

m<sup>2</sup> and oxaliplatin 130 mg/m<sup>2</sup> on day 1, and S-1 40 mg/m<sup>2</sup> twice a day on days 1-14 of every 21-day cycle. This regimen seems to have promising preliminary activity.

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#### **P39 A20 BINDING AND INHIBITOR OF NF-KAPPAB (ABIN-1) – A POTENTIAL MARKER FOR SURVIVAL IN EARLY STAGE NON-SMALL-CELL LUNG CANCER AFTER LUNG RESECTION**

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**Background:** Currently, the role of A20 binding and inhibitor of NF-kappaB (ABIN-1) in the development of non-small-cell lung cancer remains unknown. This retrospective study investigated expression of ABIN-1 and the association with prognosis in patients with NSCLC after lung resection.

**Methods:** Quantitative real-time reverse transcriptase (RT)-PCR, and Western blot analyses were used to detect expression of ABIN-1 in 30 samples of NSCLC tissue and paracarcinomatous lung tissue (PCLT), and in four samples of normal lung tissue. In addition, immunohistochemical analysis was done for 80 NSCLC specimens, and follow-up data from these patients were reviewed.

**Findings:** Both mRNA and protein expression of ABIN-1 were significantly raised in NSCLC tissues compared with normal lung tissues. Patients with NSCLC who had high ABIN-1 expression had shorter overall survival than patients who had low ABIN-1 expression.

**Interpretation:** The current data revealed that increased expression of ABIN-1 was correlated with survival in patients with NSCLC, indicating that ABIN-1 is a novel prognostic marker for NSCLC.

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#### **P40 CLINICOPATHOLOGICAL PATTERN, CLASSIFICATION, P53 STATUS, AND STAGING OF URINARY BLADDER CARCINOMAS – SIX-YEAR EXPERIENCE AT A TERTIARY CARE HOSPITAL IN CENTRAL PUNJAB**

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**Background:** Transitional-cell carcinoma (TCC) of the urinary bladder is reported as the eighth most common malignancy and the fourth most common among men in Pakistan. This study aimed to assess the clinicopathological pattern, p53 status, and stage distribution of TCC, and to classify bladder carcinomas pre-

senting among the population of central Punjab, including factory workers, according to the revised WHO/ISUP criteria.

**Methods:** 145 patients, including 52 factory workers (mean age 35.2 years), with newly diagnosed operable primary bladder carcinomas who underwent cystoscopy-associated transurethral resection of bladder tumours from January, 2004, to July, 2006, were included. Relevant clinical and laboratory data of these patients, including age, sex, tumour location, and type of surgical procedure, were recorded in separate proformas. After confirmation of the diagnosis, the tumours were graded separately for each group – first, according to WHO Classification 1972 as papilloma, TCC grade I, II, and III, and later, according to WHO/ISUP Consensus Classification 1998 as papilloma, papillary neoplasm of low malignant potential (PNLMP), low-grade papillary carcinoma (LGPC), and high-grade papillary carcinoma (HGPC). Tumour staging was done according to TNM criteria of the American Joint Commission on Cancer. All tissues were also subjected to immunohistochemistry (IHC) with monoclonal anti-P53 antibody. Patients were followed up for 3 years, from hospital records until July, 2010. Data were entered and analysed using SPSS 17.0.

**Findings:** About 80% of patients were men and 20% were women (the male-to-female ratio was 5.3:1). Clinical history was similar for both sexes, with most patients (74%) presenting with haematuria with or without altered urinary habits. WHO grading revealed 35.9% grade I, 25.4% grade II, and 38.6% of tumours as grade III. ISUP classification revealed 19.2% PNLMP, 23.6% LGPC, 39.4% HGPC, 9.6% non-papillary urothelial carcinomas (NPUC), and 7.9% as carcinoma in situ (CIS). Tumour staging depicted an overall 11.5% of tumours with stage Ta and 31.5% with stage T3-4. Among 71% invasive carcinomas, 16% were low-grade and 84% were high-grade carcinomas. Immunohistochemical staining of histological tissue sections of 73% of CIS and 84.23% of TCCs were p53 positive. 10.7% of grade I, 44.9% of grade II, and 92.1% of grade III tumours were positive for p53. There were significantly more p53-positive cases seen in grade II-III tumours than in grade I tumours ( $p = 0.0036$ ). Similarly, stage T2-T4 tumours stained more frequently and stronger than stage T1 tumours ( $p = 0.021$ ). No significant association between p53 status and post-operative prognosis was observed in the 3 years of follow-up ( $p = 2.131$ ).

**Interpretation:** Prolonged follow-up of patients with bladder cancer may indicate an unfavourable prognostic factor linked to histopathological findings, and the presence of p53 mutation, which may also indicate development of aggressive growth characteristics in TCCs.

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#### **P41 EPIDERMAL GROWTH-FACTOR RECEPTOR MUTATIONS AND METASTATIC PRESENTATION IN NON-SMALL-CELL LUNG CANCER**

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