJ, Zygmunt V, Bermudo G, **Vidal-Montal P**, Molina M, Nolla JM. **Rituximab in the Treatment of Interstitial Lung Disease Associated with the Antisynthetase Syndrome**. Available at SSRN: https://ssrn.com/abstract=4410485 or http://dx.doi.org/10.2139/ssrn.4410485

Objective: To assess the real-world, long-term effectiveness of rituximab (RTX) as a rescue therapy in patients with antisynthetase syndrome and interstitial lung disease (ASS-ILD). Methods: Multicentre observational retrospective longitudinal study of a cohort of patients with ASS-ILD that started treatment with RTX due to recurrent or ongoing progressive ILD despite therapy with glucocorticoids and immunosuppressants. Results: Twenty-eight patients were analyzed; 15 fulfilled the criteria of progressive pulmonary fibrosis.Ongoing therapy with immunosuppressants remained unchanged.Examining the entire study population, before treatment with RTX the mean decline in %pFVC and %pDLCO from the ILD diagnosis was -6.44% and -14.85%, respectively. After six months of treatment, RTX reversed the decline in pulmonary function test (PFTs) parameters: Δ%pFVC +6.29% (95% CI: -10.07 to 2.51; p=0.002 compared to baseline) and Δ%pDLCO +6.15% (95% CI: -10.86 to -1.43; p=0.013).Twenty-four patients completed one year of therapy and 22 two years, maintaining the response in PFTs: Δ%pFVC: +9.93% (95% CI: -15.61 to -4.25; p=0.002) and Δ%pDLCO: +7.66% (95% CI: -11.67 to -3.65; p<0.001). In addition, there was a significant reduction in the

median dose of prednisone, and it could be suspended in 18% of cases. In 33% of patients who required oxygen therapy at the start of treatment, it could be discontinued.The frequency of adverse events reached 28.5% of cases. Conclusion: Based on our results, RTX appears to be effective as rescue therapy in most patients with recurrent or progressive ASSD-ILD unresponsive to conventional treatment. Use of RTX was well tolerated in the majority of patients.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 3.9 **Quartil:** 2 **Categoría:** Rheumatology **Posición:** 17/34

Narváez J, Estrada P, **Vidal-Montal P**, Sánchez-Rodríguez I, Sabaté-Llobera A, Nolla JM, Cortés-Romera M. **Impact of previous glucocorticoid therapy on diagnostic accuracy of [18F] FDG PET-CT in giant cell arteritis**. Semin Arthritis Rheum. 2023 Jun;60:152183. doi: 10.1016/j.semarthrit.2023.152183. Epub 2023 Feb 18. PMID: 36841055.

Objective: To evaluate the impact of prior glucocorticoid (GC) treatment on the diagnostic accuracy of 18F-FDG PET-CT in giant cell arteritis (GCA). **Methods:** Retrospective study of a consecutive cohort of 85 patients with proven GCA who received high-dose GC before PET-CT. **Results:** Thirty-nine patients previously treated with methylprednisolone (MP) boluses, of whom 37% were PET-CT (uptakes grade 3 or 2) positive. The positivity rate was 80% with MP doses of 125 mg, 33% with 250 or 500 mg, and 0% with doses of 1 g. If we also classify as positive those cases with a grade 1 uptake (with a circumferencial uptake and smooth linear or long segmental pattern, possibly indicative of "apparently inactive" vasculitis), the positivity rate increases to 62% (100%, 50-60%, and 33% for the different MP doses, respectively). In patients with new-onset GCA treated with high-dose oral GC, PET-CT positivity was 54.5% in patients treated for less than two weeks, 38.5% in those treated for 2 to 4 weeks, and 25% in those treated for 4 to 6 weeks (increasing to 91%, 77%, and 50%, respectively, if we include cases with grade 1 uptake and these characteristics). In patients with relapsing/refractory GCA, or who developed GCA having a prior history of PMR, PET-CT positivity reached 54% despite long-term treatment with low-to-moderate doses of GC (68% including cases with a grade 1 uptake). **Conclusion:** A late 18F-FDG PET-CT (beyond the first 10 days of treatment) can also be informative in a considerable percentage of cases.

Indexado en: Pubmed/WoS/ SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 5 **Quartil:** 2 **Categoría:** Rheumatology **Posición:** 10/34

Narváez J, Estrada P, **Vidal-Montal P**, Sánchez-Rodríguez I, Sabaté-Llobera A, Nolla JM, Cortés-Romera M. **Usefulness of 18F-FDG PET-CT for assessing large-vessel involvement in patients with suspected giant cell arteritis and negative temporal artery biopsy**. Arthritis Res Ther. 2024 Jan 4;26(1):13. doi: 10.1186/s13075-023-03254-w. PMID: 38172907; PMCID: PMC10765679.

Objective: To investigate the usefulness of 18F-FDG PET-CT for assessing large-vessel (LV) involvement in patients with suspected giant cell arteritis (GCA) and a negative temporal artery biopsy (TAB). **Methods:** A retrospective review of our hospital databases was conducted to identify patients with suspected GCA and negative TAB who underwent an 18F-FDG PET-CT in an attempt to confirm the diagnosis. The gold standard for GCA diagnosis was clinical confirmation after a follow-up period of at least 12 months. **Results:** Out of the

127 patients included in the study, 73 were diagnosed with GCA after a detailed review of their medical records. Of the 73 patients finally diagnosed with GCA, 18F-FDG PET-CT was considered positive in 61 cases (83.5%). Among the 54 patients without GCA, 18F-FDG PET-CT was considered positive in only eight cases (14.8%), which included 1 case of Erdheim-Chester disease, 3 cases of IgG4-related disease, 1 case of sarcoidosis, and 3 cases of isolated aortitis. Overall, the diagnostic performance of 18F-FDG PET-CT for assessing LV involvement in patients finally diagnosed with GCA and negative TAB yielded a sensitivity of 83.5%, specificity of 85.1%, and a diagnostic accuracy of 84% with an area under the ROC curve of 0.844 (95% CI: 0.752 to 0.936). The sensitivity was 89% in occult systemic GCA and 100% in extracranial LV-GCA. **Conclusion:** Our study confirms the utility of 18F-FDG PET-CT in patients presenting with suspected GCA and a negative TAB by demonstrating the presence of LV involvement across different subsets of the disease.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connectt/Medline/JCR
Factor Impacto:: 4.9 **Quartil:** 2 **Categoría:** Rheumatology **Posición:** 12/34

Narváez J, Estrada P, Llop D, **Vidal-Montal P**, Brugarolas E, Maymó-Paituvi P, Palacios-Olid J, Nolla JM. **Efficacy and Safety of Leflunomide in the Management of Large Vessel Vasculitis: a Systematic Review and Metaanalysis of Cohort Studies**. Semin Arthritis Rheum. 2023;59:152166. PubMed PMID: 36645992.

OBJECTIVE: The search for new glucocorticoid-sparing disease-modifying anti-rheumatic drugs continues to be an unmet need in large vessel vasculitis (LVV). This report aims to assess the effectiveness and safety of leflunomide (LEF) in Takayasu arteritis (TA) and giant cell arteritis (GCA). METHODS: We systematically reviewed the literature, searching for studies evaluating the efficacy of LEF in LVV. A meta-analysis was conducted using the random-effects method. RESULTS: The literature search identified eight studies that assessed LEF in TAK and seven in GCA. All were uncontrolled observational studies with a high risk of bias, implying a low or very-low certainty of evidence. In TAK, the pooled proportion of patients achieving at least a partial remission was 75% (95% CI: 0.64-0.84), angiographic stabilization was observed in 86% (0.77-0.94) and relapses in 12% (0.05-0.21). The mean reduction in the prednisolone dose (MRPD) after LEF treatment was 15.7 mg/d (10.28-21.16). Adverse events were observed in 8% of patients (0.02-0.16). Comparison of LEF with methotrexate (MTX) or cyclophosphamide revealed LEF to be superior in terms of remission induction, relapse prevention, and tolerance. When compared with tofacitinib, both drugs demonstrated comparable efficacy. In GCA, the pooled proportion of patients achieving at least a partial remission was 60% (0.17-0.95). The MRPD after LEF treatment was 15.63 mg/d (1.29-32.55) and 53% of the patients were able to discontinue glucocorticoids (0.25 - 0.80). Relapses were observed in 21% of cases (0.14- 0.28) and adverse events in 28% (0.12-0.46). Comparison of LEF with MTX showed similar efficacy and tolerance. CONCLUSION: LEF is well tolerated and might be effective for patients with TAK and GCA.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 5 **Quartil:** 2 **Categoría:** Rheumatology **Posición:** 10/34

Vidal-Montal P, Thomas M, Combier A, Steelandt A, Miceli-Richard C, Molto A, Narváez J, Nolla JM, Allanore Y, Avouac J. **Comparison of subcutaneous and oral methotrexate initiation in rheumatoid arthritis in current practice**. Joint Bone Spine. 2023 Dec;90(6):105620. doi: 10.1016/j.jbspin.2023.105620. Epub 2023 Jul 22. PMID: 37482177.

(no abstract)

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCRFactor Impacto: 4.2 **Quartil:** 2 **Categoría:** Rheumatology **Posición:** 14/34

CARDIOLOGÍA

Nº Articulos indexados: 2 Journal Impact Factor ™ – 2023: 5.9 Factor impacto medio x artículo: 5.9

Castrejón-Castrejón S, Martínez Cossiani M, Jáuregui-Abularach M, Basterra Sola N, Ibáñez Criado JL, Osca Asensi J, Roca Luque I, **Moya Mitjans A**, Quesada Dorador A, Hidalgo Olivares VM, Pérez Castellano N, Fernández Gómez JM, Macías-Ruiz MR, Bochard Villanueva B, Gonzalo Bada N, Fernández Prieto A, Guido López LE, Martínez Maldonado ME, Merino D, Escobar Cervantes C, Merino JL; POWER FAST III trial investigators. **Multicenter prospective comparison of conventional and high-power short duration radiofrequency application for pulmonary vein isolation: the high-power short-duration radiofrequency application for faster and safer pulmonary vein ablation (POWER FAST III) trial.** J Interv Card Electrophysiol. 2023 Nov;66(8):1889-1899. doi: 10.1007/s10840-023-01509-9. Epub 2023 Feb 18. PMID: 36807734.

Background: Electrical isolation of pulmonary veins (PV) with high-power short-duration (HPSD) radiofrequency application (RFa) may reduce the duration of atrial fibrillation (AF) ablation, without compromising the procedural efficacy and safety in comparison with the conventional approach. This hypothesis has been generated in several observational studies; the POWER FAST III will test it in a randomized multicenter clinical trial. Methods: It is a multicenter randomized, open-label and non-inferiority clinical trial with two parallel groups. AF ablation using 70 W and 9-10 s RFa is compared with the conventional technique using 25-40 W RFa guided by numerical lesion indexes. The main efficacy objective is the incidence of atrial arrhythmia recurrences electrocardiographically documented during 1-year follow-up. The main safety objective is the incidence of endoscopically detected esophageal thermal lesions (EDEL). This trial includes a substudy of incidence of asymptomatic cerebral lesions detected by magnetic resonance imaging (MRI) after ablation. Results: A randomized clinical trial compares for the first time high-power short-duration and conventional ablation in order to obtain data about the efficacy and safety of the high-power technique in an adequate methodological context. Conclusions: The results of the POWER FAST III could support the use of the high-power short-duration ablation in clinical practice.

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline **Factor Impacto: Quartil: Categoría: Posición:**

Francisco-Pascual J, Rivas-Gándara N, Maymi-Ballesteros M, Badia-Molins C, Bach-Oller M, Benito B, Pérez-Rodón J, Santos-Ortega A, Roca-Luque I, Rodríguez-Silva J, Jordán-Marchite

P, **Moya-Mitjans À**, Ferreira-González I. **Arrhythmic risk in single or recurrent episodes of unexplained syncope with complete bundle branch block.** Rev Esp Cardiol (Engl Ed). 2023 Aug;76(8):609-617. English, Spanish. doi: 10.1016/j.rec.2022.11.009. Epub 2022 Dec 17. PMID: 36539183.

Introduction and objectives: Patients with a single syncopal episode (SSE) and complete bundle branch block (cBBB) are frequently managed more conservatively than patients with recurrent episodes (RSE). The objective of this study was to analyze if there are differences between patients with single or recurrent unexplained syncope and cBBB in arrhythmic risk, the diagnostic yield of tests, and clinical outcomes. Methods: Cohort study of consecutive patients with unexplained syncope and cBBB with a median follow-up time of 3 years. The patients were evaluated via a stepwise workup protocol based on electrophysiological study (EPS) and long-term follow-up with an implantable cardiac monitor. Results: Of the 503 patients included in the study, 238 (47.3%) had had only 1 syncopal episode. The risk of an arrhythmic syncope was similar in both groups (58.8% in SSE vs 57.0% in RSE; P = .68), also after adjustment for possible confounding variables (HR, 1.06; 95%CI, 0.81-1.38; P = .674). No significant differences between the groups were found in the EPS results and implantable cardiac monitor diagnostic yield. A total of 141 (59.2%) patients with SSE and 154 (58.1%) patients with RSE required cardiac device implantation (P = .797). After appropriate treatment, 35 (7%) patients had recurrence of syncope. The recurrence rate and mortality were also similar in both groups. Conclusions: Patients with cBBB and unexplained syncope are at high risk of an arrhythmic etiology, even after the first syncopal episode. Patients with SSE and RSE have a similar arrhythmic risk and similar outcomes, and therefore there is no clinical justification for not managing them in the same manner.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 5.9 **Quartil:** 1 **Categoría:** Cardiac & Cardiovascular systems **Posición:** 35/143

- **Recopilación indicadores bibliométricos por departamentos/especialidades del HUQD**

Relación de todas las especialidades del Hospital con la suma total de sus indicadores bibliométricos. Ordenado de mayor Factor de Impacto a menos.

Clica al enlace del nombre de cada especialidad/departamento para ir al listado exhaustivo de artículos con sus respectivos indicadores.

