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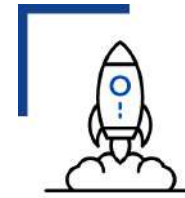
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Stang Library Training
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รายละเอียด

1. ฐานข้อมูลตรวจสอบกลุ่มคำ Thesaurus/Synonyms
2. Boolean Operators
3. ช่องทางการเข้าถึงวารสารและฐานข้อมูลอิเล็กทรอนิกส์
4. การใช้งานฐานข้อมูลอิเล็กทรอนิกส์ ScienceDirect, Springer และ Wiley

1. แนะนำกลุ่มคำ Thesaurus/Synonyms

MeSH (Medical Subject Headings) is the NLM controlled vocabulary thesaurus used for indexing articles for PubMed. <https://www.ncbi.nlm.nih.gov/mesh/>



The screenshot shows the MeSH website interface. At the top, there is a navigation bar with the NCBI logo, "Resources" and "How To" dropdown menus, and a "Sign in to NCBI" link. Below this is a search bar with "MeSH" selected in a dropdown menu, a search input field, and a "Search" button. Links for "Limits" and "Advanced" are also visible. A "Help" link is located on the right side of the search bar.

The main content area features a large image of a forest on the left and a dark blue header with the text "MeSH" and "MeSH (Medical Subject Headings) is the NLM controlled vocabulary thesaurus used for indexing articles for PubMed." below it.

Below the main content, there are two columns of links:

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MeSH

MeSH

Cancer

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Items: 1 to 20 of 396

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 [Neoplasms](#)

1. New abnormal growth of tissue. Malignant **neoplasms** show a greater degree of anaplasia and have the properties of invasion and metastasis, compared to benign **neoplasms**.

Year introduced: /diagnosis was NEOPLASM DIAGNOSIS 1964-1965

 [Hereditary Breast and Ovarian Cancer Syndrome](#)

2. Autosomal dominant HEREDITARY **CANCER** SYNDROME in which a mutation most often in either BRCA1 or BRCA2 is associated with a significantly increased risk for breast and ovarian cancers.

Year introduced: 2012

 [Early Detection of Cancer](#)

3. Methods to identify and characterize **cancer** in the early stages of disease and predict tumor behavior.

Year introduced: 2009

NCBI Resources How To

MeSH MeSH Limits Advanced

Full Send to:

Neoplasms

New abnormal growth of tissue. Malignant neoplasms show a greater degree of anaplasia and have the properties of invasion and metastasis, compared to benign neoplasms.

Year introduced: /diagnosis was NEOPLASM DIAGNOSIS 1964-1965

PubMed search builder options

[Subheadings:](#)

<input type="checkbox"/> abnormalities	<input type="checkbox"/> education	<input type="checkbox"/> pathology
<input type="checkbox"/> administration and dosage	<input type="checkbox"/> embryology	<input type="checkbox"/> pharmacology
<input type="checkbox"/> analysis	<input type="checkbox"/> enzymology	<input type="checkbox"/> physiology
<input type="checkbox"/> anatomy and histology	<input type="checkbox"/> epidemiology	<input type="checkbox"/> physiopathology
<input type="checkbox"/> antagonists and inhibitors	<input type="checkbox"/> ethnology	<input type="checkbox"/> prevention and control
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<input type="checkbox"/> cerebrospinal fluid	<input type="checkbox"/> history	<input type="checkbox"/> rehabilitation
<input type="checkbox"/> chemical synthesis	<input type="checkbox"/> immunology	<input type="checkbox"/> secondary
<input type="checkbox"/> chemically induced	<input type="checkbox"/> injuries	<input type="checkbox"/> statistics and numerical data



Tree Number(s): C04

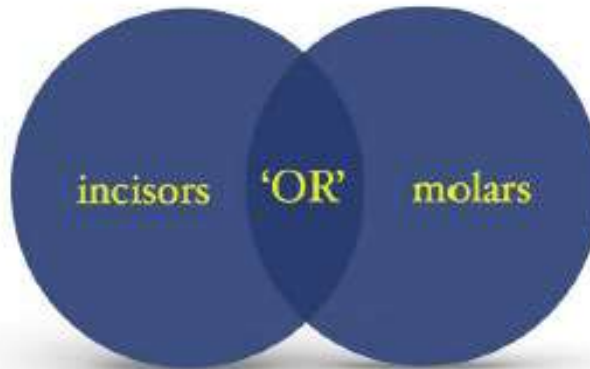
MeSH Unique ID: D009369

Entry Terms:

