



การใช้งานฐานข้อมูล Cell Press & Nature รุ่นที่ 1

งานสารสนเทศและห้องสมุดสตางค์ มงคลสุข คณะวิทยาศาสตร์ มหาวิทยาลัยมหิดล 21 กุมภาพันธ์ 2567



รายละเอียด

- 1. แนะนำกลุ่มคำ Thesaurus/Synonyms
- 2. Boolean Operators
- แนะนำช่องทางการเข้าถึงวารสารและฐานข้อมูลอิเล็กทรอนิกส์
 แนะนำการใช้งานฐานข้อมูล Cell Press & Nature



<u>1. แนะนำกลุ่มคำ Thesaurus/Synonyms</u>

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2. แนะนำ Boolean Operators

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Figure 8

Neoantigens shared in lung cancer and melanoma

(A) The sharing and unique proteins in melanoma or lung cancer tumor tissue and corresponding

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Figure 3

Early-stage cancer detection by signatures. (A) Logistic(z) values of healthy individuals compared to cancer patients in the current study. (B) Logistic(z)

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Figure 4

Alcohol consumption perturbs cancer detection by liquid biopsy. (A) Correlation between serum protein profiles of healthy individuals without cancer and cancer

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Figure 1

Interleukin-6 receptor (IL6R) expression in cancer cell lines and human tumours.

Relative IL-6R mRNA expression data for (A) ~800 cancer cell lines across 1/L cancor

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https://www-cell-com	n.ejournal.mahidol.ac.th/doi/story/10	.1016/pic.2016.07.14.356	<u>3</u>	
Fig1. Regulatior	n of Cancer Metabolism by (Oncogenes: Trends i	n Cancer	
Figh. Regulation	f of Cancer wetabolism by (Uncogenes: Trends I	n Cancer	

https://www-cell-com.ejournal.mahidol.ac.th/doi/story/10.1016/vid.2016.09.20.4016

Fig2. The Evolution of Lifespan and Cancer Incidence: Trends in Cancer

Author presentation of Figure 2 from The Evolution of Lifespan and Age-Dependent Cancer Risk. Trends in Cancer, September 2016Andrii I. Rozhok and James DeGregori

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Molecular Therapy Nucleic Acids Original Article

A chemoresistance IncRNA signature for recurrence risk stratification of colon cancer patients with chemotherapy

Hao Wang,14,6 Yuzhen Gao,23,6 Somayeh Vafaei,5 Qiaoyan Yu,14 Jun Zhang,23 and Liangjing Wang14

¹Department of Gastroenterology, Second Affiliated Hospital of Zhejiang University School of Medicine, Hangzhou, Zhejiang 310009, China; ³Department of Clinical Laboratory, Sir Run Run Shaw Hospital, Zhejiang University School of Medicine, Hangzhou, Zhejiang 310016, China; ³Biomedical Research Center, Zhejiang University School of Medicine, Hangzhou, Zhejiang 310013, China; ⁴Institution of Gastroenterology, Zhejiang University, Hangzhou, Zhejiang, China; ⁵Department of Molecular Medicine, Faculty of advanced Technologies in Medicine, Iran University of Medical Sciences, Tehran, Iran

Chemotherapy is considered the nonsurgical treatment of choice for colon cancer patients. However, no precise molecular markers are available to determine which patients can actually benefit from it. In this study, we identified 55 chemotherapyspecific long non-coding RNAs (IncRNAs) of colon cancer patients through a systematic assessment of lncRNA expression profiles from a public database. These were taken from multiple cohorts of colon cancer patients who had received chemotherapy, or not. Based on these data, a chemoresistance lncRNA signature, named CRLSig, was constructed and successfully applied to divide chemotherapy patients into two groups with different recurrence-free survival (RFS) rates. Gene set enrichment analysis revealed that patients with low CRLSig had more infiltrating CD8+ T cells and macrophages, while those with high CRLSig had more infiltrating natural killer T cells. KEGG pathway analysis revealed that the low CRLSig group had more activated metabolic pathways compared with those in the high CRLSig group, indicating better response to chemotherapy. Single-cell sequencing analysis revealed that stromal cells and epithelial cells had higher CRLSig. Thus, we have constructed an auxiliary prognostic tool, CRLSig, able to discriminate patients at high risk of RFS, despite having received standard adjuvant chemotherapy treatment.