INSTITUTO ONCOLÓGICO DR. ROSELL – DEXEUS
Nº Articulos indexados: 31 **Journal Impact Factor ™ –2023:** 471.7
Factor impacto medio x artículo: 16.8

OBSTETRICIA I GINECOLOGIA (SALUT DE LA DONA DEXEUS)
Nº Articulos indexados: 32 **Journal Impact Factor ™ –2023:** 122.5
Factor impacto medio x artículo: 3.82

ICATME (Institut Català de Traumatologia i Medicina de l'Esport)
Nº Articulos indexados: 18 **Journal Impact Factor ™ –2023:** 53.8 **Factor impacto medio x artículo:** 4.89

REUMATOLOGIA
Núm. Articles indexats: 5 **Journal Impact Factor ™ –2023:** 50.4 **Factor Impacte mitjà x article:** 8.4

PSIQUIATRÍA Y PSICOLOGÍA (PSICODEX SL)[3]
Nº Articulos indexados: 12 **Journal Impact Factor ™ –2023:** 41.9 **Factor impacto medio x artículo:** 3.49

ENDOCRINOLOGÍA Y NUTRICIÓN
Nº Articulos indexados: 5 **Journal Impact Factor ™ –2023:** 28.3 **Factor impacto medio x artículo:** 5.66

CIRUGÍA MAXILOFACIAL, IMPLANTOLOGÍA Y ESTÉTICA FACIAL
Nº Articulos indexados: 3 **Journal Impact Factor ™ –2023:** 12.2 **Factor impacto medio x artículo:** 4

FARMACIA
Nº Articulos indexados: 1 **Journal Impact Factor ™ –2023:** 10.8 **Factor impacto medio x artículo:** 10.8

ANESTESIOLOGÍA
Nº Articulos indexados: 2 **Journal Impact Factor ™ –2023:** 9.3 **Factor impacto medio x artículo:** 4.65

OFTALMOLOGÍA
Nº Articulos indexados: 1 **Journal Impact Factor ™ –2023:** 6.4 **Factor impacto medio x artículo:** 6.4

PEDIATRIA DEXEUS – PAIDO SALUT INFANTIL
Nº Articulos indexados: 2 **Journal Impact Factor ™ –2023:** 6.4 **Factor impacto medio x artículo:**3.2

CARDIOLOGÍA
Nº Articulos indexados: 2 **Journal Impact Factor ™ –2023:** 5.9 **Factor impacto medio x artículo:** 5.9

APARATO DIGESTIVO Y ENDOSCOPIA
Nº Articulos indexados: 2 **Journal Impact Factor ™ –2023:** 3.8 **Factor impacto medio x artículo:** 1.9

ANATOMÍA PATOLÓGICA
Nº Articulos indexados: 1 **Journal Impact Factor ™ –2023:** 3.4 **Factor impacto medio x artículo:** 3.4

NEUROLOGÍA
Nº Articulos indexados: 1 **Journal Impact Factor ™ –2023:** 2.4 **Factor impacto medio x artículo:** 2.4

- **Impact Factor (IF) total**

Suma de todos los IF de cada especialidad/unidad de l'HUQD:

IF total: 833,2

[3] Solo artículos en su propia revista ('Psicosomática y psiquiatría') que está en proceso de ser incorporada al WoS y el JCR. Por lo tanto de momento no disponen de FI, ni del resto de indicadores que generan esas bases de datos.

INDICADORES BIBLIOMÉTRICOS GLOBALES

ÍNDICE H (WEB OF SCIENCE CITATION REPORT 2023)

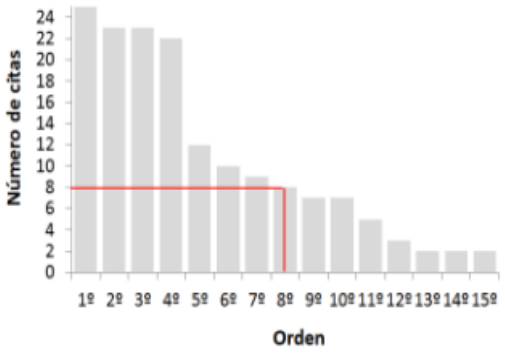
El índice h (H-Index o Factor H) es un sistema de medición de la calidad profesional de los científicos basado en la relevancia de su producción científica, al tener en cuenta el conjunto de los trabajos más citados de un investigador y el número de citas de cada uno de estos trabajos. Es un número que representa el peso que tienen las publicaciones de autores afiliados al Hospital Universitario Dexeus en la comunidad científica global.

El índice h es un sistema propuesto por Jorge Hirsch, de la Universidad de California, en 2005 para la medición de la calidad profesional de físicos y de otros científicos, en función de la cantidad de citas que han recibido sus artículos científicos.

Se calcula ordenando de mayor o menor los artículos científicos según el número de citas recibidas, siendo el índice h el número en el que coinciden el número de orden con el número de citas. Un ejemplo de cálculo se puede ver en la siguiente figura.

Ejemplo: un científico o insitución/universidad tiene índice *h* si ha publicado *h* trabajos con al menos *h* citas cada uno.

Artículos ordenados según el número de citas	Número de citas
1º	25
2º	23
3º	23
4º	22
5º	12
6º	10
7º	9
8º	8
9º	7
10º	7
11º	5
12º	3
13º	2
14º	2
15º	2



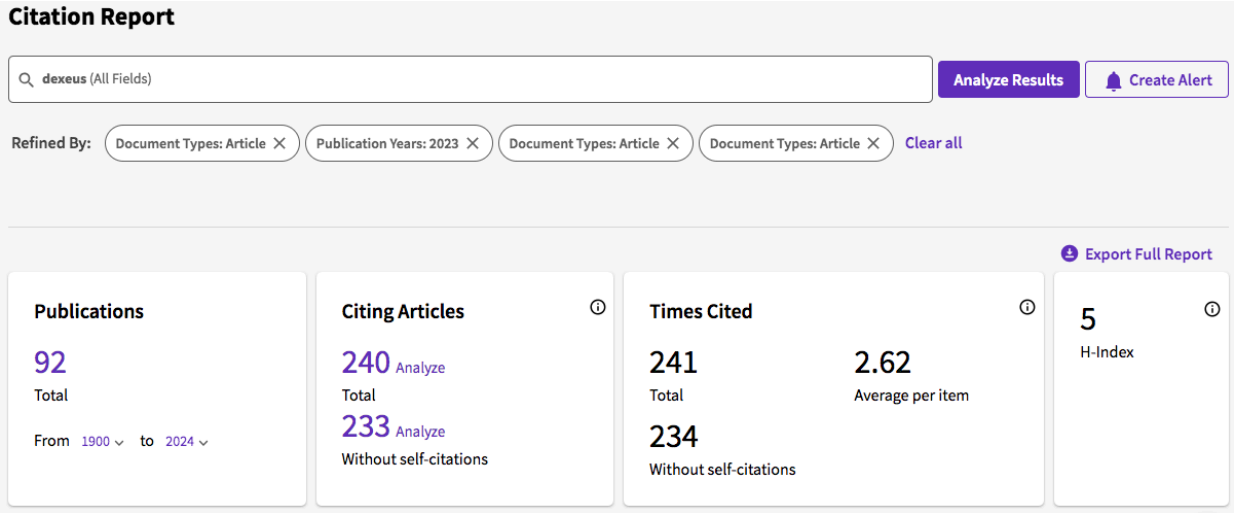
Según Jorge Hirsch un índice h de 20, luego de 20 años de actividad científica, es característico de un científico exitoso. Un índice de 40 después de 20 años caracteriza científicos sobresalientes, tales como aquellos que se encuentran en las universidades e institutos de investigación más importantes del mundo.

Todos los indicadores de a continuación son obtenidos a traves del informe del Web of Science (WoS), por lo tanto, son en base a los artículos de títulos de revista indexados en dicha base de datos.

- **Número de artículos y Índice H (2023)**

Índice H de artículos científicos en revistas indexadas al Journal Citation Reports (año 2023): 5

Número de artículos científicos totales publicados el 2003 en revistas indexadas al JCR: 97

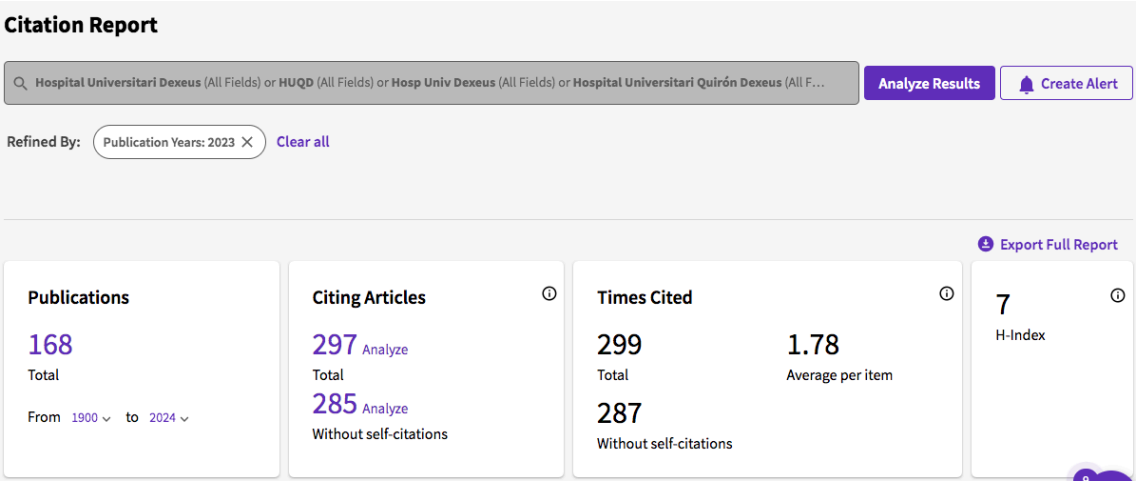


-Indice H de toda tipología de publicación (articles, resum de trobades, revisions d'articles,…) (2023)

Índice H de todo tipo de publicación en revistas indexadas al Web of Sciences (año 2023): 7

Número de publicaciones de toda tipologia publicadas el 2003 en revistas indexadas al Web of Science: 168

Total de citas recibidas: 299 , Media de citas por publicación: 1'78

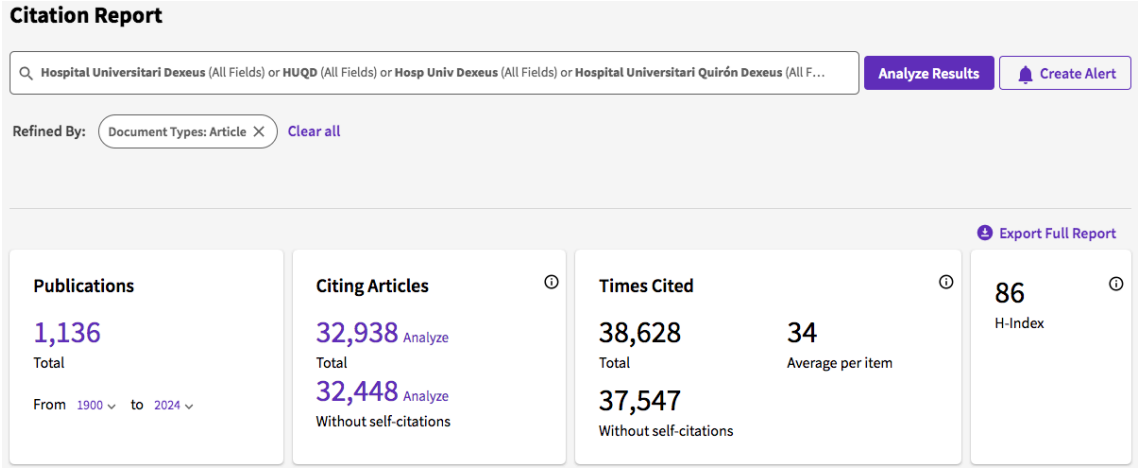


- **Número de artículos i Índice H (todos los años: 1900-2004)**

Índice H de todas la publicaciones de tipologia artículo científico (años 1900-2004): 86

Número de artículos científicos totales publicados de 1900 a 2004 en revistas indexadas al JCR: 1136

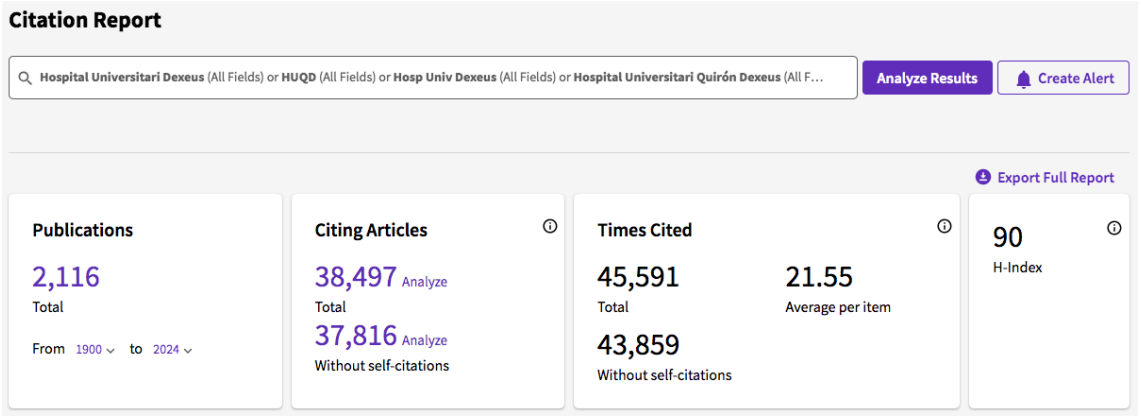
Total de citas recibidas: 38628 , Media de citas por publicación: 34



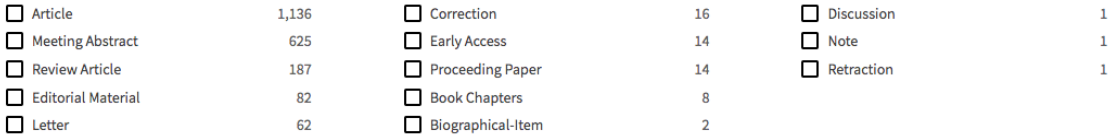
- **Nº total todo tipo de publicaciones (resum de conferències, revisions d'articles,…) y Índice H (todos los años: 1900-2004)**

Índice H de todas la publicaciones de todas las tipologias (artículos, actas, revisiones,etc.) (años: 1900-2004): 90

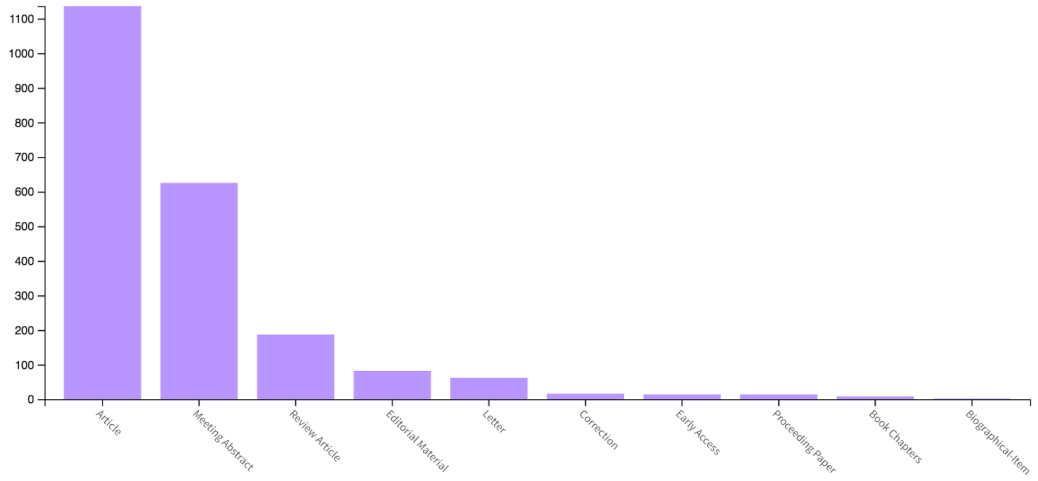
Número de publicaciones de todas las tipologias totales publicadas de 1900 a 2004 en revistas indexadas al JCR: 2116



