

معرفی Kopernio

با وارد شدن به پایگاه اطلاعاتی Web of science و کلیک کردن بر روی گزینه tools می توانید مقالاتی که به آنها دسترسی ندارید را با کمک Kopernio دانلود کنید. ابتدا Kopernio را بر روی سیستم خود نصب کنید و برای خود حساب کاربری ایجاد نمایید. این برنامه روی نسخه های دسکتاپ مرورگرها قابل نصب می باشد و می تواند به صورت اتوماتیک دسترسی های شما به مقالات را از طریق گوگل اسکالر، پابمد و... بررسی کند.

The screenshot displays the Web of Science interface. At the top, the 'Web of Science' logo is on the left, and the 'Clarivate Analytics' logo is on the right. Below the logo, there is a navigation bar with 'Tools' and 'Searches and alerts' tabs. The 'Tools' tab is active, and a dropdown menu is open, showing 'Kopernio' and 'Publons'. 'Kopernio' is highlighted with a red box. Below the navigation bar, there is a 'Select a database' section with a dropdown menu showing 'Web of Science Core Collection'. To the right of this section, there is a 'Claim your publications' button with a 'p' icon. Below the 'Select a database' section, there are four search tabs: 'Basic Search', 'Cited Reference Search', 'Advanced Search', and 'Author Search'. The 'Basic Search' tab is active. Below the tabs, there is a search input field with the placeholder text 'Example: oil spill* mediterranean'. To the right of the input field is a 'Search' button. Below the input field, there is a 'Topic' dropdown menu. Below the 'Search' button, there is a 'Search tips' link. Below the 'Topic' dropdown menu, there is a '+ Add row | Reset' link. Below the search input field, there is a 'Timespan' section with a dropdown menu showing 'All years (1983 - 2019)'. Below the 'Timespan' section, there is a 'More settings' link. Below the 'More settings' link, there is a 'Web of Science Core Collection: Citation Indexes' section. This section contains two checkboxes: 'Science Citation Index Expanded (SCI-EXPANDED) --1983-present' and 'Social Sciences Citation Index (SSCI) --1983-present'. Both checkboxes are checked. To the right of this section, there is an 'Auto-suggest publication names' section with a dropdown menu showing 'On'. Below the 'Auto-suggest publication names' section, there is a 'Default Number of Search Fields to Display' link.

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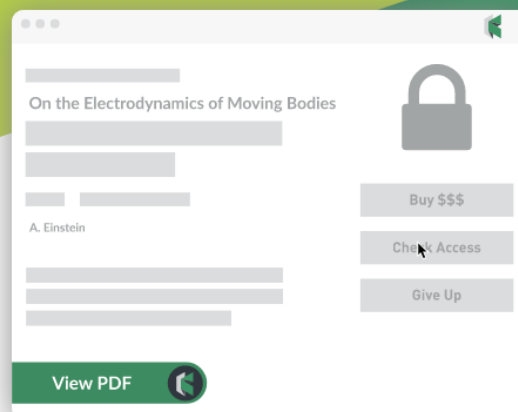
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1 Filters activated: Journal Article, Full text, Publication date from 2017/01/01 to 2019/05/31. [Clear all](#) to show 1307 items.

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- 1. [Radium-223 for the treatment of bone metastases in castration-resistant prostate cancer: when and why.](#)
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S. D'Oronzo et al., *Journal of Bone Oncology* (2019) %

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Review Article

**Metastatic bone disease: Pathogenesis and therapeutic options
Up-date on bone metastasis management**

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ABSTRACT

Bone metastases (BM) are a common complication of cancer, whose management often requires a multi-disciplinary approach. Despite the recent therapeutic advances, patients with BM may still experience skeletal-related events and symptomatic skeletal events, with detrimental impact on quality of life and survival. A deeper knowledge of the mechanisms underlying the onset of lytic and sclerotic BM has been acquired in the last decades, leading to the development of bone-targeting agents (BTA), mainly represented by anti-resorptive drugs and bone-seeking radiopharmaceuticals. Recent pre-clinical and clinical studies have showed promising effects of novel agents, whose safety and efficacy need to be confirmed by prospective clinical trials. Among BTA, adjuvant bisphosphonates have also been shown to reduce the risk of BM in selected breast cancer patients, but failed to reduce the incidence of BM from lung and prostate cancer. Moreover, adjuvant denosumab did not improve BM free survival in patients with breast cancer, suggesting the need for further investigation to clarify BTA role in early-stage malignancies. The aim of this review is to describe BM pathogenesis and current treatment options in different clinical settings, as well as to explore the mechanism of action of novel potential therapeutic agents for which further investigation is needed.

1. Introduction

Bone metastases (BM) represent a common complication of cancer, whose incidence reaches 70–95% in multiple myeloma (MM) [1], up to 65–90% in prostate cancer (PC) and about 65–75% in breast cancer (BC). Skeletal involvement is less frequent in other malignancies, respectively [3], reflecting the therapeutic advances of the last decades. Similarly, MM patients diagnosed after 2010 experienced improved clinical outcomes, the 2-year survival rate having increased from 69.9% in 2006 to 87.1% in 2012 [4]. Patients with BM may experience skeletal complications, such as pathological fractures, hypercalcaemia, spinal cord injury and un-

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Y. Asano et al., *BMC Surgery* (2019)

Asano et al. *BMC Surgery* (2019) 19:30
<https://doi.org/10.1186/s12893-019-0494-8>

BMC Surgery

CASE REPORT
Open Access

Alveolar soft part sarcoma metastatic to the breast: a case report

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Abstract

Background: Alveolar soft part sarcoma (ASPS) is an extremely rare neoplasm that tends to occur in the lower limbs of children and adolescents. Metastatic breast tumors constitute 0.5–2.0% of all malignant mammary neoplasms, and cases of ASPS with mammary metastases are very rare.

Case presentation: Three years ago, an 11-year-old girl presented to the hospital with pain in the right jaw after becoming aware of a mass in the right cheek. After detailed examination, the patient was diagnosed with ASPS with the primary tumor in the right cheek and multiple lung metastases, and chemotherapeutic treatment was initiated. One year later, accumulation of fluorodeoxyglucose (FDG) was observed in the right front of the skull (standardized uptake value (SUV)-max 2.8) and left breast (SUV-max 2.4) using FDG-positron emission tomography (PET) / computed tomography (CT). Ultrasonography revealed the mammary tumor as a hypoechoic, internally heterogeneous mass measuring 22.4×16.2×21.1 mm with a rich blood supply. Using pathological findings of core-needle biopsy, we diagnosed it as ASPS. Based on the above information, we made a diagnosis of ASPS with left mammary and cranial metastases. Due to chemoresistance, surgical excision was selected as the mode of treatment; resection of the metastatic cranial bone was performed first, and partial mastectomy of the left breast was performed in two stages. Postoperative conditions were good, and we are currently performing regular follow-ups (visual palpation every 3 months and semi-annual mammary gland ultrasonography).

Conclusions: We have reported an extremely rare case of ASPS with mammary metastasis with some reference-based discussion. In our case, disease control was obtained by a combination of drug therapy and surgical treatment.

Keywords: alveolar soft part sarcoma, mammary tumor, surgery, FDG-PET, metastatic breast tumor

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