INTRODUCTION

Colon cancer is one of the most common malignancies of the gastrointestinal tract; it ranks third in terms of incidence, while second in terms of mortality, worldwide.¹ Currently, colectomy, when combined with adjuvant chemotherapy and radiotherapy, is recognized as the standard treatment for colon cancer. In addition, biologies and immunotherapy are reported to benefit patients with metastatic colon cancer, such as anti-VEGF monoclonal antibody targeting angiogenesis, anti-EGFR therapies, PD-1 blockade, and CTLA-4 inhibitor.^{2–6} Although chemotherapy is beneficial, outcomes vary widely. Moreover, no clinical predictors have been developed to determine which colon cancer patients will benefit from chemotherapy, indicating the importance of proper patient stratification. Based on current guidelines, stage II colon cancer patients with high-level microsatellite instability (MSI-H) or defective DNA mismatch repair (dMMR) are not likely to have successful chemotherapeutic outcomes in clinical practice.^{7,8} Consequently, MMR checks are routinely performed in the clinic. However, the practice is imprecise because of the large gap between microsatellite status and accurate identification of patients who will benefit from adjuvant chemotherapy in primary colon cancer.⁹ In addition, tumor-tissue DNA mutation profiling and blood-derived circulating tumor DNA, as well as the expression profiles of protein-coding genes, have all been reported as predictors of chemotherapy response.^{10–12} Here, we focus on long non-coding RNAs (lncRNAs) as a predictor of chemotherapy in colon cancer patients to address these gaps and provide better patient stratification resulting in personalized chemotherapy treatment that is more effective and less futile.

The lncRNAs belong to a class of transcripts that are not translated into functional proteins and that are longer than 200 nucleotides.^{13,14} They can modulate gene expression on pre-transcriptional, transcriptional, and post-transcriptional levels by interacting with DNA, mRNA, and proteins.^{15,16} In addition, as competitive endogenous RNAs of microRNAs (miRNAs), lncRNAs can also modulate gene expression by regulating miRNAs to target mRNAs.^{17,18} In recent years, lncRNAs have been associated with the development and progression of cancer.¹⁹ For colon cancer, several lncRNAs have been associated with cell proliferation and apoptosis, cell metastasis and invasion, epithelial-mesenchymal transition, drug resistance, and

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Hao Wang ⁶ • Yuzhen Gao ⁶ • Somayeh Vafaei • Qiaoyan Yu • Jun Zhang <u>A</u> ⊡ • Liangjing Wang <u>A</u> ⊡ • Show footnotes

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Highlights

- A CRLSig was constructed for the first time
- CRLSig revealed chemotherapy patients with different RFS rates
- Low CRLSig group had more activated metabolic pathways
- ScRNA-seq analysis revealed stromal cells and epithelial cells had higher CRLSig

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Stroma AReactive Invasion Front Areas (SARIFA) improves prognostic risk stratification of perioperative chemotherapy treated oesophagogastric cancer patients from the MAGIC and the ST03 trial

Bianca Grosser, Jake Emmerson, Nic G. Reitsam, David Cunningham, Matthew Nankivell, Ruth E. Langley, William H. Allum, Martin Trepel, Bruno Märkl 🖾 & Heike I. Grabsch 🖾

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Abstract

Background

Tumour-associated fat cells without desmoplastic stroma reaction at the invasion front (Stroma AReactive Invasion Front Areas (SARIFA)) is a prognostic biomarker in gastric and colon cancer. The clinical utility of the SARIFA status in oesophagogastric cancer patients treated with perioperative chemotherapy is currently unknown.

Methods

The SARIFA status was determined in tissue sections from patients recruited into the MAGIC (n = 292) or ST03 (n = 693) trials treated with surgery alone (S, MAGIC) or perioperative



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Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries

Hyuna Sung ¹, Jacques Ferlay ², Rebecca L Siegel ¹, Mathieu Laversanne ², Isabelle Soerjomataram ², Ahmedin Jemal ¹, Freddie Bray ²