- **Tipo de publicación (todos los años, 1900-2004)**

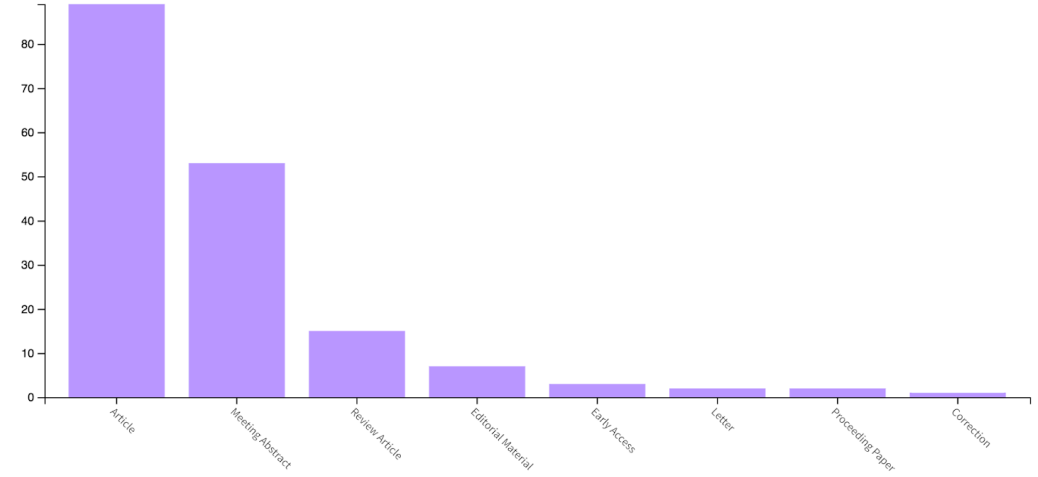


Article: 1136, Meeting Abstract: 625, Review Article: 187, Editorial Material: 82



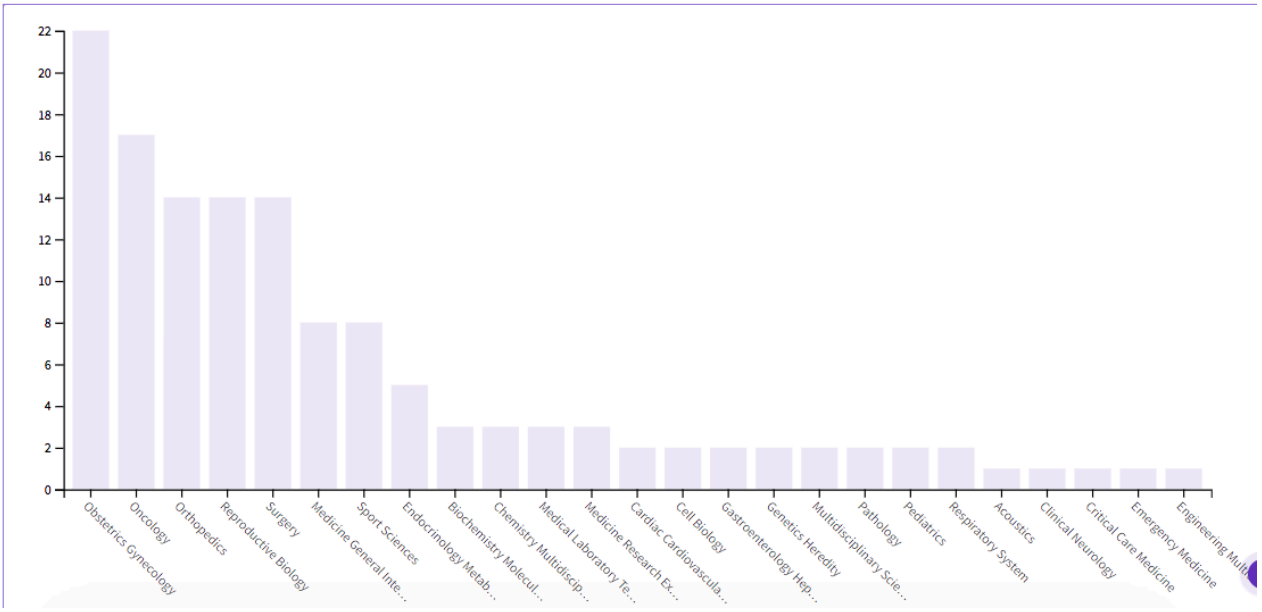
1-Article, 2-Meeting Abstract, 3-Review Article, 4-Editorial Material

- **Tipo de publicación (2023)**



1-Article, 2-Meeting Abstract, 3-Review Article, 4-Editorial Material

WEB OF SCIENCE CATEGORIES 2023

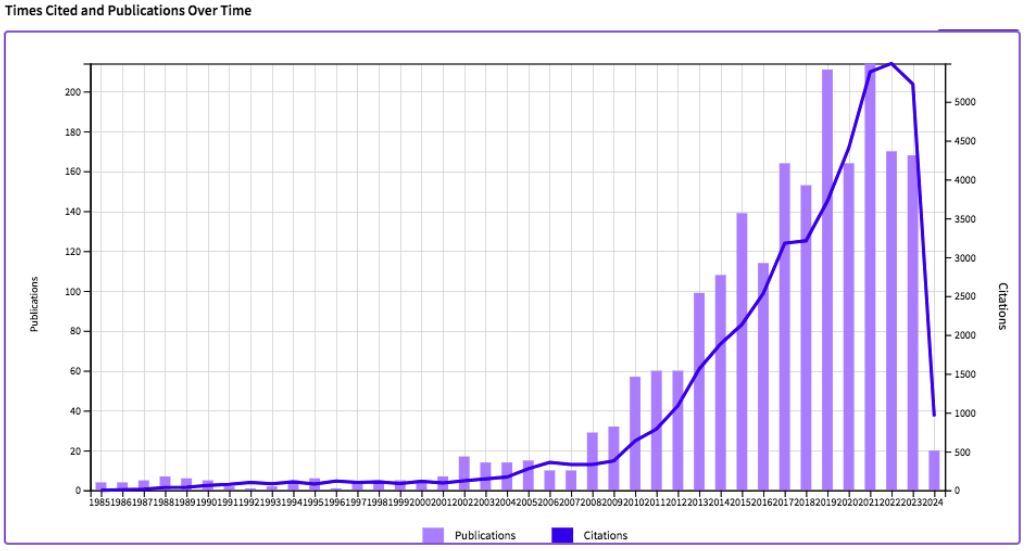


1-Obstetrics&Gynecology, 2-Oncology, 3-Orthopedics, 4-Reproductive biology, 5-Surgery,6-Medicine General, 7-Sport Sciences, 8-Endocrinology

VECES CITADAS Y PUBLICACIONES A LO LARGO DEL TIEMPO (TIMES CITED AND PUBLICATIONS OVER TIME)[4]

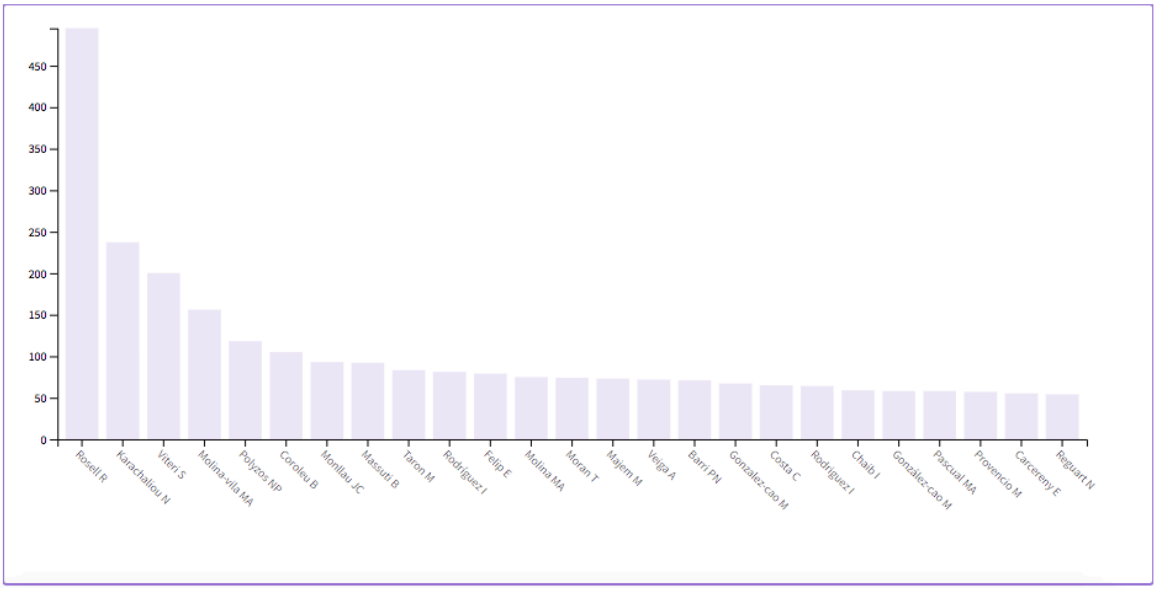
Gráfico de las veces que se citaron publicaciones del Hospital Universitario Quirón Dexeus (línea azul) y cantidad de publicaciones (barras de color lila).

Como se observa, gran descenso de las publicaciones y las citaciones desde los años de la pandemia del COVID-19.



[4] Informe de Web of Science (WoS), en base a las publicaciones de las revistas que estan indexadas en dicha base de datos.

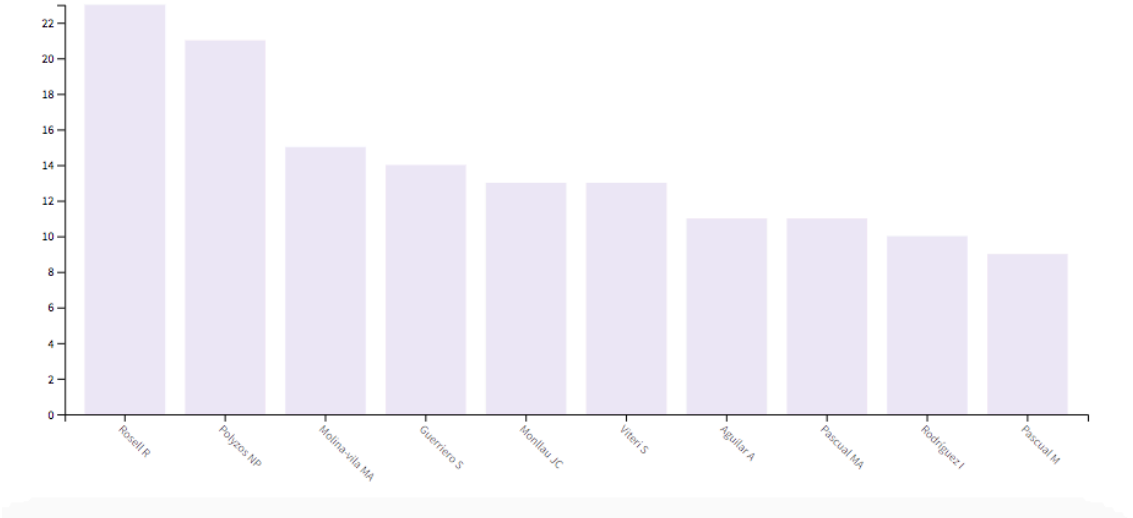
AUTORES (todos los años 1900-2024)[5]



1-Rosell, 2-Karachaliou, 3-Viteri, 4-Molina-vila, 5-Polyzos, 6-Coroleu, 7-Monllau, 8-Massuti

AUTORES (2023)[3]

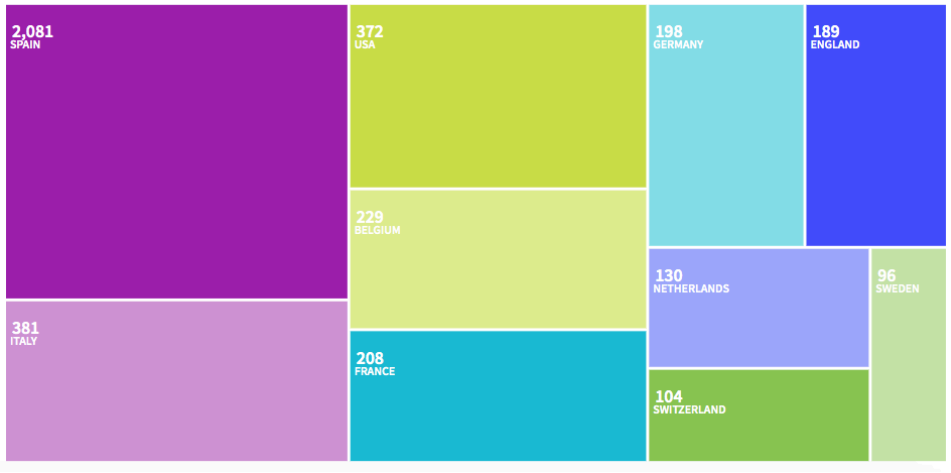
Autores con más publicaciones.



1-Rosell, 2-Polyzos, 3-Molina-vila, 4-Guerriero, 5-Monllau, 6-Viteri, 7-Aguilar, 8-Pascual

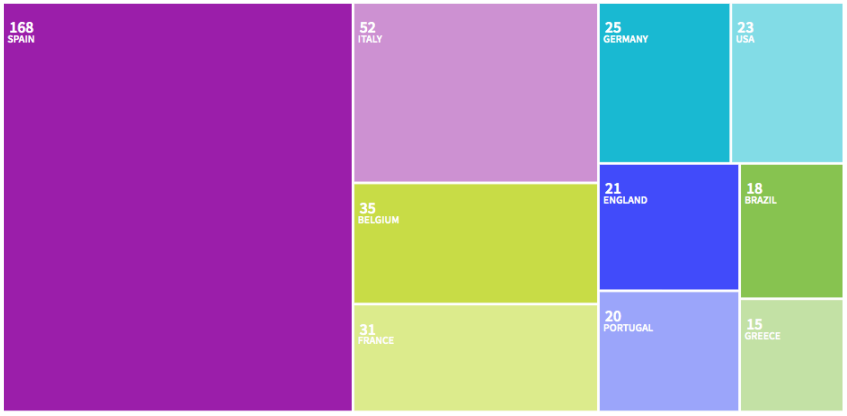
[5] Informe de Web of Science (WoS), en base a las publicaciones de las revistas que estan indexadas en dicha base de datos.

PAÍSES (todos los años, 1900-2004)[6]



1-España, 2-Italia, 3-Estados Unidos, 4-Bélgica, 5-Francia, 6-Alemania, 7-Holanda, 8-Suiza

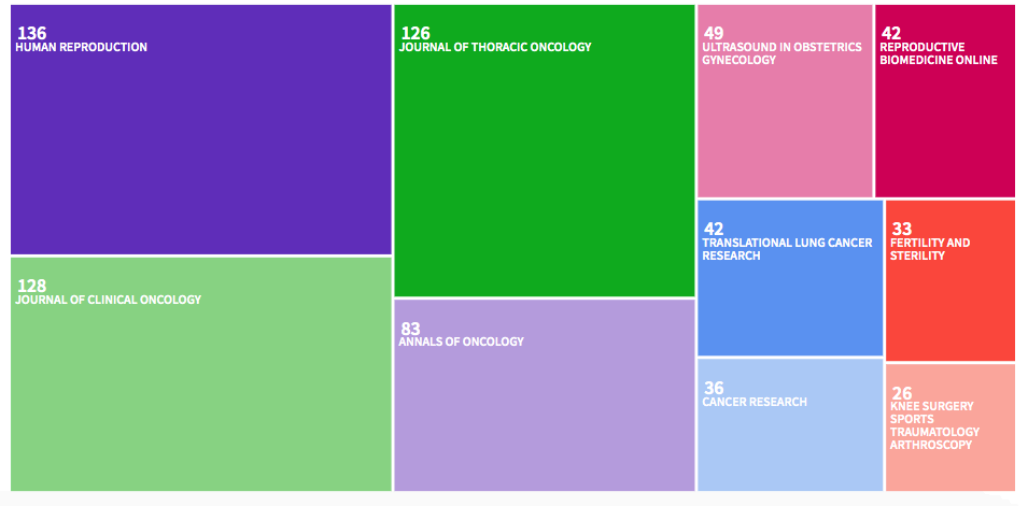
PAÍSES (2023)[4]



1-España, 2-Italia, 3-Bélgica, 4-Francia, 5-Alemania, 6-Inglaterra, 7-Portugal, 8-Estados Unidos

[6] Informe de Web of Science (WoS), en base a las publicaciones de las revistas que estan indexadas en dicha base de datos.

