Unmoderated Posters
Oncology: General Oncology

UP-08
Evaluating the Effectiveness of Multidisciplinary Tumour Board on Clinical Outcomes in Genitourinary Malignancies

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Introduction and Objectives: Multidisciplinary tumour boards (MTB) have widely been adopted as a venue to discuss difficult clinical dilemmas. We sought to prospectively evaluate the effectiveness of a Genitourinary (GU) MTB on the disease management of GU malignancies.

Methods: At our tertiary care university-affiliated hospital all patients with a GU cancer diagnosis are discussed at a MTB consisting of doctors and nurses from urology, radiation and medical oncology, and pathology. Doctors were contacted prior to MTB to determine the treatment plan for their patients and their opinion on the likelihood for a change in management. We assessed for changes in management after MTB, cost to the patient and the possibility for enrollment into clinical trials.

Results: Information was collected on 247 patients over a 9-month period. Approximately 24 patients were presented at each MTB. Mean patient age was 66.8 (range 20-92) years old with 206 (83.4%) patients being male. Physicians predicted treatment would be unlikely to change in 87% of patients. No change in management was seen in 92.7% of patients. In the 18 cases where there was a change, the physician thought their original plan was unlikely to be altered 78% of the time. Enrolment in a clinical trial was considered in 10.1% of patients and regard for the cost to the patient was discussed in 3 patients (1.2%). Of those where a change occurred, there was a trend toward patients with higher grade and stage disease. Patient age, type of cancer or surgeon experience was all not predictive of a change in plan.

Conclusions: Routine discussion of all GU oncology cases at MTB does not appear to alter management in the majority of cases. Although physicians are not reliable in predicting those patients where management may be altered, it may be more efficient to discuss those patients with a higher grade or stage of disease or when true uncertainty exists.

UP-09
Association of a Common Genetic Variant in PSCA with Cancer Risk

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Introduction and Objectives: Polymorphisms in the prostate stem cell antigen (PSCA) gene have been hypothesized to increase the genetic susceptibility to cancers. The common sequence variation in PSCA rs2294008 (C>T), has been involved in cancer risk. However, results of the relative published studies were somewhat underpowered and controversial in general.

Methods: To evaluate the role of PSCA rs2294008 (C>T) genotype in global cancer, we performed a pooled analysis of all the available published studies involving 16,306 cancer patients and 17,962 control subjects.

Results: The results showed evidence that PSCA rs2294008 (C>T) was associated with increased total cancer risk in the overall comparisons. Stratified analysis by cancer type indicated that the PSCA rs2294008 T has an increased risk in gastric cancer (OR: 1.21, 95% CI: 1.06-1.39, Pheterogeneity <0.001, I 2=88.2%) and bladder cancer (OR: 1.09, 95% CI: 1.05-1.13; pheterogeneity: 0.292; I 2: 9.8%) by allelic contrast. Furthermore, in stratified analysis by histological types of gastric cancer, this PSCA variant showed significant associations with diffuse type (OR: 1.83, 95% CI: 1.10-3.05; pheterogeneity <0.001; I 2: 90.5%) but not intestinal type (OR: 1.22, 95% CI: 0.89-1.69; pheterogeneity <0.001; I2: 86.2%) under dominant genetic model.

Conclusions: Our analysis suggests that PSCA rs2294008 (C>T) may play allele-specific roles in cancer development. Further prospective studies with larger numbers of participants worldwide should be performed in different kinds of cancer in more detail.