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Grabsch 🖾 Bianca Grosser¹, Jake Emmerson ⁽¹⁾, ?, Nic G. Reitsam ⁽¹⁾, David Cunningham ⁽²⁾, ³, Matthew Nankivell⁴, Ruth E. Langley ⁽¹⁾, ⁴ William H. Allum⁵, Martin Trepel⁶, Bruno Märkl¹⁶⁰ and Heike I. Grabsch ⁽²⁾, ¹⁰¹ Discussion © The Author(s) 2023 British Journal of Cancer (2023) Cite this article BACKGROUND: Tumour-associated fat cells without desmoplastic stroma reaction at the invasion front (Stroma AReactive Invasion Conclusions Front Areas (SARIFA)) is a prognostic biomarker in gastric and colon cancer. The clinical utility of the SARIFA status in 412 Accesses | 1 Altmetric | Metrics oesophagogastric cancer patients treated with perioperative chemotherapy is currently unknown. METHODS: The SARIFA status was determined in tissue sections from patients recruited into the MAGIC (n = 292) or ST03 (n = 693) Data availability trials treated with surgery alone (S, MAGIC) or perioperative chemotherapy (MAGIC, ST03). The relationship between SARIFA status clinicopathological factors, overall survival (OS) and treatment was analysed. RESULTS: The SARIFA status was positive in 42% MAGIC trial S patients, 28% MAGIC and 48% ST03 patients after pre-operative chemotherapy. SARIFA status was related to OS in MAGIC trial S patients and was an independent prognostic biomarker in ST03 References trial patients (HR 1.974, 95% CI 1.555-2.507, p < 0.001). ST03 patients with lymph node metastasis (ypN +) and SARIFA-positive Abstract tumours had poorer OS than patients with ypN+ and SARIFA-negative tumours (plogramk < 0.001). CONCLUSIONS: The SARIFA status has clinical utility as prognostic biomarker in oesophagogastric cancer patients irrespective of treatment modality. Whilst underlying biological mechanisms warrant further investigation, the SARIFA status might be used to Acknowledgements identify new drug targets, potentially enabling repurposing of existing drugs targeting lipid metabolism. Background British Journal of Cancer; https://doi.org/10.1038/s41416-023-02515-4 Funding Tumour-associated fat cells without desmoplastic stroma reaction at the invasion front INTRODUCTION surveillance strategy is highly relevant with regard to tolerability Gastric cancer is ranked as the fifth most common cancer and quality of life. Therefore, there remains an urgent clinical need Author information (Stroma AReactive Invasion Front Areas (SARIFA)) is a prognostic biomarker in gastric and worldwide accounting for ~769,000 cancer-associated deaths in to identify a biomarker which can predict the risk of recurrent 2020 [1]. The introduction of perioperative or neoadjuvant disease and/or overall survival (OS) after neoadiuvant therapy and surgical resection in order to personalise postoperative follow-up combination chemotherapy significantly improved the outcome colon cancer. The clinical utility of the SARIFA status in oesophagogastric cancer patients in patients with tumour-node-metastasis (TNM) stage II or III and treatment. Ethics declarations gastric or oesophagogastric cancers [2]. The greatest benefit from Histomorphological biomarker such as tumour budding [4] or perioperative combination chemotherapy seems to come from tumour-stroma ratio [5], as well as a several molecular classificathe preoperative part as in most trials, including MAGIC and ST03, tions have been proposed to predict prognosis or response to treated with perioperative chemotherapy is currently unknown. a significant number of patients did not complete the posttherapy in oesophagogastric cancer patients [6, 7]. However, to Additional information operative treatment as originally planned in the protocol. Despite date, none of these has been introduced into routine clinical practice and TNM disease stage continues to be the only clinically this progress, death due to locally recurrent disease or distant metastasis remains a major challenge [3]. In everyday clinical used prognostic parameter informing treatment decision in practice, the clinical decision on the postoperative treatment and oesophagogastric cancer patients. Supplementary information Methods ¹Pathology, Medical Faculty Augsburg, University of Augsburg, Augsburg, Germany, ²Leeds Institute of Clinical Trials Research, University of Leeds, Leeds, UK, ³Department of Medicine, Royal Marsden Hospital, Sutton, Surrey, UK. *Wedical Research Council Clinical Trials Unit at University College London, London, UK. *Department of Oncology and The SARIFA status was determined in tissue sections from patients recruited into the MAGIC (n Rights and permissions Department of Surgery, Royal Marsden NHS Foundation Trust, London, UK. *Haematology and Oncology, Medical Faculty Augsburg, University of Augsburg, Augsburg, Germany. Department of Pathology, GROW School for Oncology and Reproduction, Maastricht University Medical Center+, Maastricht, The Netherlands. Division of Pathology and Data Analytics, Leeds Institute of Medical Research at St James's University, University of Leeds, Leeds, Leeds, UK, Semail: bruno.maerkiguka-science.de: h.grabschgmaastrichtuniversity. = 292) or ST03 (n = 693) trials treated with surgery alone (S, MAGIC) or perioperative Received: 18 June 2023 Revised: 13 November 2023 Accepted: 21 November 2023 About this article Published online: 20 December 2023

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