- Neoplasia
- Neoplasias
- Neoplasm
- Tumors
- Tumor
- Cancer
- Cancers
- Malignancy
- Malignancies
- Malignant Neoplasms
- Malignant Neoplasm
- Neoplasm, Malignant
- Neoplasms, Malignant
- Benign Neoplasms
- Neoplasms, Benign
- Benign Neoplasm
- Neoplasm, Benign

2. แนะนำ Boolean Operators

Boolean Operators เป็นการสร้างความเชื่อมโยงของ keywords ตั้งแต่ 2 คำขึ้นไป

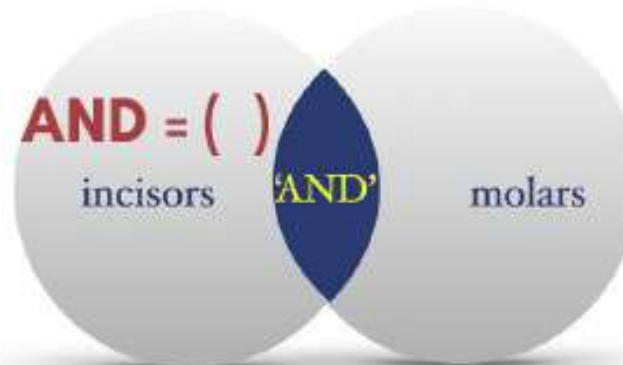


incisors OR molars:
allows pages with at least one of the terms

Boolean Operators
'OR, NOT, AND'



incisors NOT molars:
excludes pages that mention 'incisors' if they also mention 'molars'



incisors AND molars:
allows pages in the overlap where both terms occur

****Quotation Marks "..."**

3. แนะนำเข้าแหล่งสารสนเทศผ่าน <https://login.ejournal.mahidol.ac.th/login>

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ฐานข้อมูลต่างๆ ที่บอกรับ และบริการยืมระหว่างห้องสมุด (ILL)
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A B C D E F G H I J K L M N O P R S T U W



3. แนะนำเข้าแหล่งสารสนเทศผ่านหน้าเว็บห้องสมุดต่างๆ <https://stang.sc.mahidol.ac.th/>

The screenshot shows the Mahidol University Library website. The header includes navigation links for MU Home, SC Internet, and SC Intranet, along with a search bar and language options (EN, TH). The main navigation menu is highlighted, with 'E-Resources' selected. A dropdown menu is visible, listing options such as 'Login & remote access', 'E-DATABASES', 'E-JOURNALS', and 'E-BOOKS'. A red banner below the menu states: 'University E-databases requires login with MU account via <https://ejournal.mahidol.ac.th>'. Below the banner, there is a promotional banner for 'บริการยืม e-Book' (e-Book Lending Service) with a 'เริ่มให้บริการ' (Start Service) button and the year 'พ.ศ. 65'.

E-Databases: ปี 2567

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(114 Databases, Last Updated: Jan, 2024)

