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Targeted Next Generation Sequencing in Metastatic Castration Resistant Prostate Cancer (mCRPC): Experience from Two Tertiary Centres

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The authors have no disclosures

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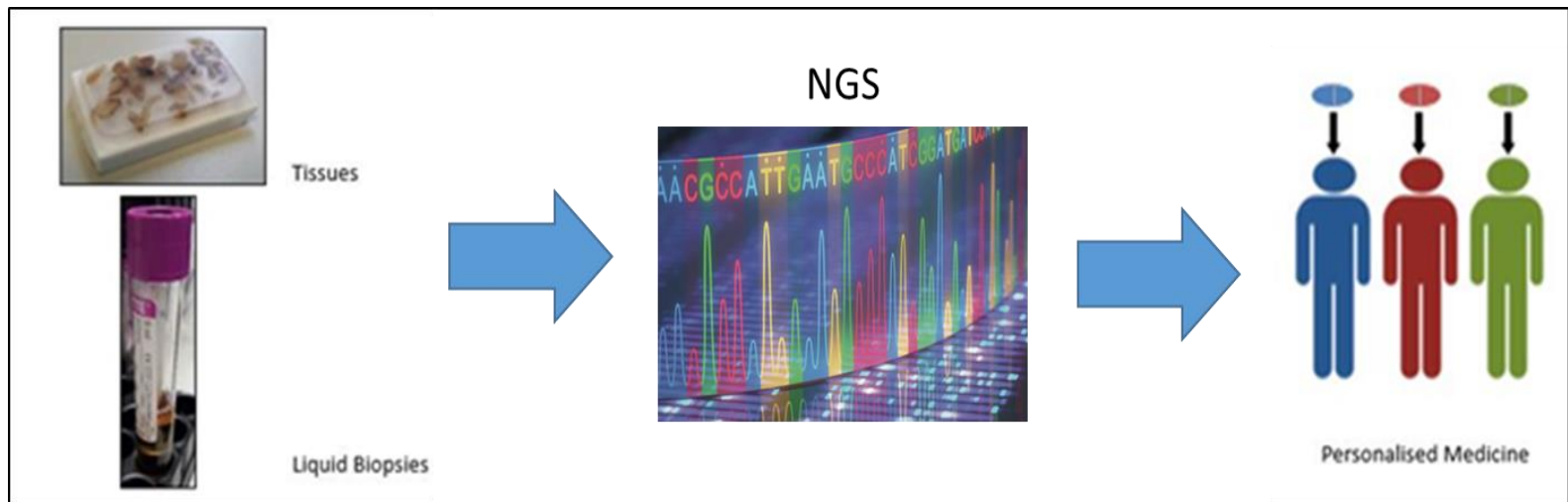
Dr. Bryan Lim