TÍTULOS DE REVISTAS (todos los años)[7]



1-Human Reproduction, 2-Journal of Clinical Oncology, 3-Journal of Thoracic Oncology, 4-Annals of oncology, 5-Ultrasound in obstetrics gynecology, 6-Translational Lung Cancer Research, 7-Reproductive Biomedicine Online, 8-Cancer Research

TÍTULOS DE REVISTA (2023)[5]

1-Human Reproduction, 2-Ultrasound in obstetrics gynecology, 3-Journal of thoracic oncology, 4-Diagnostics, 5-Journal of clinical oncology

[7] Informe de Web of Science (WoS), en base a las publicaciones de las revistas que estan indexadas en dicha base de datos.

NÚMERO TOTAL DE ARTÍCULOS

Número de artículos contabilizando todos los recuperados de las principales bases de datos utilizadas en la Memòria: Pubmed, Web of Science, Sciencies Citation Index Expanded, Current Contents Connect, Medline i Journal Citation Reports.

- **Número total de artículos publicados en 2021 por investigadores HUQD: 123**

- **Número total de artículos publicados en 2023 por investigadores HUQD: 113**

ARTÍCULOS EN RELACIÓN AL QUARTIL (2023)

El cuartil es un indicador, ofrecido por el JCR[8], que sirve para evaluar la importancia relativa de una revista dentro del total de revistas de su área. Es una medida de posición de una revista en relación con todas las de su área.

Los cuartiles ordenan las revistas de mayor a menor en lo relativo al índice o factor de impacto: Q1, grupo conformado por el primer 25% de las revistas del listado. Q2, grupo que ocupa del 25 al 50% Q3, grupo que se posiciona entre el 50 y el 75%.

➔ Qué ocurre con las revistas indexadas en más de una Categoría? Una misma revista puede estar indexada en más de una Categoría, por lo tanto, tendrá un cuartil diferente en cada una de las Categorías que haya sido indexada.

Ejemplo de barra informativa de artículo en revista indexada en dos Categorías(*Medicine, research & experimental* y *Pharmacology&Pharmacy*):

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 3.8
Quartil: 3 **Categoria:** Medicine, research & experimental ; Pharmacology&Pharmacy (Q2)
Posición: Medicine, research & experimental 73/136 ; Pharmacology & Pharmacy 105/278

(En rojo cuartil de la primera Categoría donde es indexada la revista, en verde la otra Categoría con el cuartil correspondiente que ocupa en esta.)

- **Número de artículos en revistas pertenecientes al Quartil 1: 49**
- **Número de artículos en revistas pertenecientes al Quartil 2: 33**
- **Número de artículos en revistas pertenecientes al Quartil 3: 9**
- **Número de artículos en revistas pertenecientes al Quartil 4: 8**

- **Artículos en revistas pertenecientes al Quartil 1:**

(Agrupados por especialidades y ordenados alfabéticamente por apellido del primer autor de la cita)

[8] Journal Citation Reports. Es una herramienta objetiva y sistemática para evaluar de forma crítica las principales publicaciones del mundo. Brinda información estadística basada en los datos de citas.Solo se informa del cuartil, por lo tanto, en los artículos publicados en revistas incluidas en dicha base de datos.

ONCOLOGÍA

Ascierto PA, Mandalà M, Ferrucci PF, Guidoboni M, Rutkowski P, Ferraresi V, Arance A, Guida M, Maiello E, Gogas H, Richtig E, Fierro MT, Lebbè C, Helgadottir H, Queirolo P, Spagnolo F, Tucci M, Del Vecchio M, **Gonzales Cao M**, Minisini AM, De Placido S, Sanmamed MF, Mallardo D, Curvietto M, Melero I, Palmieri G, Grimaldi AM, Giannarelli D, Dummer R, Chiarion Sileni V. **Sequencing of Ipilimumab Plus Nivolumab and Encorafenib Plus Binimetinib for Untreated BRAF-Mutated Metastatic Melanoma (SECOMBIT): A Randomized, Three-Arm, Open-Label Phase II Trial.** J Clin Oncol. 2023 Jan 10;41(2):212-221. doi: 10.1200/JCO.21.02961. Epub 2022 Sep 1. PMID: 36049147.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 45.4 **Quartil:** 1 **Categoría:** Oncology **Posición:** 7/241 ***1º Decil**

Bertran-Alamillo J, Giménez-Capitán A, Román R, Talbot S, Whiteley R, Floc'h N, Martínez-Pérez E, Martin MJ, Smith PD, **Sullivan I**, Terp MG, Saeh J, Marino-Buslje C, Fabbri G, Guo G, Xu M, Tornador C, Aguilar-Hernández A, Reguart N, Ditzel HJ, Martínez-Bueno A, Nabau-Moretó N, Gascó A, Rosell R, Pease JE, Polanska UM, Travers J, Urosevic J, **Molina-Vila MA. BID expression determines the apoptotic fate of cancer cells after abrogation of the spindle assembly checkpoint by AURKB or TTK inhibitors.** Mol Cancer. 2023 Jul 13;22(1):110. doi: 10.1186/s12943-023-01815-w. PMID: 37443114; PMCID: PMC10339641.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 37.3 **Quartil:** 1 **Categoría:** Biochemistry & Molecular Biology ; Oncology **Posición:** Biochemistry & Molecular Biology 4/285 ; Oncology 8/241 ***1º Decil**

Bertran-Alamillo J, Giménez-Capitán A, Román R, Talbot S, Whiteley R, Floc'h N, Martínez-Pérez E, Martin MJ, Smith PD, **Sullivan I**, Terp MG, Saeh J, Marino-Buslje C, Fabbri G, Guo G, Xu M, Tornador C, **Aguilar-Hernández A**, Reguart N, Ditzel HJ, **Martínez-Bueno A**, Nabau-Moretó N, Gascó A, Rosell R, Pease JE, Polanska UM, Travers J, Urosevic J, **Molina-Vila MA**.
BID expression determines the apoptotic fate of cancer cells after abrogation of the spindle assembly checkpoint by AURKB or TTK inhibitors.
Mol Cancer. 2023 Jul 13;22(1):110. doi: 10.1186/s12943-023-01815-w.PMID: 37443114
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 37.3 **Quartil:** 1 **Categoría:** Biochemistry & Molecular Biology ; Oncology **Posición:** Biochemistry & Molecular Biology 4/285 ; Oncology 8/241 ***1º Decil**

Besse B, Felip E, Garcia Campelo R, Cobo M, Mascaux C, Madroszyk A, Cappuzzo F, Hilgers W, Romano G, Denis F, **Viteri S**, Debieuvre D, Galetta D, Baldini E, Razaq M, Robinet G, Maio M, Delmonte A, Roch B, Masson P, Schuette W, Zer A, Remon J, Costantini D, Vasseur B, Dziadziuszko R, Giaccone G; ATALANTE-1 study group. **Randomized open-label controlled study of cancer vaccine OSE2101 versus chemotherapy in HLA-A2-positive patients with advanced non-small-cell lung cancer with resistance to immunotherapy: ATALANTE-1.** Ann Oncol. 2023 Oct;34(10):920-933. doi: 10.1016/j.annonc.2023.07.006. Epub 2023 Sep 11. PMID: 37704166.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 50.5 **Quartil:** 1 **Categoría:** Oncology **Posición:** 5/241 ***1º Decil**

Cueva JF, Palacio I, Churruca C, Herrero A, Pardo B, Constenla M, Santaballa A, Manso L, Estévez P, Maximiano C, Legerén M, Marquina G, de Juan A, Quindós M, Sánchez L, Barquin A, Fernández I, Martín C, Juárez A, Martín T, García Y, Yubero A, Gallego A, **Martínez Bueno A**, Guerra E, González-Martín A. **Real-world safety and effectiveness of maintenance niraparib for platinum-sensitive recurrent ovarian cancer: A GEICO retrospective observational study within the Spanish expanded-access programme.** Eur J Cancer. 2023 Mar;182:3-14. doi: 10.1016/j.ejca.2022.12.023. Epub 2022 Dec 29. PMID: 36706655.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 8.4 **Quartil:** 1 **Categoría:** Oncology **Posición:** 37/241

D'Ambrosi S, Giannoukakos S, Antunes-Ferreira M, Pedraz-Valdunciel C, **Bracht JWP**, Potie N, **Gimenez-Capitan A**, Hackenberg M, Fernandez Hilario A, **Molina-Vila MA**, **Rosell R**, Würdinger T, Koppers-Lalic D.
Combinatorial Blood Platelets-Derived circRNA and mRNA Signature for Early-Stage Lung Cancer Detection. Int J Mol Sci. 2023 Mar 2;24(5):4881. doi: 10.3390/ijms24054881.PMID: 36902312
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 5.6 **Quartil:** 1 **Categoría:** Biochemistry & Molecular Biology ; Chemistry Multidisciplinary (Q2) **Posición:** Biochemistry & Molecular Biology 66/285 ; Chemistry Multidisciplinary 52/178

Giménez-Capitán A, Sánchez-Herrero E, Robado de Lope L, Aguilar-Hernández A, Sullivan I, Calvo V, Moya-Horno I, Viteri S, Cabrera C, **Aguado C**, **Armiger N**, Valarezo **J**, **Mayo-de-Las-Casas C**, Reguart N, Rosell R, Provencio M, Romero A, **Molina-Vila MA**.
Detecting ALK, ROS1, and RET fusions and the METΔex14 splicing variant in liquid biopsies of non-small-cell lung cancer patients using RNA-based techniques.
Mol Oncol. 2023 Sep;17(9):1884-1897. doi: 10.1002/1878-0261.13468. Epub 2023 Jun 6.PMID: 37243883
Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 37.3 **Quartil:** 1 **Categoría:** Biochemistry & Molecular Biology ; Oncology **Posición:** Biochemistry & Molecular Biology 4/285 ; Oncology 8/241 ***1º Decil**

Le X, Paz-Ares LG, Van Meerbeeck J, **Viteri S**, Galvez CC, Smit EF, Garassino M, Veillon R, Baz DV, Pradera JF, Sereno M, Kozuki T, Kim YC, Yoo SS, Han JY, Kang JH, Son CH, Choi YJ, Stroh C, Juraeva D, Vioix H, Bruns R, Otto G, Johne A, Paik PK. **Tepotinib in patients with non-small cell lung cancer with high-level MET amplification detected by liquid biopsy: VISION Cohort B.** Cell Rep Med. 2023 Nov 21;4(11):101280. doi: 10.1016/j.xcrm.2023.101280. Epub 2023 Nov 8. PMID: 37944528; PMCID: PMC10694660.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 14.3 **Quartil:** 1 **Categoría:** Cell biology ; Medicine, research, experimental **Posición:** Cell biology 17/191 ; Medicine, research, experimental 5/136 ***1º Decil**

Mazieres J, Paik PK, Garassino MC, Le X, Sakai H, Veillon R, Smit EF, Cortot AB, Raskin J, **Viteri S**, Wu YL, Yang JCH, Ahn MJ, Ma R, Zhao J, O'Brate A, Berghoff K, Bruns R, Otto G, Johne A, Felip E, Thomas M.
Tepotinib Treatment in Patients With MET Exon 14-Skipping Non-Small Cell Lung Cancer: Long-term Follow-up of the VISION Phase 2 Nonrandomized Clinical Trial.
JAMA Oncol. 2023 Sep 1;9(9):1260-1266. doi: 10.1001/jamaoncol.2023.1962.PMID: 37270698
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 28.4 **Quartil:** 1 **Categoría:** Oncology **Posición:** 10/318 ***1º Decil**

Pérez-García JM, Vaz Batista M, Cortez P, Ruiz-Borrego M, Cejalvo JM, de la Haba-Rodriguez J, **Garrigós L**, Racca F, Servitja S, Blanch S, Gion M, Nave M, Fernández-Abad M, Martinez-Bueno A, Llombart-Cussac A, Sampayo-Cordero M, Malfettone A, Cortés J, Braga S.
Trastuzumab deruxtecan in patients with central nervous system involvement from HER2-positive breast cancer: The DEBBRAH trial.
Neuro Oncol. 2023 Jan 5;25(1):157-166. doi: 10.1093/neuonc/noac144.PMID: 35639825
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 15.9 **Quartil:** 1 **Categoría:** Clinical Neurology ; Oncology **Posición:** Clinical Neurology 4/212 ; Oncology 16/241 ***1º Decil**

Provencio M, Nadal E, González-Larriba JL, Martínez-Martí A, Bernabé R, Bosch-Barrera J, Casal-Rubio J, Calvo V, Insa A, Ponce S, Reguart N, de Castro J, Mosquera J, Cobo M, Aguilar A, López Vivanco G, Camps C, López-Castro R, Morán T, Barneto I, Rodríguez-Abreu D, Serna-Blasco R, Benítez R, Aguado de la Rosa C, Palmero R, Hernando-Trancho F, Martín-López J, Cruz-Bermúdez A, Massuti B, Romero A. Perioperative Nivolumab and Chemotherapy in Stage III Non-Small-Cell Lung Cancer. N Engl J Med. 2023 Aug 10;389(6):504-513. doi: 10.1056/NEJMoa2215530. Epub 2023 Jun 28. PMID: 37379158.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 158.5 **Quartil:** 1 **Categoría:** Medicine, general & internal **Posición:** 2/169 ***1º Decil**

Ponce S, Cedrés S, Ricordel C, Isambert N, **Viteri S**, Herrera-Juarez M, Martinez-Marti A, Navarro A, Lederlin M, Serres X, Zugazagoitia J, Vetrhus S, Jaderberg M, Hansen TB, Levitsky V, Paz-Ares L. **ONCOS-102 plus pemetrexed and platinum chemotherapy in malignant pleural mesothelioma: a randomized phase 2 study investigating clinical outcomes and the tumor microenvironment.** J Immunother Cancer. 2023 Sep;11(9):e007552. doi: 10.1136/jitc-2023-007552. PMID: 37661097; PMCID: PMC10476122.
Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 10.9 **Quartil:** 1 **Categoría:** Immunology ; Oncology **Posición:** Immunology 18/161 ; Oncology 30/241