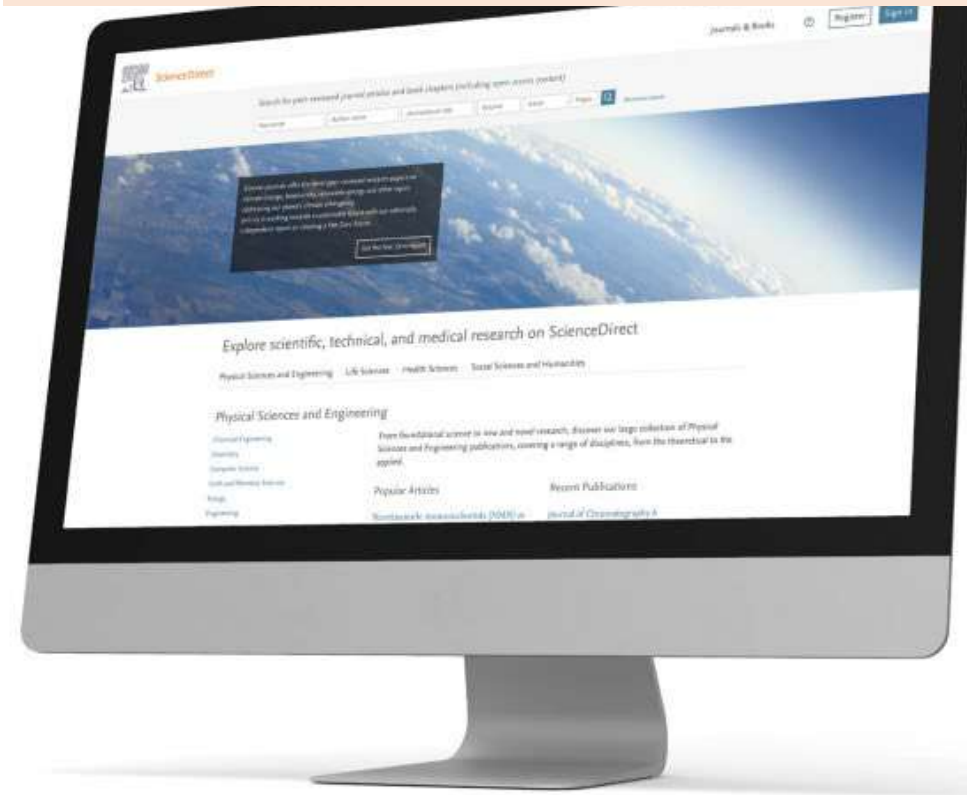
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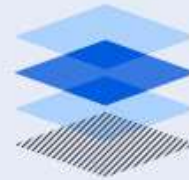
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3 Outcomes of patients with perforated colon cancer: A systematic review

European Journal of Surgical Oncology, 15 August 2022

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2 Neoadjuvant chemotherapy for early-stage colon cancer

Cancer Treatment Reviews, 23 December 2023

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1 Do differences in adjuvant chemotherapy account for poorer oncological outcomes in patients with R1LNM margins after surgery for Stage 3 colon cancer?

European Journal of Surgical Oncology, 21 February 2023

Henry Smith, Daniel Skovgaards, ... Nis Schlesinger

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Conference abstract Open archive

2 EE189 CAPOX versus mFOLFOX as Adjuvant Chemotherapy in Patients with Stage 3 Colon Cancer: A Cost-Effectiveness Study

Value in Health, 25 June 2022

S Abuloha, P Li, ... H Shao

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Journal of Geriatric Oncology, January 2019


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2 Cost-effectiveness of DPYD Genotyping Prior to Fluoropyrimidine-based Adjuvant Chemotherapy for Colon Cancer

Clinical Colorectal Cancer, 11 May 2022

Gabriel A. Brooks, Stephanie Tapp, ... Anna N. A. Tosteson

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3 Racial disparities in survival of early onset colon cancer (Age<50): A matched NCDB analysis

The American Journal of Surgery, 28 August 2023

Catherine C. Beauharnais, Allison Crawford, ... Karim Alavi

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Research article Open access

4 Enhancement of the efficacy of synthetic and natural anticancer agents through nanocarrier for colon cancer treatment

European Journal of Medicinal Chemistry Reports, 23 February 2024

Outline

Abstract

1. Introduction

2. Materials and Methods

3. Results

4. Discussion

Authorship Contributions

Conflict of Interests

References

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Cited by (14)

Tables (4)

Table 1

Table 2

Table 3

Table 4



Causes of mortality in older patients with stage 3 colon cancer

Tyler Raycraft ^a, Winson Y. Cheung ^b, Yaling Yin ^c, Caroline Speers ^c, Jenny J. Ko ^d,
Caroline Mariano ^e

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<https://doi.org/10.1016/j.jgo.2018.06.002>

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Abstract

Objectives

Life expectancy plays a key role in the selection of patients with stage III **colon cancer** for **adjuvant chemotherapy**, but little is known about causes of mortality in older patients with colon cancer. We aimed to examine causes of death in this population and compare these causes between patients who received chemotherapy and those who did not. Specifically, we chose to examine the rates of death related to recurrent colon cancer versus non colon cancer.

Materials and Methods

Patients aged 50 and older diagnosed with stage III colon cancer between 2005 and 2009 were included. Patients were divided into “younger” (aged 50–69) and “older” (aged 70+). Causes of death, which were categorized into colon cancer versus non-colon cancer related.

