

AB186. The efficacy and safety of sorafenib in Chinese patients with metastatic renal cell carcinoma and prognostic factors related to its efficacy

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Objective: Sorafenib has been recommended as first- or second-line treatment for metastatic renal cell carcinoma (mRCC) by several guidelines. The objective of this study is to evaluate the efficacy of Sorafenib treatments on Chinese patients with mRCC.

Methods: The characteristics and outcomes of 140 mRCC patients treated with sorafenib monotherapy from two large-volume Chinese centers were retrospectively reviewed to evaluate the long-term efficacy and safety of sorafenib in Chinese patients and identify the prognostic factors associated with response to sorafenib. The primary endpoint was overall survival (OS), and the secondary endpoints included progression-free survival (PFS), objective response rate (ORR), disease control rate (DCR), and safety.

Results: The median follow-up time was 32 months. The median OS and PFS were 24 months (range, 3-88 months) and 16 months (range, 0-88 months), respectively. Kaplan-Meier and Log rank analyses revealed that patients with clear cell carcinoma had a greater OS ($P=0.001$) while sarcomatoid differentiation ($P=0.045$) and disease progression ($P=0.010$) negatively impacted OS. Furthermore, efficacy analysis revealed that 3 (2.1%) patients achieved complete responses, 28 (20.0%) patients experienced partial responses, 88 (62.9%) patients had stable disease, and 21 (15.0%) patients developed progressive disease. Moreover, the ORR was 22.1%, and the DCR was 85.0%. Most adverse events were classified as grades 1 or 2 with only 14 (10.0%) patients experiencing severe adverse effects (grade 3).

Conclusions: Sorafenib monotherapy can achieve promising OS and PFS for Chinese patients with mRCC,

especially in those with clear cell carcinoma, with manageable adverse effect events.

Keywords: Metastasis; renal cell carcinoma (RCC); sorafenib; survival

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AB187. An up-to-date meta-analysis of coffee consumption and risk of prostate cancer

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Objective: A growing number of studies have examined the association between coffee consumption and the risk of prostate cancer, but the controversy is continuing over this relationship. To further estimate this issue, we conducted a meta-analysis based on up-to-date published relevant studies.

Methods: Eligible studies published up to February 2013 were screened and retrieved using PubMed and EMBASE as well as manual review of references. Pooled relative risks (RRs) with 95% confidence intervals (CIs) were calculated with random effect models. Generalized least-squares trend estimation analysis to examine dose-response relationships. Meta-analyses were conducted with STATA 11.0.

Results: In total, 23 studies (12 case-control and 11 cohort studies) on coffee consumption with 12,554 prostate cancer patients were included in the meta-analysis. The pooled RR of prostate cancer for high *vs.* non/lowest coffee consumption was 1.10 (95% CI: 0.98-1.24). By study design, the pooled RRs were 1.22 (95% CI: 1.06-1.40) for case-control studies and 1.00 (95% CI: 0.83-1.20) for cohort studies. By geographic area, the RRs were 1.07 (95% CI: 0.85-1.35) for 9 studies from Europe, 1.08 (95%