Postel-Vinay S, Coves J, Texier M, Aldea M, Gazzah A, Dómine M, Planchard D, De Las Peñas R, Sala Gonzalez MA, **Viteri S**, Perez J, Ortega AL, Moran T, Camps C, Lopez-Martin A, Provencio M, Soria JC, Besse B, Massuti B, **Rosell R**. **Olaparib maintenance versus placebo in platinum-sensitive non-small cell lung cancer: the**

Phase 2 randomized PIPSeN trial. Br J Cancer. 2024 Feb;130(3):417-424. doi: 10.1038/s41416-023-02514-5. Epub 2023 Dec 14. PMID: 38097741; PMCID: PMC10844295.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 8.8 **Quartil:** 1 **Categoría:** Oncology **Posición:** 43/318

Reischmann N, Schmelas C, **Molina-Vila MÁ**, **Jordana-Ariza N**, Kuntze D, García-Roman S, Simard MA, Musch D, Esdar C, Albers J, Karachaliou N.
Overcoming MET-mediated resistance in oncogene-driven NSCLC. iScience. 2023 May 29;26(7):107006. doi: 10.1016/j.isci.2023.107006. PMID: 37534190; PMCID: PMC10391663.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 5.8 **Quartil:** 1 **Categoría:** Multidisciplinary Sciences **Posición:** 15/73

Trilla-Fuertes L, Gámez-Pozo A, Prado-Vázquez G, López-Vacas R, Zapater-Moros A, López-Camacho E, Lumbreras-Herrera MI, Soriano V, Garicano F, Lecumberri MJ, Rodríguez de la Borbolla M, Majem M, Pérez-Ruiz E, **González-Cao M**, Oramas J, Magdaleno A, Fra J, Martín-Carnicero A, Corral M, Puértolas T, Ramos R, Fresno Vara JÁ, Espinosa E.
Sorting Transcriptomics Immune Information from Tumor Molecular Features Allows Prediction of Response to Anti-PD1 Therapy in Patients with Advanced Melanoma.
Int J Mol Sci. 2023 Jan 2;24(1):801. doi: 10.3390/ijms24010801.PMID: 36614248
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 5.6 **Quartil:** 1 **Categoría:** Biochemistry & Molecular Biology ; Chemistry Multidisciplinary (Q2) **Posición:** Biochemistry & Molecular Biology 66/285 ; Chemistry Multidisciplinary 52/178

TRAUMATOLOGÍA (ICATME)

Goicoechea N, Hinarejos P, Gasol B, Torres-Claramunt R, Sánchez-Soler J, Perelli S, Monllau JC. **Systematic lateral retinacular release does not reduce anterior knee pain after total knee arthroplasty with patellar resurfacing**. Knee Surg Sports Traumatol Arthrosc. 2023 Oct;31(10):4213-4219. doi: 10.1007/s00167-023-07456-2. Epub 2023 Jun 3. PMID: 37270463.
Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 3.8 **Quartil:** 1 **Categoría:** Orthopedics ; Sport Sciences **Posición:** Orthopedics 87/130 ; Sport Sciences 17/87

Mechó S, Balius R, **Bossy M**, **Valle X**, Pedret C, Ruiz-Cotorro Á, Rodas G.
Isolated Adductor Magnus Injuries in Athletes: A Case Series.
Sports Med. 2023 Jan 17;11(1):23259671221138806. doi: 10.1177/23259671221138806. eCollection 2023 Jan.PMID: 36698789
Indexado en: Pubmed/WoS/Current Contents Connect/Medline/JCR **Factor Impacto:** 9.8 **Quartil:** 1 **Categoría:** Sport Sciences **Posición:** 3/87

Monllau JC, **Perelli S**, Costa GG. **Anterior cruciate ligament failure and management.** EFORT Open Rev. 2023 May 9;8(5):231-244. doi: 10.1530/EOR-23-0037. PMID: 37158400; PMCID: PMC10233803.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 3.4 **Quartil:** 1 **Categoría:** Orthopedics **Posición:** 18/86

Renz N, Madjarevic T, Ferrari M, Becker R, Ravn C, Vogely C, **Pérez-Prieto D**. **Recommendations on diagnosis and antimicrobial treatment of infections after anterior cruciate ligament reconstruction (ACL-R) endorsed by ESSKA and EBJIS.** J Infect. 2023 Jun;86(6):543-551. doi: 10.1016/j.jinf.2023.03.021. Epub 2023 Apr 3. PMID: 37019288.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 28.2 **Quartil:** 1 **Categoría:** Infectious Diseases **Posición:** 4/129 ***1º Decil**

OBSTETRICIA Y GINECOLOGÍA (SALUT DE LA DONA DEXEUS)

Albaiges G, Papastefanou I, **Rodriguez I**, Prats P, Echevarria M, Rodriguez MA, **Rodriguez Melcon A**.
External validation of Fetal Medicine Foundation competing-risks model for midgestation prediction of small-for-gestational-age neonates in Spanish population.
Ultrasound Obstet Gynecol. 2023 Aug;62(2):202-208. doi: 10.1002/uog.26210.PMID: 36971008
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 7.1 **Quartil:** 1 **Categoría:** Acoustics ; Obstetrics & Gynecology **Posición:** Acoustics 2/31 ; Obstetrics & Gynecology 5/85

Ata B, La Marca A, **Polyzos NP**. **Free your patients and yourself from day 2-3: start ovarian stimulation any time in freeze-all cycles.** Reprod Biomed Online. 2023 Oct;47(4):103305. doi: 10.1016/j.rbmo.2023.103305. Epub 2023 Jul 23. PMID: 37619517.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 4 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 17/85 ; Reproductive Biology 6/31

Drakopoulos P, Khalaf Y, Esteves SC, **Polyzos NP**, Sunkara SK, Shapiro D, Rizk B, Ye H, Costello M, Koloda Y, Salle B, Lispi M, D'Hooghe T, La Marca A. **Treatment algorithms for high responders: What we can learn from randomized controlled trials, real-world data and models.** Best Pract Res Clin Obstet Gynaecol. 2023 Feb;86:102301. doi: 10.1016/j.bpobgyn.2022.102301. Epub 2022 Dec 27. PMID: 36646567.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 5.5 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology **Posición:** 11/85

ESHRE Add-ons working group; Lundin K, Bentzen JG, Bozdag G, Ebner T, Harper J, Le Clef N, Moffett A, Norcross S, Polyzos NP, Rautakallio-Hokkanen S, Sfontouris I, Sermon K, Vermeulen N, Pinborg A. **Good practice recommendations on add-ons in reproductive medicine**. Hum Reprod. 2023 Nov 2;38(11):2062-2104. doi: 10.1093/humrep/dead184. PMID: 37747409; PMCID: PMC10628516.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 6.1 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 9/85 ; Reproductive Biology 4/31

Ferrand T, Boulant J, He C, Chambost J, Jacques C, Pena CA, Hickman C, Reignier A, **Fréour T**. **Predicting the number of oocytes retrieved from controlled ovarian hyperstimulation with machine learning.** Hum Reprod. 2023 Oct 3;38(10):1918-1926. doi: 10.1093/humrep/dead163. PMID: 37581894; PMCID: PMC10546073.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 6.1 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 9/85 ; Reproductive Biology 4/31

González-Foruria I, **García S**, **Álvarez M**, **Racca A**, **Hernández M**, **Polyzos NP**, **Coroleu B**. **Elevated serum progesterone levels before frozen embryo transfer do not negatively impact reproductive outcomes: a large retrospective cohort study.** Fertil Steril. 2023 Sep;120(3 Pt 2):597-604. doi: 10.1016/j.fertnstert.2023.04.038. Epub 2023 May 2. PMID: 37142050.
Indexado en: Pubmed/WoS/SCIE/JCR **Factor Impacto:** 6.7 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 6/85 ; Reproductive Biology 3/31

Maignien C, Hachem RE, Bourdon M, Marcellin L, Chalas C, Patrat C, **Gonzàlez-Foruria I**, Chapron C, Santulli P. **Oocyte donation outcomes in endometriosis patients with multiple IVF failures.** Reprod Biomed Online. 2023 Aug;47(2):103236. doi: 10.1016/j.rbmo.2023.05.008. Epub 2023 May 22. PMID: 37390602.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 4 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 17/85 ; Reproductive Biology 6/31

Neves AR, **Garcia S**, Vuong LT, Blockeel C, **Arroyo G**, Spits C, Pham TD, Ho TM, Tournaye H, Polyzos NP. **Association between sequence variants in the FSHR gene and reproductive outcomes following IVF in predicted normoresponders.** Reprod Biomed Online. 2023 May;46(5):826-834. doi: 10.1016/j.rbmo.2023.01.013. Epub 2023 Jan 26. PMID: 37130623.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 4 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 17/85 ; Reproductive Biology 6/31

Pons MC, Carrasco B, Rives N, Delgado A, Martínez-Moro A, Martínez-Granados L, Rodriguez I, Cairó O, Cuevas-Saiz I; SIG Embryology of ASEBIR. **Predicting the likelihood of live birth: an objective and user-friendly blastocyst grading system.** Reprod Biomed Online. 2023 Sep;47(3):103243. doi: 10.1016/j.rbmo.2023.05.015. Epub 2023 Jun 3. PMID: 37473718.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 4 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 17/85 ; Reproductive Biology 6/31

Popovic M, Borot L, Lorenzon AR, Lopes ALRC, Sakkas D, Lledó B, Morales R, Ortiz JA, **Polyzos NP**, **Parriego M**, Azpiroz F, Galain M, Pujol A, Menten B, Dhaenens L, Vanden Meerschaut F, Stoop D, Rodriguez M, de la Blanca EP, Rodríguez A, Vassena R. **Implicit bias in diagnosing mosaicism amongst preimplantation genetic testing providers: results from a multicenter study of 36 395 blastocysts.** Hum Reprod. 2024 Jan 5;39(1):258-274. doi: 10.1093/humrep/dead213. PMID: 37873575.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 6.1 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 9/85 ; Reproductive Biology 4/31

Sachs-Guedj N, Hart R, Requena A, Vergara V, **Polyzos NP**. **Real-world practices of hormone monitoring during ovarian stimulation in assisted reproductive technology: a global online survey.** Front Endocrinol (Lausanne). 2023 Nov 28;14:1260783. doi: 10.3389/fendo.2023.1260783. PMID: 38089631; PMCID: PMC10714002.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 5.2 **Quartil:** 1 **Categoría:** Endocrinology & Metabolism **Posición:** 36/145

Verdyck P, Altarescu G, Santos-Ribeiro S, Vrettou C, Koehler U, Griesinger G, Goossens V, Magli C, Albanese C, **Parriego M**, **Coll L**, Ron-El R, Sermon K, Traeger-Synodinos J. **Aneuploidy in oocytes from women of advanced maternal age: analysis of the causal meiotic errors and impact on embryo development.** Hum Reprod. 2023 Dec 4;38(12):2526-2535. doi: 10.1093/humrep/dead201. PMID: 37814912.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 6.1 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 9/85 ; Reproductive Biology 4/31

Vloeberghs V, De Munck N, **Racca A**, Mateizel I, Wouters K, Tournaye H. **Enzymatic tissue processing after testicular biopsy in non-obstructive azoospermia enhances sperm retrieval.** Hum Reprod Open. 2023 Oct 18;2023(4):hoad039. doi: 10.1093/hropen/hoad039. PMID: 37936829; PMCID: PMC10627277.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 6.1 **Quartil:** 1 **Categoría:** Obstetrics & Gynecology ; Reproductive Biology **Posición:** Obstetrics & Gynecology 9/85 ; Reproductive Biology 4/31

FARMACIA

Abella L, D'Adamo E, Strozzi M, Botondi V, Abella E, Cassinari M, Mazzucco L, Maconi A, Testa M, Zanelli C, Patacchiola R, Librandi M, Osmelli J, Carabotta M, Chiarelli F, Gazzolo D. **Early changes in S100B maternal blood levels can predict fetal intrauterine growth restriction.** Clin Chem Lab Med. 2023 Jun 28;61(12):2205-2211. doi: 10.1515/cclm-2023-0294. PMID: 37366015.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 6.8 **Quartil:** 1 **Categoría:** Medical laboratory technology ; Biochemistry & Molecular Biology **Posición:** Medical laboratory technology 4/29 ; Biochemistry & Molecular n/a

Batlle M, Badia JM, Hernández S, Grau S, Padulles A, Boix-Palop L, Giménez-Pérez M, Ferrer R, Calbo E, Limón E, Pujol M, Horcajada JP; Members of the 7VINCut Study Group; VINCat Program. Collaborators: **Julen Montoya** [et.al.]
Reducing the duration of antibiotic therapy in surgical patients through a specific nationwide antimicrobial stewardship program. A prospective, interventional cohort study.
Int J Antimicrob Agents. 2023 Nov;62(5):106943. doi: 10.1016/j.ijantimicag.2023.106943. Epub 2023 Aug 2.PMID: 37541529
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 10.8 **Quartil:** 1 **Categoría:** Infectious Diseases ; Microbiology **Posición:** Infectious Diseases 12/96 ; Microbiology 15/135

ENDOCRINOLOGÍA Y NUTRICIÓN

Casals G, Costa RF, Rull EU, Escobar-Morreale HF, Argente J, **Sesmilo G**, Biagetti B.
Recommendations for the measurement of sexual steroids in clinical practice. A position statement of SEQC^{ML}/SEEN/SEEP.
Int J Antimicrob Agents. 2023 Nov;62(5):106943. doi: 10.1016/j.ijantimicag.2023.106943. Epub 2023 Aug 2.PMID: 37541529
Indexado en: Pubmed/WoS/Medline/JCR **Factor Impacto:** 10.8 **Quartil:** 1 **Categoría:** Infectious Diseases ; Microbiology **Posición:** Infectious Diseases 12/96 ; Microbiology 15/135

Gil J, Marques-Pamies M, Valassi E, Serra G, Salinas I, Xifra G, Casano-Sancho P, Carrato C, Biagetti B, **Sesmilo G**, Marcos-Ruiz J, Rodriguez-Lloveras H, Rueda-Pujol A, Aulinas A, Blanco A, Hostalot C, Simó-Servat A, Muñoz F, Rico M, Ibáñez-Domínguez J, Cordero E, Webb SM, Jordà M, Puig-Domingo M. **Molecular characterization of epithelial-mesenchymal transition and medical treatment related-genes in non-functioning pituitary neuroendocrine tumors.**
Front Endocrinol (Lausanne). 2023 Mar 22;14:1129213. doi: 10.3389/fendo.2023.1129213. eCollection 2023.PMID: 37033229
Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 5.2 **Quartil:** 1 **Categoría:** Endocrinology & Metabolism **Posición:** 36/145

Gil J, Marques-Pamies M, Valassi E, Serra G, Salinas I, Xifra G, Casano-Sancho P, Carrato C, Biagetti B, **Sesmilo G**, Marcos-Ruiz J, Rodriguez-Lloveras H, Rueda-Pujol A, Aulinas A, Blanco A, Hostalot C, Simó-Servat A, Muñoz F, Rico M, Ibáñez-Domínguez J, Cordero E, Webb SM, Jordà M, Puig-Domingo M. **Molecular characterization of epithelial-mesenchymal transition and medical treatment related-genes in non-functioning pituitary neuroendocrine tumors.** Front Endocrinol (Lausanne). 2023 Mar 22;14:1129213. doi: 10.3389/fendo.2023.1129213. PMID: 37033229; PMCID: PMC10074986.
Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 5.2 **Quartil:** 1 **Categoría:** Endocrinology & Metabolism **Posición:** 36/145