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Nicholas B. Abt, ..., Ali Bydon

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[Anemia Is a Risk Factor of New Intraoperative Hemorrhagic Stroke During...](#)

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Howard Rogers, ..., Laura E. Happe

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Adjuvant Chemotherapy

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From: [Foundations of Colorectal Cancer, 2022](#)

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Adjuvant Chemotherapy

Chapters and Articles

Adjuvant Chemotherapy

Jong Jin Oh, in [Bladder Cancer](#), 2018

Results from Clinical Trials

Randomized controlled studies of [adjuvant chemotherapy](#) among patients after [RC](#) have been conducted. However, most of them were closed prematurely for several reasons. The summarized results of [clinical trials](#) for adjuvant chemotherapy after RC are shown in Table 26.1.

Table 26.1. Results From Clinical Trials of Adjuvant Chemotherapy for MIBC After Radical Cystectomy

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Volume 10, Issue 1, January 2019, Pages 138-142



Causes of mortality in older patients with stage 3 colon cancer

Tyler Raycraft ^a, Winson Y. Cheung ^b, Yaling Yin ^c, Caroline Speers ^c, Jenny J. Ko ^d,
Caroline Mariano ^e

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Abstract

Objectives

Life expectancy plays a key role in the selection of patients with stage III colon cancer for adjuvant chemotherapy, but little is known about causes of mortality in older patients with colon cancer. We aimed to examine causes of death in this population and compare these causes between patients who received chemotherapy and those who did not. Specifically, we chose to examine the rates of death related to recurrent colon cancer versus non colon cancer.

Materials and Methods

Patients aged 50 and older diagnosed with stage III colon cancer between 2005 and 2009 were included. Patients were divided into “younger” (aged 50–69) and “older” (aged 70+). Causes of death, which were categorized into colon cancer versus non-colon cancer related.

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Causes of mortality in older patients with stage 3 colon cancer

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ABSTRACT

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Materials and Methods: Patients aged 50 and older diagnosed with stage III colon cancer between 2005 and 2009 were included. Patients were divided into “younger” (aged 50–69) and “older” (aged 70+). Causes of death, which were categorized into colon cancer versus non-colon cancer related.

Results: 1361 patients were included, 50% of whom were 70 or older. Younger patients were more likely to receive adjuvant chemotherapy (90% vs. 60%). 601 patients died in the follow up period. Deceased patients in the younger group were more likely to die from colon cancer (81% vs. 62%). The most common cause of non-colon cancer death was other primary malignancies in younger patients and cardiovascular diseases in older patients. In older patients who received chemotherapy, 41% died; 89% of these deaths were related to colon cancer. In older patients who did not receive chemotherapy 72% died, with 38% of patients ultimately dying from colon cancer.

Conclusions: Older patients remain under-treated with chemotherapy. Although non-colon cancer deaths were more frequent in older patients with cancer, colon cancer was a still a significant cause of mortality. These deaths may be preventable with adjuvant chemotherapy.

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1. Introduction

Colorectal cancer (CRC) remains one of the most prevalent cancers worldwide and is often diagnosed in older individuals, with a median age of diagnosis at 71 years [1]. Nearly 70% of all CRC diagnoses occur in individuals aged 65 years or older [1]. Despite numerous studies showing improved survival with adjuvant chemotherapy following resection in the general CRC population [2–4], older patients are consistently under-represented in clinical trials of chemotherapy, thus making it difficult to apply these data more broadly [5–7]. Existing evidence suggests that older patients may be under-treated [8–13]. Based on perceived frailty in older patients and their burden of co-morbidities, risk-benefit analyses of chemotherapy in older patients are challenging, thus posing difficulties in treatment decision-making.

Expert opinion from geriatric oncology groups suggests that life expectancy estimates play a key role in decisions regarding adjuvant therapy [10, 14]. The heterogeneity of life expectancy in this population and suboptimal understanding of normal physiology and pharmacokinetics in older patients can present barriers for clinicians. Several tools exist to help estimate life expectancy in older adults, driven primarily by patient co-morbidities and functional status [15–17]. However, they have not been specifically validated in the oncology population. Unfortunately, literature suggests that age alone may be a driving factor behind decision-making in these patients, rather than a more robust functional assessment and consideration of life expectancy [9, 18]. Considering the expanding body of evidence that older patients derive comparable benefit from adjuvant chemotherapy as their younger counterparts [19–21], age alone should not be considered a sufficient sole determinant

Outline

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- 3. Results
- 4. Discussion

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Abstract

Background

Colon cancer is one of the leading causes of cancer-related deaths worldwide. The increased incidence of comorbid diseases in elderly patients above 70 leads to the need of less aggressive strategies to be used in the adjuvant setting of stage III colon cancer.

