

Exploring oncogenic driver molecular alterations in Hispanic/Latin American cancer patients

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In an editorial, published in *Oncoscience*, researcher Rafael Parra-Medina from Fundación Universitaria de Ciencias de la Salud and Instituto Nacional de Cancerología discusses Latin America's (LA) population—a heterogeneous mix of Amerindian, African, and Caucasian ancestries with different proportions in different regions. The paper is titled, "[Exploring oncogenic driver molecular alterations in Hispanic/Latin American cancer patients: A call for enhanced molecular understanding.](#)"

Countries such as Argentina, Brazil, Colombia, Costa Rica, Uruguay, and Venezuela have a higher proportion of Caucasian while regions in Mexico, Perú, and Bolivia have a higher proportion of Amerindian ancestries. Although the overall incidence of cancer in Latin American countries is generally lower compared to high-income nations, the mortality rate is notably higher.

"This disparity can be attributed to several factors, including smoking habits, diet quality, levels of physical activity, access to [health care services](#), and [availability of cancer screening programs](#)," says the researcher.

While advances in the understanding of oncogenic [molecular alterations](#) have led to targeted therapies improving outcomes, the diversity in this population poses unique challenges. The prevalence of mutations in lung cancer patients, for instance, varies significantly across different ethnic groups, indicating the need for tailored approaches in diagnosis and treatment.

"Therefore, we need to enhance molecular diagnostic, molecular research, and health care cancer patients access in LA is crucial for the effective management, reflecting the need for more personalized and

region-specific medical interventions," Parra-Medina says.

More information: Rafael Parra-Medina, Exploring oncogenic driver molecular alterations in Hispanic/Latin American cancer patients: A call for enhanced molecular understanding, *Oncoscience* (2024). [DOI: 10.18632/oncoscience.597](https://doi.org/10.18632/oncoscience.597)

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