Racca A, **Alvarez M**, **Garcia Martinez S**, **Rodriguez I**, **Gonzalez-Foruria I**, **Polyzos NP**, **Coroleu B**. **Assessment of progesterone levels on the day of pregnancy test determination: A novel concept toward individualized luteal phase support.** Front Endocrinol (Lausanne). 2023 Feb 1;14:1090105. doi: 10.3389/fendo.2023.1090105. PMID: 36817599; PMCID: PMC9929287.
Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 5.2 **Quartil:** 1 **Categoría:** Endocrinology & Metabolism **Posición:** 36/145

CIRUGÍA MAXILOFACIAL, IMPLANTOLOGÍA Y ESTÉTICA FACIAL

Ignatova-Mishutina T, Khoury-Ribas L, Flores-Orozco EI, **Rovira-Lastra B**, Martinez-Gomis J. **Influence of masticatory side switch frequency on masticatory mixing ability and sensory perception in adults with healthy dentitions: A randomized crossover trial.**
J Prosthet Dent. 2023 Apr 14:S0022-3913(23)00170-1. doi: 10.1016/j.prosdent.2023.03.006. PMID: 37062609
Indexado en: Pubmed/WoS/Medline/JCR **Factor Impacto:** 4.6 **Quartil:** 1 **Categoría:** Dentistry, oral, surgery & medicine **Posición:** 10/91

Rovira-Lastra B, Khoury-Ribas L, Flores-Orozco EI, Ayuso-Montero R, Chaurasia A, Martinez-Gomis J. **Accuracy of digital and conventional systems in locating occlusal contacts: A clinical study.**
J Prosthet Dent. 2023 Aug 21:S0022-3913(23)00481-X. doi: 10.1016/j.prosdent.2023.06.036. PMID: 37612195
Indexado en: Pubmed/WoS/Medline/JCR **Factor Impacto:** 4.6 **Quartil:** 1 **Categoría:** Dentistry, oral, surgery & medicine **Posición:** 10/91

OFTALMOLOGÍA

Vergés C, **Giménez-Capitán A**, **Ribas V**, **Salgado-Borges J**, **March de Ribot F**, **Mayo-de-Las-Casas C**, **Armiger-Borras N**, **Pedraz C**, **Molina-Vila MÁ**. **Gene expression signatures in conjunctival fornix aspirates of patients with dry eye disease associated with Meibomian gland dysfunction.** A proof-of-concept study. Ocul Surf. 2023 Oct;30:42-50. doi: 10.1016/j.jtos.2023.07.010. Epub 2023 Jul 29. PMID: 37524297.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 6.4 **Quartil:** 1 **Categoría:** Ophtalmology **Posición:** 4/62

PEDIATRIA DEXEUS (PAIDO SALUT INFANTIL)

Strozzi C, Di Battista C, Graziosi A, D'Adamo E, Librandi M, Patacchiola R, Maconi A, Ghiglione V, Pelazzo C, Pasino M, Paterlini G, Bozzetti V, Salvo V, Gazzolo F, Concolino D, **Abella L**, Spinelli M, Betti M, Bertolotti M, Gazzolo D.
Cerebral and systemic near infrared spectroscopy patterns in preterm infants treated by caffeine.
Acta Paediatr. 2024 Apr;113(4):700-708. doi: 10.1111/apa.17077. Epub 2023 Dec 29. PMID: 38156367.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 3.8 **Quartil:** 1 **Categoría:** Pediatrics **Posición:** 17/130

CARDIOLOGÍA

Moya-Mitjans À, Ferreira-González I. **Arrhythmic risk in single or recurrent episodes of unexplained syncope with complete bundle branch block.** Rev Esp Cardiol (Engl Ed). 2023 Aug;76(8):609-617. English, Spanish. doi: 10.1016/j.rec.2022.11.009. Epub 2022 Dec 17. PMID: 36539183.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 5.9 **Quartil:** 1 **Categoría:** Cardiac & Cardiovascular systems **Posición:** 35/143

REUMATOLOGIA

González I, Pego-Reigosa J, Jiménez N, Hernández-Martín A, **Vidal-Montal P**, et. al.(2023). **POS1144 Effectiveness of Belimumab in systemic lupus erythematosus patients of a multicenter spanish cohort.** Annals of the Rheumatic Diseases. 82. 901.2-902. doi: 10.1136/annrheumdis-2023-eular.3482.
Indexado en: WoS/JCR/SCIE Factor Impacto: 27.4 **Quartil:** 1 **Categoría:** Rheumatology **Posición:** 2/54 ***1er Decil**

PSIQUIATRIA I PSICOLOGIA

Alvarez Alonso MJ, Guerrero Medina A, García Eslava JS, Martín Rodriguez AC, Martinez Salvador L, Aubareda Magriña M. **GnRh agonists as precipitating components of psychiatric pathology**. A case report. European Psychiatry. 2023;66(S1):S1042–3. doi:10.1192/j.eurpsy.2023.2211
Indexado en: WoS/SCIE/JCR **Factor Impacto:** 7.8 **Quartil:** 1 **Categoría:** Psychiatry (SCIE) ; Psychiatry (SSCI) **Posición:** Psychiatry (SCIE) 18/155 ; Psychiatry (SSCI) 13/144

Lozano-Madrid M, Granero R, Lucas I, Sánchez I, Sánchez-González J, Gómez-Peña M, Moragas L, Mallorquí-Bagué N, Tapia J, Jiménez-Murcia S, Fernández-Aranda F. **Impulsivity and compulsivity in gambling disorder and bulimic spectrum eating disorders: Analysis of neuropsychological profiles and sex differences**. Eur Psychiatry. 2023 Oct 19;66(1):e91. doi: 10.1192/j.eurpsy.2023.2458. PMID: 37855168; PMCID: PMC10755579.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 7.8 **Quartil:** 1 **Categoría:** Psychiatry (SCIE) ; Psychiatry (SSCI) **Posición:** Psychiatry (SCIE) 18/155 ; Psychiatry (SSCI) 13/144

Mallorquí-Bagué N, Lozano-Madrid M, Granero R, Mestre-Bach G, Vintró-Alcaraz C, Sánchez I, Jiménez-Murcia S, Fernández-Aranda F. **Cognitive and clinical gender-related differences among binge-spectrum eating disorders: Analysis of therapy response predictors**. Eur Eat Disord Rev. 2023 May;31(3):377-389. doi: 10.1002/erv.2961. Epub 2022 Dec 8. PMID: 36482806.
Indexado en: Pubmed/WoS/Current Contents Connect/Medline/JCR **Factor Impacto:** 5.3 **Quartil:** 1 **Categoría:** Psychology, clinical **Posición:** 18/131

Mallorquí-Bagué N, Mestre-Bach G, Testa G. **Craving in gambling disorder: A systematic review**. J Behav Addict. 2023 Feb 13;12(1):53-79. doi: 10.1556/2006.2022.00080. PMID: 36787136; PMCID: PMC10260221.
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 7.8 **Quartil:** 1 **Categoría:** Psychiatry (SCIE) ; Psychiatry (SSCI) **Posición:** Psychiatry (SCIE) 18/155 ; Psychiatry (SSCI) 13/144

Mallorquí-Bagué N, Vintró-Alcaraz C, Lozano-Madrid M, Testa G, Granero R, Sánchez I, Fernández-Aranda F, (2023). **The usefulness of an intervention with a serious video game as a complementary approach to cognitive behavioural therapy in eating disorders: A pilot randomized clinical trial for impulsivity management**. European Eating Disorders Review, 31(6), 781-792.
Indexado en: WoS/Current Contents Connect/Medline/JCR **Factor Impacto:** 5.3 **Quartil:** 1 **Categoría:** Psychology, clinical **Posición:** 18/131

- **Total artículos de cada unidad del HUQD en revistas pertenecientes al Q1, Q2, Q3, Q4**

[Artículos en revistas pertenecientes al Quartil 1]

➢ Total artículos en revistas pertenecientes al Q1: 49

ONCOLOGIA [Total articles Q1: 15]

TRAUMATOLOGIA (ICATME) [Total articles Q1: 4]

OBSTETRÍCIA I GINECOLOGIA (SALUT DE LA DONA DEXEUS) [Total articles Q1: 13]

FARMÀCIA [Total articles Q1: 2]

ENDOCRINOLOGIA I NUTRICIÓ [Total articles Q1: 4]

CIRUGIA MAXILOFACIAL, IMPLANTOLOGIA I ESTÈTICA FACIAL [Total articles Q1: 2]

OFTALMOLOGIA [Total articles Q1: 1]

PEDIATRIA DEXEUS (PAIDO SALUT INFANTIL) [Total articles Q1: 1]

CARDIOLOGIA [Total articles Q1: 1]

REUMATOLOGIA [Total articles Q1: 1]

PSIQUIATRIA I PSICOLOGIA [Total articles Q1: 5]

[Artículos en revistas pertenecientes al Quartil 2]

- Total artículos en revistas pertenecientes al Q2: 35

ONCOLOGIA [Total articles Q2: 9]

ANATOMIA PATOLÒGICA [Total articles Q2: 1]

TRAUMATOLOGIA (ICATME) [Total articles Q2: 4]

OBSTETRÍCIA I GINECOLOGIA (SALUT DE LA DONA DEXEUS) [Total articles Q2: 13]

FARMACIA [Total articles Q2: 0]

ENDOCRINOLOGIA I NUTRICIÓ [Total articles Q2: 0]

APARELL DIGESTIU [Total articles Q2: 0]

CIRUGIA MAXILOFACIAL, IMPLANTOLOGIA I ESTÈTICA FACIAL [Total articles Q2: 1]

ANESTESIOLOGIA [Total articles Q2: 0]

OFTALMOLOGIA [Total articles Q2: 0]

PEDIATRIA DEXEUS (PAIDO SALUT INFANTIL) [Total articles Q2: 1]

CARDIOLOGIA [Total articles Q2: 0]

REUMATOLOGIA [Total articles Q2: 5]

PSIQUIATRIA I PSICOLOGIA [Total articles Q2: 1]

NEUROLOGIA [Total articles Q2: 0]

[Artículos en revistas pertenecientes al Quartil 3]

- Total artículos en revistas pertenecientes al Q3: 9

ONCOLOGIA [Total articles Q3: 3]

ANATOMIA PATOLÒGICA [Total articles Q3: 0]

TRAUMATOLOGIA (ICATME) [Total articles Q3: 2]

OBSTETRÍCIA I GINECOLOGIA (SALUT DE LA DONA DEXEUS) [Total articles Q3: 1]

FARMACIA [Total articles Q3: 0]

ENDOCRINOLOGIA I NUTRICIÓ [Total articles Q3: 0]

APARELL DIGESTIU [Total articles Q3: 0]

CIRUGIA MAXILOFACIAL, IMPLANTOLOGIA I ESTÈTICA FACIAL [Total articles Q3: 0]

ANESTESIOLOGIA [Total articles Q3: 1]

OFTALMOLOGIA [Total articles Q3: 0]

PEDIATRIA DEXEUS (PAIDO SALUT INFANTIL) [Total articles Q3: 0]

CARDIOLOGIA [Total articles Q3: 0]

REUMATOLOGIA [Total articles Q3: 0]

PSIQUIATRIA I PSICOLOGIA [Total articles Q3: 1]

NEUROLOGIA [Total articles Q3: 1]

[Artículos en revistas pertenecientes al Quartil 4]

- Total artículos en revistas pertenecientes al Q4: 8

ONCOLOGIA [Total articles Q4: 1]

ANATOMIA PATOLÒGICA [Total articles Q4: 0]

TRAUMATOLOGIA (ICATME) [Total articles Q4: 2]

OBSTETRÍCIA I GINECOLOGIA (SALUT DE LA DONA DEXEUS) [Total articles Q4: 2]

FARMACIA [Total articles Q4: 0]

ENDOCRINOLOGIA I NUTRICIÓ [Total articles Q4: 1]

APARELL DIGESTIU [Total articles Q4: 2]

CIRUGIA MAXILOFACIAL, IMPLANTOLOGIA I ESTÈTICA FACIAL [Total articles Q4: 0]

ANESTESIOLOGIA [Total articles Q4: 0]

OFTALMOLOGIA [Total articles Q4: 0]

PEDIATRIA DEXEUS (PAIDO SALUT INFANTIL) [Total articles Q4: 0]

CARDIOLOGIA [Total articles Q4: 0]

REUMATOLOGIA [Total articles Q4: 0]

PSIQUIATRIA I PSICOLOGIA [Total articles Q4: 0]

NEUROLOGIA [Total articles Q4: 0]

ARTÍCULOS 2023 EN REVISTAS CON UN FACTOR DE IMPACTO >10

El Factor de Impacto (FI) es una medida de la importancia de una publicación científica y es proporcionada por la base de datos Journal Citation Reports (JCR)[9]. Es un indicador creado por Eugene Garfield del Instituto para la Información Científica para aquellas publicaciones a las que se realiza este seguimiento. Los resultados son publicados en un informe anual llamado Journal Citation Reports.

¿Qué número es un buen factor de impacto?

En muchos campos de estudio, los factores de impacto de 10 o más se consideran excepcionales, y en algunos superan el 3. Sin embargo, los factores de impacto de las revistas del Journal Citation Reports(JCR) difieren significativamente de una disciplina a otra.

- **Número de artículos en publicaciones con un factor de impacto superior a 10: 12**

- **Artículos de un FI>10 ordenados de mayor a menor FI:**

Provencio M, Nadal E, González-Larriba JL, Martínez-Martí A, Bernabé R, Bosch-Barrera J, Casal-Rubio J, Calvo V, Insa A, Ponce S, Reguart N, de Castro J, Mosquera J, Cobo M, Aguilar A, López Vivanco G, Camps C, López-Castro R, Morán T, Barneto I, Rodríguez-Abreu D, Serna-Blasco R, Benítez R, Aguado de la Rosa C, Palmero R, Hernando-Trancho F, Martín-López J, Cruz-Bermúdez A, Massuti B, Romero A. Perioperative Nivolumab and Chemotherapy in Stage III Non-Small-Cell Lung Cancer. N Engl J Med. 2023 Aug 10;389(6):504-513. doi: 10.1056/NEJMoa2215530. Epub 2023 Jun 28. PMID: 37379158.
[INSTITUTO ONCOLÓGICO DR.ROSELL]
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 158.5 Quartil: 1 **Categoría:** Medicine, general & internal **Posición:** 2/169

Ascierto PA, Mandalà M, Ferrucci PF, Guidoboni M, Rutkowski P, Ferraresi V, Arance A, Guida M, Maiello E, Gogas H, Richtig E, Fierro MT, Lebbè C, Helgadottir H, Queirolo P, Spagnolo F, Tucci M, Del Vecchio M, **Gonzales Cao M**, Minisini AM, De Placido S, Sanmamed MF, Mallardo D, Curvietto M, Melero I, Palmieri G, Grimaldi AM, Giannarelli D, Dummer R, Chiarion Sileni V. **Sequencing of Ipilimumab Plus Nivolumab and Encorafenib Plus Binimetinib for Untreated BRAF-Mutated Metastatic Melanoma (SECOMBIT): A Randomized, Three-Arm, Open-Label Phase II Trial.** J Clin Oncol. 2023 Jan 10;41(2):212-221. doi: 10.1200/JCO.21.02961. Epub 2022 Sep 1. PMID: 36049147.