Method

Our prospective cohort study was performed in the period from April 2017 to March 2020. Seventy-five patients with newly diagnosed stage III colon cancer received adjuvant chemotherapy after surgery. Patients who either received adjuvant chemotherapy less than



Choosing the Appropriate Individualized Adjuvant Chemotherapy in Stage III Colon Cancer Patients Under and Over 70 Years

 Heba F. Taha¹  · Ola A. Harb² · Loay M. Gertallah³ · Lobna A. Abdelaziz⁴

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Abstract

Background Colon cancer is one of the leading causes of cancer-related deaths worldwide. The increased incidence of comorbid diseases in elderly patients above 70 leads to the need of less aggressive strategies to be used in the adjuvant setting of stage III colon cancer.

Method Our prospective cohort study was performed in the period from April 2017 to March 2020. Seventy-five patients with newly diagnosed stage III colon cancer received adjuvant chemotherapy after surgery. Patients who either received adjuvant chemotherapy less than 3 months due to intolerance or toxicity from medications or who have more than one type of cancers or metastatic disease from the start were excluded from the study. Patients' clinicopathological characteristics in relation to oxaliplatin- and non-oxaliplatin-based chemotherapeutic regimens were analyzed with survival assessment.

Results In our study, patients above 70 had better overall survival (OS) in the non-oxaliplatin chemotherapy group (p -value = 0.032) in contrast to OS in patients under 70 which was better in the oxaliplatin group (p -value < 0.001). By comparing the OS between the two age groups, the OS was better in patients < 70 years (p -value = 0.001). Additionally, we found that the DFS in patients above 70 was better in oxaliplatin-based regimens than in the non-oxaliplatin group (p -value = 0.011) with better survival rates (81.8% vs 15.7%), and markedly high DFS in patients under 70 for oxaliplatin based regimens (p -value < 0.001), with survival rates (31.1% vs 0%). By comparing the DFS between the two age groups, the DFS was better in patients < 70 years (p -value < 0.001). The disease recurrence was in favor of the non-oxaliplatin group with significant p -value = 0.003, while mortality occurred more in the oxaliplatin group (p -value < 0.001).

Conclusions The appropriate selection of a personalized strategy for treatment of stage III colon cancer plays an important role in the outcome of the disease. Our findings supported the use of oxaliplatin-based chemotherapy as a standard treatment option in the adjuvant management of stage III colon cancer patients in all age groups. The benefit of non-oxaliplatin-based chemotherapy was limited to patients above 70 which might be an effective option for elderly patients.


Keywords Colon cancer · Adjuvant chemotherapy · Oxaliplatin · Elderly patients · Prognosis

Introduction

Colon cancer (CC) is the third commonest cause of cancer-related deaths with 1.8 million new cases and almost 861,000 deaths in 2018 according to the World Health Organization. It is estimated that about 7.4% of colon cancer cases are diagnosed in the region of the Middle East and North Africa [1].

The benefit of adjuvant chemotherapy for stage III colon cancer has been demonstrated unless medically unfit [2, 3].

Despite the benefit of adjuvant chemotherapy in stage III colon cancer, it is still underutilized in elderly patients especially who aged above 70 years, although they have improved survival [4].

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Abstract

Background

Lymphovascular invasion (LVI) and perineural invasion (PNI) can indicate poor survival outcomes in colorectal cancer, but few studies have focused on stage III colon cancer. The current study aimed to confirm the prognostic value of LVI and PNI and identify patients who could benefit from a complete duration of adjuvant chemotherapy based on the two pathological factors.

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Lymphovascular invasion represents a superior prognostic and predictive pathological factor of the duration of adjuvant chemotherapy for stage III colon cancer patients

Linjie Zhang^{1†}, Yuxiang Deng^{2†}, Songran Liu^{3†}, Weili Zhang¹, Zhigang Hong¹, Zhenhai Lu¹, Zhizhong Pan¹, Xiaojun Wu^{1*} and Jianhong Peng^{1*}

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Methods: We enrolled 402 consecutive patients with stage III colon cancer who received colon tumor resection from November 2007 to June 2016 at Sun Yat-sen University Cancer Center. Survival analyses were performed by using Kaplan–Meier method with log-rank tests. Risk factors related to disease-free survival (DFS) and overall survival (OS) were identified through Cox proportional hazards analysis.

