

during chemotherapy and 8-weekly after chemotherapy successfully identified all cases of acute hepatitis B.

Funding: GlaxoSmithKline provided the funding for monitoring of hepatitis B virus DNA.

The authors declared no conflicts of interest.

doi:10.1016/j.ejcsup.2011.02.024

P24 SINGLE INSTITUTION EXPERIENCE OF ODONTOGENIC CYST AND TUMOURS, AND TUMOUR-LIKE LESIONS OF THE JAW, IN SOUTH KERALA – A 10-YEAR CLINICOPATHOLOGICAL SURVEY

P.S. Satheeshkumar *, A. Balan. *Department of Oral Medicine and Radiology, Government Dental College, Trivandrum, Kerala, India*

Background: This study aimed to evaluate and compare the relative frequency, distribution, sites of presentation, and radiological and histological variations of odontogenic cysts, tumours, and tumour-like lesions in cases reported to the Government Dental College, Trivandrum, India.

Methods: A retrospective analysis was done on 3222 biopsy cases reported to the Department of Oral Medicine and Radiology from January, 2000, to May, 2009. Biopsy records were also evaluated from the Department of Oral Medicine and Department of Oral Pathology and Microbiology.

Findings: Of 3222 biopsy cases reported, 1082 were diagnosed as odontogenic cysts and tumours, and tumour-like lesions of the jaw. Of the 1082 cases, the highest frequencies were as follows: cyst of inflammatory origin (periapical and radicular cyst; $n = 589$, 54.4%); ameloblastoma ($n = 141$, 13.03%); dentigerous cyst ($n = 98$, 9.05%); keratinising odontogenic tumour ($n = 74$, 6%); fibrous dysplasia ($n = 25$, 2%; females = 19, 75%; males = 6, 24%); dentigerous cyst showing ameloblastoma transformation ($n = 24$, 2%); eruption cyst ($n = 55$, 5%); osteoma ($n = 22$, 2%); central ossifying fibroma ($n = 20$, 1.8%; females = 13, 65%; males = 7, 35%); odontome ($n = 16$, 1.4%); adenomatoid odontogenic tumour ($n = 6$, 0.5%); central giant-cell granuloma ($n = 9$, 0.8%); central odontogenic fibroma ($n = 6$, 0.5%); cementoblastoma ($n = 8$, 0.8%); Pindborg tumour ($n = 5$, 0.4%); and benign fibrous histiocytoma ($n = 3$, 0.2%). Rarer conditions, which accounted for less than 0.2% of cases, were juvenile ossifying fibroma, ameloblastic fibrodontoma, chondrosarcoma, central odontogenic myxoma, and plasma-cell myeloma.

Interpretation: The relative frequencies and sites of presentation of odontogenic cysts, tumours, and tumour-like lesions of the jaw in different geographic backgrounds are essential for early diagnosis and management of these potentially destructive benign lesions.

Funding: None.

The authors declared no conflicts of interest.

doi:10.1016/j.ejcsup.2011.02.025

P25 IMPACT OF CONTRIBUTION BY ONCOLOGY PHARMACISTS ON LYMPHOMA WARD ROUNDS

J. Chiang *, K. Tay, V. Shih, R. Quek, ST. Lim, M. Tao, A. Chan. *National Cancer Centre, Singapore*

Background: In the oncology setting, specialist multidisciplinary teams are often needed to ensure that patients receive the best possible care and treatment. As drug experts, pharmacists manage chemotherapy-related and supportive care issues. They can also help to manage treatment costs and facilitate accurate prescribing to maximise patient safety. Documentation of interventions done by pharmacists on ward rounds can be clinically and educationally useful for improving prescribing safety and pharmacy services. This study evaluated the impact of interventions made by pharmacists on lymphoma ward rounds.

Methods: This was a cross-sectional analysis of interventions made by pharmacists on the lymphoma service from 2009 to 2010, at Singapore General Hospital, where pharmacists from the National Cancer Centre Singapore join lymphoma ward rounds 5 days a week. Interventions were documented in a database and were given an impact rating by two independent reviewers – a lymphoma oncologist and an oncology pharmacist. Interventions were classified into four impact levels and assessed as drug-related, cost-related, or workflow issues. Spearman's correlation test was used to test for agreement between the two reviewers.

Findings: A total of 295 interventions were made for 116 patients; 97% were accepted by oncologists. Most interventions were related to antimicrobial dosing or usage (35%) and chemotherapy-related issues (29%). 23% of impact ratings were level 3 or 4. Ratings of interventions that helped to avoid or solve drug-related problems and improve workflow were moderately concordant between the two reviewers, in the areas of supportive care ($p = 0.544$) and chemotherapy-related issues ($p = 0.559$). Overall, the oncologist gave higher ratings for cost-saving interventions and the pharmacist gave higher ratings for interventions that help to avoid or resolve drug-related problems and improve workflow.

Interpretation: Interventions by oncology pharmacists are well-accepted on ward rounds and have a positive effect on patient care.

Funding: None.

The authors declared no conflicts of interest.

doi:10.1016/j.ejcsup.2011.02.026

P26 EXPRESSION OF MAGE-A3 AND ITS PROGNOSTIC VALUE IN HEPATOCELLULAR CARCINOMA IN ASIAN PATIENTS

P. Lee ^{a,*}, T. Tanwandee ^b, A. Chotirosniramit ^c, D. D'Agostino ^d, J. Louahed ^d, A. Myo ^e, P. Therasse ^d. ^a National Taiwan University Hospital, Taipei, Taiwan. ^b Siriraj Hospital, Mahidol University, Bangkok, Thailand. ^c Maharajnakorn Chiang Mai Hospital, Chiang Mai, Thailand. ^d GlaxoSmithKline Biologicals, Rixensart, Belgium. ^e GlaxoSmithKline Biologicals, Singapore

Background: The MAGE-A3 tumour-specific antigen is expressed by many tumours, including hepatocellular carcinoma (HCC), and is therefore an appropriate target for active immunotherapy. Here, we report results from a retrospective epidemiological evaluation of MAGE-A3 gene expression in Asian patients with pathologically proven HCC, and its prognostic value.

Methods: 200 samples were analysed from two centres in Thailand and one in Taiwan. Patient and tumour characteristics were also collected. Formalin-fixed paraffin-embedded (FFPE) tumour