[9] Solo tendran el valor Factor de Impacto los artículos en revistas que se incluyen en dicha base de datos.

[INSTITUTO ONCOLÓGICO DR.ROSELL]
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 45.4 Quartil: 1 **Categoría:** Oncology **Posición:** 7/241

Bertran-Alamillo J, Giménez-Capitán A, Román R, Talbot S, Whiteley R, Floc'h N, Martínez-Pérez E, Martin MJ, Smith PD, **Sullivan I**, Terp MG, Saeh J, Marino-Buslje C, Fabbri G, Guo G, Xu M, Tornador C, Aguilar-Hernández A, Reguart N, Ditzel HJ, Martínez-Bueno A, Nabau-Moretó N, Gascó A, Rosell R, Pease JE, Polanska UM, Travers J, Urosevic J, **Molina-Vila MA. BID expression determines the apoptotic fate of cancer cells after abrogation of the spindle assembly checkpoint by AURKB or TTK inhibitors.** Mol Cancer. 2023 Jul 13;22(1):110. doi: 10.1186/s12943-023-01815-w. PMID: 37443114; PMCID: PMC10339641.
[INSTITUTO ONCOLÓGICO DR.ROSELL]
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 37.3 Quartil: 1 **Categoría:** Biochemistry & Molecular Biology ; Oncology **Posición:** Biochemistry & Molecular Biology 4/285 ; Oncology 8/241

Giménez-Capitán A, Sánchez-Herrero E, Robado de Lope L, Aguilar-Hernández A, Sullivan I, Calvo V, Moya-Horno I, Viteri S, Cabrera C, **Aguado C**, **Armiger N**, Valarezo **J**, **Mayo-de-Las-Casas C**, Reguart N, Rosell R, Provencio M, Romero A, **Molina-Vila MA**.
Detecting ALK, ROS1, and RET fusions and the METΔex14 splicing variant in liquid biopsies of non-small-cell lung cancer patients using RNA-based techniques.
Mol Oncol. 2023 Sep;17(9):1884-1897. doi: 10.1002/1878-0261.13468. Epub 2023 Jun 6.PMID: 37243883.
[INSTITUTO ONCOLÓGICO DR.ROSELL]
Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto: 37.3 Quartil:** 1 **Categoría:** Biochemistry & Molecular Biology ; Oncology **Posición:** Biochemistry & Molecular Biology 4/285 ; Oncology 8/241

Mazieres J, Paik PK, Garassino MC, Le X, Sakai H, Veillon R, Smit EF, Cortot AB, Raskin J, **Viteri S**, Wu YL, Yang JCH, Ahn MJ, Ma R, Zhao J, O'Brate A, Berghoff K, Bruns R, Otto G, Johne A, Felip E, Thomas M.**Tepotinib Treatment in Patients With MET Exon 14-Skipping Non-Small Cell Lung Cancer: Long-term Follow-up of the VISION Phase 2 Nonrandomized Clinical Trial.**
JAMA Oncol. 2023 Sep 1;9(9):1260-1266. doi: 10.1001/jamaoncol.2023.1962.PMID: 37270698
[INSTITUTO ONCOLÓGICO DR.ROSELL]
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto: 28.4 Quartil:** 1 **Categoría:** Oncology **Posición:** 10/318 ***1º Decil**

Renz N, Madjarevic T, Ferrari M, Becker R, Ravn C, Vogely C, **Pérez-Prieto D**. **Recommendations on diagnosis and antimicrobial treatment of infections after anterior cruciate ligament reconstruction (ACL-R) endorsed by ESSKA and EBJIS.** J Infect. 2023 Jun;86(6):543-551. doi: 10.1016/j.jinf.2023.03.021. Epub 2023 Apr 3. PMID: 37019288.
[ICATME]
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 28.2 Quartil: 1 **Categoría:** Infectious Diseases **Posición:** 4/129 ***1º Decil**

González I, Pego-Reigosa J, Jiménez N, Hernández-Martín A, **Vidal-Montal P**, et. al.(2023). **POS1144 Effectiveness of Belimumab in systemic lupus erythematosus patients of a multicenter spanish cohort.** Annals of the Rheumatic Diseases. 82. 901.2-902. doi: 10.1136/annrheumdis-2023-eular.3482.
[REUMATOLOGIA]
Indexado en: WoS/JCR/SCIE **Factor Impacto: 27.4 Quartil:** 1 **Categoría:** Rheumatology **Posición:** 2/54 ***1º Decil**

Pérez-García JM, Vaz Batista M, Cortez P, Ruiz-Borrego M, Cejalvo JM, de la Haba-Rodriguez J, **Garrigós L**, Racca F, Servitja S, Blanch S, Gion M, Nave M, Fernández-Abad M, Martinez-Bueno A, Llombart-Cussac A, Sampayo-Cordero M, Malfettone A, Cortés J, Braga S.
Trastuzumab deruxtecan in patients with central nervous system involvement from HER2-positive breast cancer: The DEBBRAH trial.
Neuro Oncol. 2023 Jan 5;25(1):157-166. doi: 10.1093/neuonc/noac144.PMID: 35639825. [INSTITUTO ONCOLÓGICO DR.ROSELL]
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 15.9 Quartil: 1 **Categoría:** Clinical Neurology ; Oncology **Posición:** Clinical Neurology 4/212 ; Oncology 16/241

Le X, Paz-Ares LG, Van Meerbeeck J, **Viteri S**, Galvez CC, Smit EF, Garassino M, Veillon R, Baz DV, Pradera JF, Sereno M, Kozuki T, Kim YC, Yoo SS, Han JY, Kang JH, Son CH, Choi YJ, Stroh C, Juraeva D, Vioix H, Bruns R, Otto G, Johne A, Paik PK. **Tepotinib in patients with non-small cell lung cancer with high-level MET amplification detected by liquid biopsy: VISION Cohort B.** Cell Rep Med. 2023 Nov 21;4(11):101280. doi: 10.1016/j.xcrm.2023.101280. Epub 2023 Nov 8. PMID: 37944528; PMCID: PMC10694660.
[INSTITUTO ONCOLÓGICO DR.ROSELL]
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 14.3 Quartil: 1 **Categoría:** Cell biology ; Medicine, research, experimental **Posición:** Cell biology 17/191 ; Medicine, research, experimental 5/136

Ponce S, Cedrés S, Ricordel C, Isambert N, **Viteri S**, Herrera-Juarez M, Martinez-Marti A, Navarro A, Lederlin M, Serres X, Zugazagoitia J, Vetrhus S, Jaderberg M, Hansen TB, Levitsky V, Paz-Ares L. **ONCOS-102 plus pemetrexed and platinum chemotherapy in malignant pleural mesothelioma: a randomized phase 2 study investigating clinical outcomes and the tumor microenvironment.** J Immunother Cancer. 2023 Sep;11(9):e007552. doi: 10.1136/jitc-2023-007552. PMID: 37661097; PMCID: PMC10476122.
[INSTITUTO ONCOLÓGICO DR.ROSELL]
Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto: 10.9 Quartil:** 1 **Categoría:** Immunology ; Oncology **Posición:** Immunology 18/161 ; Oncology 30/241

Batlle M, Badia JM, Hernández S, Grau S, Padulles A, Boix-Palop L, Giménez-Pérez M, Ferrer R, Calbo E, Limón E, Pujol M, Horcajada JP; Members of the 7VINCut Study Group; VINCat Program. Collaborators: **Julen Montoya** [et.al.]
Reducing the duration of antibiotic therapy in surgical patients through a specific nationwide antimicrobial stewardship program. A prospective, interventional cohort study.
Int J Antimicrob Agents. 2023 Nov;62(5):106943. doi: 10.1016/j.ijantimicag.2023.106943. Epub 2023 Aug 2.PMID: 37541529
[FARMACIA]
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto: 10.8 Quartil:** 1 **Categoría:** Infectious Diseases ; Microbiology **Posición:** Infectious Diseases 12/96 ; Microbiology 15/135

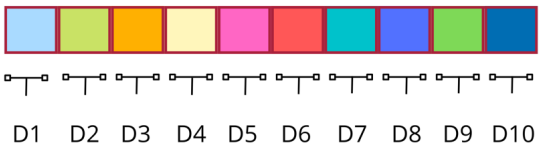
Casals G, Costa RF, Rull EU, Escobar-Morreale HF, Argente J, **Sesmilo G**, Biagetti B.
Recommendations for the measurement of sexual steroids in clinical practice. A position statement of SEQC[ML]/SEEN/SEEP.
Int J Antimicrob Agents. 2023 Nov;62(5):106943. doi: 10.1016/j.ijantimicag.2023.106943. Epub 2023 Aug 2.PMID: 37541529
[ENDOCRINOLOGIA I NUTRICIÓ]
Indexado en: Pubmed/WoS/Medline/JCR **Factor Impacto: 10.8 Quartil:** 1 **Categoría:** Infectious Diseases ; Microbiology **Posición:** Infectious Diseases 12/96 ; Microbiology 15/135

ARTÍCULOS 2023 EN EL 1º DECIL

- **Número de artículos en el 1ºDecil en el año 2023: 9**

Al igual que los cuartiles, los deciles tienen la función de evaluar la importancia de la revista dentro del total de revistas de su área viendo la posición en relación a ellas.

Al dividir en 10 partes un listado de revistas ordenadas por índice de impacto, cada una de estas partes será un decil.

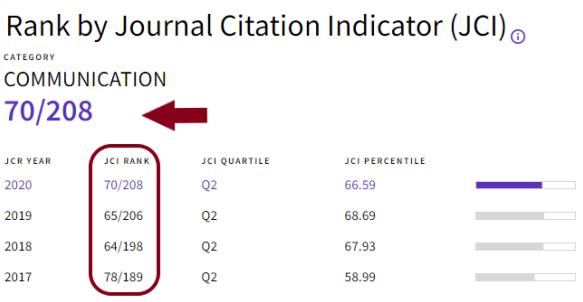


-Como se calcula[10] a qué decil pertenece una revista?

Ejemplo de cómo calcular el decil al que pertenece una revista:

Buscamos la revista en el Journal Citation Reports (JCR).

1. Vemos a que Categoría pertenece la revista.



2. En el apartado Rank by Journal Impact Factor, encontramos el número de revistas en cada una de las Categorias.

3. Realizamos el cálculo de forma manual, dividiendo el número total de publicaciones de esa Categoría entre diez, para poder ver en que decil se encuentra la revista

♦ Ej: category COMMUNICATION 208 revistas entre 10 = 20,8

(20,8 es por lo tanto el número de revistas de cada decil de la Categoría "Communication".)

♦ Nuestra revista está en la posición 70 es 4º Decil. *truco para el cálculo[11]

- **Listado de los artículos en revistas que se encuentran en el 1º Decil:**

(ordenados alfabéticamente en orden ascendente por inicial apellido primer autor)

[10] Solo se puede calcular el decil en los artículos incluidos a revistas indexadas en el Journal Citation Reports, ya que se calcula a partir del total de revistas de cada Categoría de dicha herramienta.
[11] dividir posición entre el número de revistas de cada decil de la Categoría de revistas que analizamos y sumar un dígito, ejemplo: 70:20,8=3.3 , luego sumamos 1: 3.3+1= 4.3. La revista del artículo del ejemplo, estan por tanto en el 4º Decil.

Ascierto PA, Mandalà M, Ferrucci PF, Guidoboni M, Rutkowski P, Ferraresi V, Arance A, Guida M, Maiello E, Gogas H, Richtig E, Fierro MT, Lebbè C, Helgadottir H, Queirolo P, Spagnolo F, Tucci M, Del Vecchio M, **Gonzales Cao M**, Minisini AM, De Placido S, Sanmamed MF, Mallardo D, Curvietto M, Melero I, Palmieri G, Grimaldi AM, Giannarelli D,
Dummer R, Chiarion Sileni V. **Sequencing of Ipilimumab Plus Nivolumab and Encorafenib Plus Binimetinib for Untreated BRAF-Mutated Metastatic Melanoma (SECOMBIT): A Randomized, Three-Arm, Open-Label Phase II Trial.** J Clin Oncol. 2023 Jan 10;41(2):212-221. doi: 10.1200/JCO.21.02961. Epub 2022 Sep 1. PMID: 36049147.
[INSTITUTO ONCOLÓGICO DR.ROSELL]
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 45.4 **Quartil:** 1 **Categoría:** Oncology **Posición:** 7/241

Bertran-Alamillo J, Giménez-Capitán A, Román R, Talbot S, Whiteley R, Floc'h N, Martínez-Pérez E, Martin MJ, Smith PD, **Sullivan I**, Terp MG, Saeh J, Marino-Buslje C, Fabbri G, Guo G, Xu M, Tornador C, Aguilar-Hernández A, Reguart N, Ditzel HJ, Martínez-Bueno A, Nabau-Moretó N, Gascó A, Rosell R, Pease JE, Polanska UM, Travers J, Urosevic J, **Molina-Vila MA. BID expression determines the apoptotic fate of cancer cells after abrogation of the spindle assembly checkpoint by AURKB or TTK inhibitors.** Mol Cancer. 2023 Jul 13;22(1):110. doi: 10.1186/s12943-023-01815-w. PMID: 37443114; PMCID: PMC10339641.
[INSTITUTO ONCOLÓGICO DR.ROSELL]
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 37.3 **Quartil:** 1 **Categoría:** Biochemistry & Molecular Biology ; Oncology **Posición:** Biochemistry & Molecular Biology 4/285 ; Oncology 8/241

Giménez-Capitán A, Sánchez-Herrero E, Robado de Lope L, Aguilar-Hernández A, Sullivan I, Calvo V, Moya-Horno I, Viteri S, Cabrera C, **Aguado C**, **Armiger N**, Valarezo **J**, **Mayo-de-Las-Casas C**, Reguart N, Rosell R, Provencio M, Romero A, **Molina-Vila MA**.
Detecting ALK, ROS1, and RET fusions and the METΔex14 splicing variant in liquid biopsies of non-small-cell lung cancer patients using RNA-based techniques.
Mol Oncol. 2023 Sep;17(9):1884-1897. doi: 10.1002/1878-0261.13468. Epub 2023 Jun 6.PMID: 37243883.
[INSTITUTO ONCOLÓGICO DR.ROSELL]
Indexado en: Pubmed/WoS/SCIE/Medline/JCR **Factor Impacto:** 37.3 **Quartil:** 1 **Categoría:** Biochemistry & Molecular Biology ; Oncology **Posición:** Biochemistry & Molecular Biology 4/285 ; Oncology 8/241

González I, Pego-Reigosa J, Jiménez N, Hernández-Martín A, **Vidal-Montal P**, et. al.(2023). **POS1144 Effectiveness of Belimumab in systemic lupus erythematosus patients of a multicenter spanish cohort.** Annals of the Rheumatic Diseases. 82. 901.2-902. doi: 10.1136/annrheumdis-2023-eular.3482.
[REUMATOLOGIA]
Indexado en: WoS/JCR/SCIE **Factor Impacto: 27.4 Quartil:** 1 **Categoría:** Rheumatology **Posición:** 2/54

Le X, Paz-Ares LG, Van Meerbeeck J, **Viteri S**, Galvez CC, Smit EF, Garassino M, Veillon R, Baz DV, Pradera JF, Sereno M, Kozuki T, Kim YC, Yoo SS, Han JY, Kang JH, Son CH, Choi YJ, Stroh C, Juraeva D, Vioix H, Bruns R, Otto G, Johne A, Paik PK. **Tepotinib in patients with non-small cell lung cancer with high-level MET amplification detected by liquid biopsy: VISION Cohort B.** Cell Rep Med. 2023 Nov 21;4(11):101280. doi: 10.1016/j.xcrm.2023.101280. Epub 2023 Nov 8. PMID: 37944528; PMCID: PMC10694660.
[INSTITUTO ONCOLÓGICO DR.ROSELL]
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 14.3 **Quartil:** 1 **Categoría:** Cell biology ; Medicine, research, experimental **Posición:** Cell biology 17/191 ; Medicine, research, experimental 5/136

Mazieres J, Paik PK, Garassino MC, Le X, Sakai H, Veillon R, Smit EF, Cortot AB, Raskin J, **Viteri S**, Wu YL, Yang JCH, Ahn MJ, Ma R, Zhao J, O'Brate A, Berghoff K, Bruns R, Otto G, Johne A, Felip E, Thomas M.**Tepotinib Treatment in Patients With MET Exon 14-Skipping Non-Small Cell Lung Cancer: Long-term Follow-up of the VISION Phase 2 Nonrandomized Clinical Trial.**
JAMA Oncol. 2023 Sep 1;9(9):1260-1266. doi: 10.1001/jamaoncol.2023.1962.PMID: 37270698
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 28.4 **Quartil:** 1 **Categoría:** Oncology **Posición:** 10/318 ***1º Decil**

Pérez-García JM, Vaz Batista M, Cortez P, Ruiz-Borrego M, Cejalvo JM, de la Haba-Rodriguez J, **Garrigós L**, Racca F, Servitja S, Blanch S, Gion M, Nave M, Fernández-Abad M, Martinez-Bueno A, Llombart-Cussac A, Sampayo-Cordero M, Malfettone A, Cortés J, Braga S.