Results: 141 (35.1%) patients presented with LVI, and 108 (26.9%) patients with PNI. The LVI-positive group was associated with poorer 3-year DFS (86.5% vs. 76.3%, $P=0.001$) and OS (96.0% vs. 89.1%, $P=0.003$) rates compared with the LVI-negative group. The PNI-positive group showed a worse outcome compared with the PNI-negative group in 3-year DFS rate (72.5% vs. 86.7%, $P<0.001$). Moreover, LVI-positive group present better 3-year DFS and OS rate in patients completing 6–8 cycles of adjuvant chemotherapy than those less than 6 cycles (3-year DFS: 80.0% vs. 64.9%, $P=0.019$; 3-year OS: 93.2% vs. 76.3%, $P=0.002$).

Conclusions: LVI is a superior prognostic factor to PNI in stage III colon cancer patients undergoing curative treatment. PNI status can not predict the 3-year DFS without affecting the 3-year OS. Furthermore, LVI also represents an effective indicator for adjuvant chemotherapy duration.

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Functional proteomics of colon cancer Consensus Molecular Subtypes

Jaime Feliu , Angelo Gámez-Pozo, Daniel Martínez-Pérez, Pablo Pérez-Wert, Daniel Matamala-Luengo, David Viñal, Laura Kunz, Rocío López-Vacas, Antje Dittmann, Nuria Rodríguez-Salas, Ana Custodio, Juan Ángel Fresno Vara & Lucía Trilla-Fuertes 

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Abstract

Background

The Colorectal Cancer Subtyping Consortium established four Consensus Molecular Subtypes (CMS) in colorectal cancer: CMS1 (microsatellite-instability [MSI], Immune), CMS2 (Canonical, epithelial), CMS3 (Metabolic), and CMS4 (Mesenchymal). However, only MSI tumour patients have seen a change in their disease management in clinical practice. This study aims to characterise the proteome of colon cancer CMS and broaden CMS's clinical utility.

Methods

One-hundred fifty-eight paraffin samples from stage II-III colon cancer patients treated with adjuvant chemotherapy were analysed through DIA-based mass-spectrometry proteomics.

Results

CMS1 exhibited overexpression of immune-related proteins, specifically related to neutrophils,

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Functional proteomics of colon cancer Consensus Molecular Subtypes

Jaime Feliu^{1,2,3,5}, Angelo Gámez-Pozo⁴, Daniel Martínez-Pérez¹, Pablo Pérez-Wert¹, Daniel Matamala-Luengo¹, David Viñal¹, Laura Kunz², Rocío López-Vacas⁴, Antje Dittmann¹, Nuria Rodríguez-Salas¹, Ana Custodio¹, Juan Ángel Fresno Vara^{3,4} and Lucía Trilla-Fuertes^{4,5}

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BACKGROUND: The Colorectal Cancer Subtyping Consortium established four Consensus Molecular Subtypes (CMS) in colorectal cancer: CMS1 (microsatellite-instability [MSI], Immune), CMS2 (Canonical, epithelial), CMS3 (Metabolic), and CMS4 (Mesenchymal). However, only MSI tumour patients have seen a change in their disease management in clinical practice. This study aims to characterise the proteome of colon cancer CMS and broaden CMS's clinical utility.

METHODS: One-hundred fifty-eight paraffin samples from stage II-III colon cancer patients treated with adjuvant chemotherapy were analysed through DIA-based mass-spectrometry proteomics.

RESULTS: CMS1 exhibited overexpression of immune-related proteins, specifically related to neutrophils, phagocytosis, antimicrobial response, and a glycolytic profile. These findings suggested potential therapeutic strategies involving immunotherapy and glycolytic inhibitors. CMS3 showed overexpression of metabolic proteins. CMS2 displayed a heterogeneous protein profile. Notably, two proteomics subtypes within CMS2, with different protein characteristics and prognosis, were identified. CMS4 emerged as the most distinct group, featuring overexpression of proteins related to angiogenesis, extracellular matrix, focal adhesion, and complement activation. CMS4 showed a high metastatic profile and suggested possible chemoresistance that may explain its worse prognosis.

CONCLUSIONS: DIA proteomics revealed new features for each colon cancer CMS subtype. These findings provide valuable insights into potential therapeutic targets for colorectal cancer subtypes in the future.