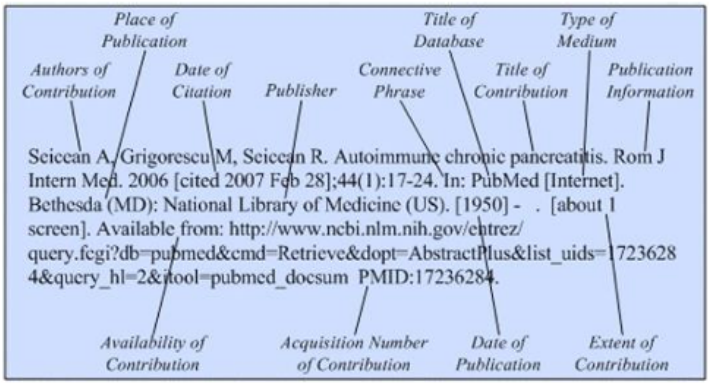
Trastuzumab deruxtecan in patients with central nervous system involvement from HER2-positive breast cancer: The DEBBRAH trial.
Neuro Oncol. 2023 Jan 5;25(1):157-166. doi: 10.1093/neuonc/noac144.PMID: 35639825.
[INSTITUTO ONCOLÓGICO DR.ROSELL]
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 15.9 **Quartil:** 1 **Categoría:** Clinical Neurology ; Oncology **Posición:** Clinical Neurology 4/212 ; Oncology 16/241

Provencio M, Nadal E, González-Larriba JL, Martínez-Martí A, Bernabé R, Bosch-Barrera J, Casal-Rubio J, Calvo V, Insa A, Ponce S, Reguart N, de Castro J, Mosquera J, Cobo M, Aguilar A, López Vivanco G, Camps C, López-Castro R, Morán T, Barneto I, Rodríguez-Abreu D, Serna-Blasco R, Benítez R, Aguado de la Rosa C, Palmero R, Hernando-Trancho F, Martín-López J, Cruz-Bermúdez A, Massuti B, Romero A. Perioperative Nivolumab and Chemotherapy in Stage III Non-Small-Cell Lung Cancer. N Engl J Med. 2023 Aug 10;389(6):504-513. doi: 10.1056/NEJMoa2215530. Epub 2023 Jun 28. PMID: 37379158.
[INSTITUTO ONCOLÓGICO DR.ROSELL]
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 158.5 **Quartil:** 1 **Categoría:** Medicine, general & internal **Posición:** 2/169

Renz N, Madjarevic T, Ferrari M, Becker R, Ravn C, Vogely C, **Pérez-Prieto D**. **Recommendations on diagnosis and antimicrobial treatment of infections after anterior cruciate ligament reconstruction (ACL-R) endorsed by ESSKA and EBJIS.** J Infect. 2023 Jun;86(6):543-551. doi: 10.1016/j.jinf.2023.03.021. Epub 2023 Apr 3. PMID: 37019288.
[ICATME]
Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR
Factor Impacto: 28.2 **Quartil:** 1 **Categoría:** Infectious Diseases **Posición:** 4/129 ***1º Decil**

ANNEXO

ESTILO CITACIÓN BIBLIOGRÁFICA UTILIZADO: NLM VANCOUVER



El formato de citación utilizado en la recopilación de citas bibliográficas de los artículos científicos publicados por la comunidad investigadora del HUQD es el: National Library of Medicine - Vancouver. La referencia bibliográfica, si se encuentra en PubMed [12]el artículo, la genera automáticamente la herramienta de citación de PubMed.

Las Normas Vancouver son el estilo de cita más utilizado en ciencias de la salud. El estilo NLM es un estilo de cita internacional utilizado predominantemente en el campo de las ciencias médicas y biológicas. El acrónimo NLM significa National Library of Medicine, un instituto que forma parte de los National Institutes of Health de los Estados Unidos

Su origen fue el Comité Internacional de Directores de Revistas Médicas que en su reunión en Vancouver (Canadá) en 1978 para establecer un estilo uniforme respecto al formato de los artículos enviados a sus revistas. Se conoce como las "Normas Vancouver".

Los requisitos para manuscritos, incluían formatos para las referencias bibliográficas desarrollados por la National Library of Medicine (NLM) de EEUU. El Grupo Vancouver creció y se convirtió en el Comité Internacional de Directores de Revistas Médicas (CIDRM).

Los títulos de las revistas estan abreviados según el estilo que utiliza la National Library of Medicine (NLM). Para consultar a qué título corresponde cada abreviación:

- NLM Catalog: Journals referenced in the NCBI Databases de PubMed.

[12] **PubMed** es una base de datos de libre acceso que permite consultar principal y mayoritariamente los contenidos de la base de datos MEDLINE, aunque también una variedad de revista científicas de similar calidad pero que no son parte de MEDLINE. MEDLINE es una de las principales bases de datos en línea de búsqueda de literatura científica en ciencias biomédicas y biológicas. A través de su buscador de nivel básico o avanzado es posible acceder a referencias bibliográficas y resúmenes de estos artículos de investigación biomédica. Ofrecido por la Biblioteca Nacional de Medicina de los Estados Unidos como parte de Entrez.

- El apéndice B del libro (Patrias, 2007): Additional sources for journal title abbreviations

> Más información sobre cómo citar en formato NLM-Vancouver: Guía como citar según modelo NLM de la Universitat Autònoma de Barcelona.

ACRÓNIMOS UTILIZADOS

- **Acrónimos en las referencias bibliográficas:**

DOI

Le X, Paz-Ares LG, Van Meerbeeck J, **Viteri S**, Galvez CC, Smit EF, Garassino M, Veillon R, Baz DV, Pradera JF, Sereno M, Kozuki T, Kim YC, Yoo SS, Han JY, Kang JH, Son CH, Choi YJ, Stroh C, Juraeva D, Vioix H, Bruns R, Otto G, Johne A, Paik PK. **Tepotinib in patients with non-small cell lung cancer with high-level MET amplification detected by liquid biopsy: VISION Cohort B.** Cell Rep Med. 2023 Nov 21;4(11):101280. doi: 10.1016/j.xcrm.2023.101280. Epub 2023 Nov 8. PMID: 37944528; PMCID: PMC10694660.

El identificador de objeto digital, conocido en inglés como ***digital object identifier*** y abreviado DOI y *DOI*, es un enlace permanente en forma de código alfanumérico que identifica de forma única un contenido electrónico.

Una forma común de emplear el sistema DOI es dar a las publicaciones científicas un número específico que cualquiera puede utilizar para localizar a través de la Red el citado artículo. A diferencia del sistema URL, usado en las páginas web, el sistema DOI no cambia con el paso del tiempo, aunque el artículo sea reubicado en una dirección distinta puesto que lleva la información incorporada en forma de metadatos.

PMID

Le X, Paz-Ares LG, Van Meerbeeck J, **Viteri S**, Galvez CC, Smit EF, Garassino M, Veillon R, Baz DV, Pradera JF, Sereno M, Kozuki T, Kim YC, Yoo SS, Han JY, Kang JH, Son CH, Choi YJ, Stroh C, Juraeva D, Vioix H, Bruns R, Otto G, Johne A, Paik PK. **Tepotinib in patients with non-small cell lung cancer with high-level MET amplification detected by liquid biopsy: VISION Cohort B.** Cell Rep Med. 2023 Nov 21;4(11):101280. doi: 10.1016/j.xcrm.2023.101280. Epub 2023 Nov 8. PMID: 37944528; PMCID: PMC10694660.

En las referencias bibliográficas del listado de artículos, en los artículos indexados a PubMed incorporan el identificador PMID al final de la citación bibliográfica.

PMID, acrónimo de «**PubMed Identifier**» o «PubMed Unique Identifier», es un número único asignado a cada cita de un artículo de revistas biomédicas y de ciencias de la vida que recoge PubMed. Este registro es de la Biblioteca Nacional de Medicina de los Estados Unidos (MEDLINE).

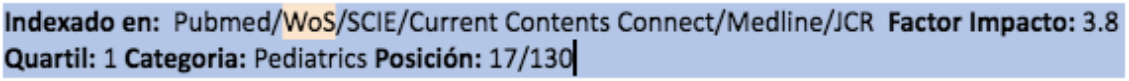
PMCID

Algunas de la citas bibliográficas indexadas en PubMed tienen tambien, ademas del PMID, el PMCID: **PubMed Cental Identifier**. La Biblioteca Nacional de Medicina de los EUA asigna tambien un PMCID a cada artículo de texto completo en PubMed Central.

Todos los artículos que se ofrecen en PubMed tienen PMID, pero solo los de acceso libre tienen PMCID[13].

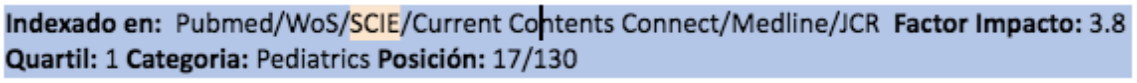
- **Acrónimos en sección "Indexado en" de la barra informativa de cada artículo:**

WoS



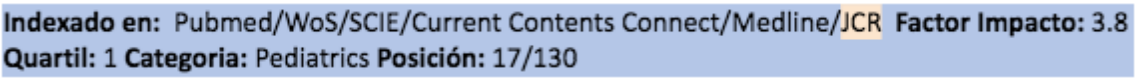
Acrónimo de **Web of Science**. Plataforma de la empresa Clarivate Analytics, formada por una amplia colección de bases de datos bibliográficas, citas y referencias de publicaciones científicas de cualquier disciplina del conocimiento, en ciencia, tecnología, ciencias sociales, artes y humanidades. Proporciona información bibliográfica, que permite evaluar, analizar el rendimiento y la calidad científica de la investigación.

SCIE



Acrónimo de **Science Citation Index Expanded**. Índice multidisciplinar de la literatura de revistas de ciencias incluida en la Web of Science. Abarca por completo más de 8.300 revistas principales de 150 disciplinas científicas e incluye todas las referencias citadas capturadas de artículos indexados.

JCR

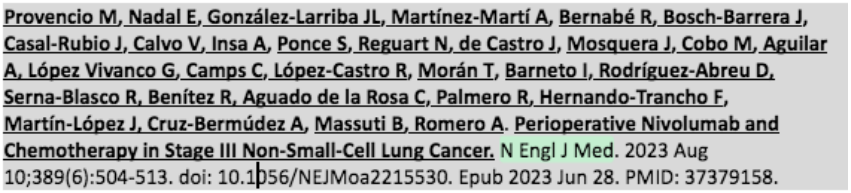


Acrónimo de **Journal Citation Reports**. Base de datos multidisciplinar realizada por el Institute for Scientific Information (ISI), que permite de manera sistemática y objetiva, mediante datos estadísticos, determinar la importancia relativa de revistas dentro de sus Categorias temáticas. Ofrece un amplio espectro de aplicaciones bibliométricas prácticas para los profesionales de la información. Su cobertura desde 1997 abarca más de 200 disciplinas. Incluye, entre otros indicadores, el conocido **Factor de Impacto, el cuartil** que ocupa la revista y la **posición de la revista** dentro de su **Categoría**; que son los datos solicitados por las agencias de evaluación de la actividad investigadora para la valoración de las publicaciones en artículos de revista. Permite identificar la relevancia que tiene una revista dentro de la comunidad investigadora a través de indicadores.

[13] Para cumplir con la política de acceso público, cualquier persona que envíe una solicitud, propuesta o informe a los NIH debe incluir un PMCID al citar los artículos aplicables de su autoría o que surjan de su investigación financiada por los National Institutes of Health (NIH)# de los EEUU.

- **Acrónimos títulos revistas en las referencias bibliográficas**

Los títulos de las revistas estan abreviados según el estilo que utiliza la National Library of Medicine (NLM). Ejemplo:


Provencio M, Nadal E, González-Larriba JL, Martínez-Martí A, Bernabé R, Bosch-Barrera J, Casal-Rubio J, Calvo V, Insa A, Ponce S, Reguart N, de Castro J, Mosquera J, Cobo M, Aguilar A, López Vivanco G, Camps C, López-Castro R, Morán T, Barneto I, Rodríguez-Abreu D, Serna-Blasco R, Benítez R, Aguado de la Rosa C, Palmero R, Hernando-Trancho F, Martín-López J, Cruz-Bermúdez A, Massuti B, Romero A. Perioperative Nivolumab and Chemotherapy in Stage III Non-Small-Cell Lung Cancer. N Engl J Med. 2023 Aug 10;389(6):504-513. doi: 10.1056/NEJMoa2215530. Epub 2023 Jun 28. PMID: 37379158.

N Engl J Med = New England Journal of Medicine

Para consultar a qué título de revista equivale cada abreviación:

- NLM Catalog: Journals referenced in the NCBI Databases de PubMed.

- El apéndice B del libro (Patrias, 2007): Additional sources for journal title abbreviations

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[14] Modelo de citación bibliográfica utilizado: NLM Vancouver,
Citacions bibliogràfiques segons el model NLM [Internet]. Barcelona: UAB; 2024 [citado 2 abril de 2024]. Disponible en: https://ddd.uab.cat/pub/guibib/106929/modelnlm_a2021_cat.pdf