British Journal of Cancer: <https://doi.org/10.1038/s41416-024-02650-6>

BACKGROUND

Colorectal cancer (CRC) is the fourth more frequent tumour with 1,148,515 new cases and 576,858 deaths worldwide in 2020 [1]. 70% of patients with CRC present localised disease at diagnosis, being surgery followed by adjuvant chemotherapy the standard clinical practice. Adjuvant chemotherapy with 5-fluorouracil reduces the risk of death by 3-5% in high-risk stage II colon cancer and by 10-15% in stage III, with a further improvement of 4-5% with oxaliplatin combinations [2]. Some clinic-pathologic features may help to refine the prognosis of patients with stage II-III disease [3, 4]. Nevertheless, most of the patients are going to receive unnecessary adjuvant treatment. Therefore, most of the patients with II-III stage tumours are going to receive an unnecessary adjuvant treatment and the associated toxicity [5]. On the other hand, response to adjuvant treatment and clinical outcomes are heterogeneous [6] and, despite treatment between 30-50% of all patients with stage II/III localised disease will relapse and eventually die [7].

In this scenario, molecular characterisation of the disease may

Cancer Subtyping Consortium (CRSC) established four Consensus Molecular Subtypes (CMS) in colorectal cancer: CMS1 (microsatellite-instability [MSI], Immune, 14%), CMS2 (Canonical, epithelial) characteristics, 37%), CMS3 (Metabolic, 13%), and CMS4 (Mesenchymal, 23%) [8]. CMS4 has been associated with a worse DFS in stages II-III [9]. Using The Cancer Genome Atlas (TCGA) CRC data, our group established two extra classifications of colorectal tumours based on immune and adhesion features respectively [10]. Nevertheless, in the clinical setting, only MSI classification has currently a real impact on clinical practice. It is established that patients with MSI-high CRC tumours do not benefit from 5-fluorouracil monotherapy [11], and do benefit from immunotherapy in the neoadjuvant and metastatic setting [12-14].

Proteomics offers complementary information to genomics, providing a dynamic structural and functional framework [15]. However, proteomics studies in CRC are scarce. Zhang et al. analysed 95 samples from TCGA colorectal cancer cohort by liquid chromatography-tandem mass-spectrometry (LC-MS/MS) and did

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Cellular and Molecular Biology

Functional proteomics of colon cancer Consensus Molecular Subtypes

[Jaime Feliu](#) ✉, [Angelo Gámez-Pozo](#), [Daniel Martínez-Pérez](#), [Pablo Pérez-Wert](#), [Daniel Matamala-Luengo](#),
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Background

The Colorectal Cancer Subtyping Consortium established four Consensus Molecular Subtypes (CMS) in colorectal cancer: CMS1 (microsatellite-instability [MSI], Immune), CMS2 (Canonical, epithelial), CMS3 (Metabolic), and CMS4 (Mesenchymal). However, only MSI tumour patients have seen a change in their disease management in clinical practice. This study aims to characterise the proteome of colon cancer CMS and broaden CMS's clinical utility.

Methods

One-hundred fifty-eight paraffin samples from stage II-III colon cancer patients treated with adjuvant chemotherapy were analysed through DIA-based mass-spectrometry proteomics.

Results

CMS1 exhibited overexpression of immune-related proteins, specifically related to neutrophils,

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RESEARCH ARTICLE

Cost-effectiveness of adjuvant chemotherapy for high-risk stage II and stage III colon cancer in South AfricaSarah Xinhui Tan¹ | Yoanna Pumpalova¹ | Alexandra M. Rogers¹ | Kishan Bhatt¹ | Candice-lee Herbst² | Paul Ruff^{3,4,5} | Alfred I. Neugut^{1,6,7} | Chin Hur^{1,6,7} ¹Department of Medicine, Vagelos College of Physicians and Surgeons, Columbia University, New York, New York, USA²Department of Internal Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa³Noncommunicable Diseases Research Division, Wits Health Consortium (PTY) Ltd, Johannesburg, South Africa⁴SAMRC/Wits Developmental Pathways to Health Research Unit, Department of Paediatrics, Faculty of the Health Sciences, University of the Witwatersrand, Johannesburg, South Africa⁵Division of Medical Oncology, Department of Medicine, Faculty of Health**Cancer Medicine** **WILEY**

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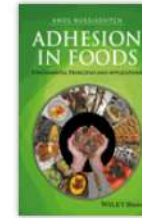
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