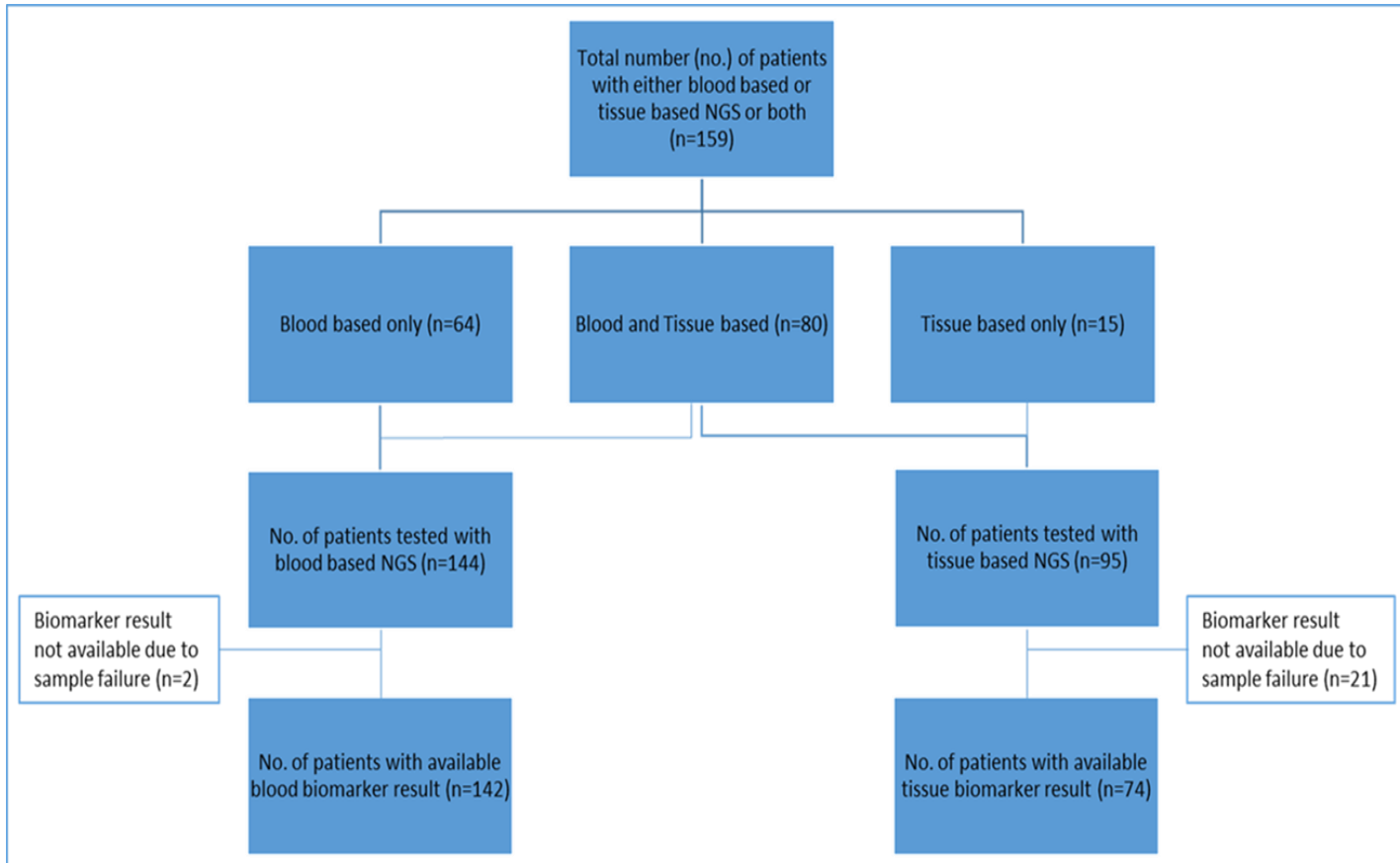
Ruth McGinn



Introduction



Patients and Methods

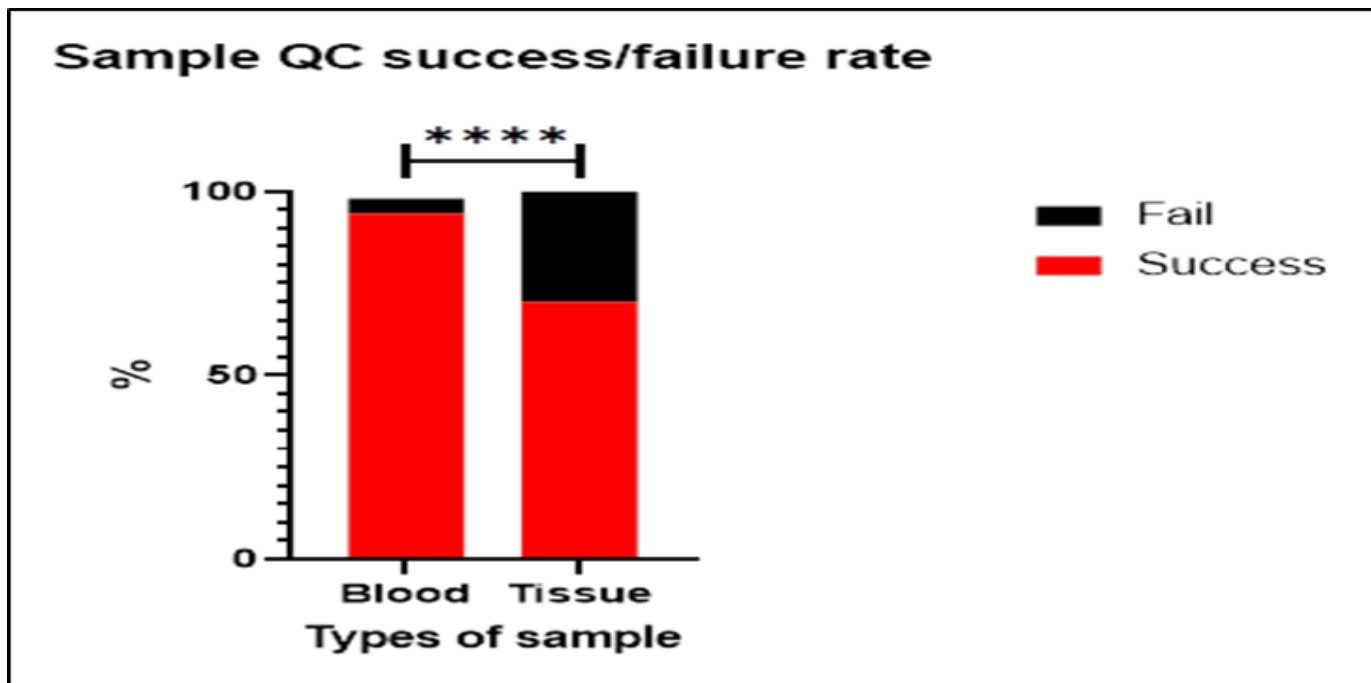


Patients Characteristics

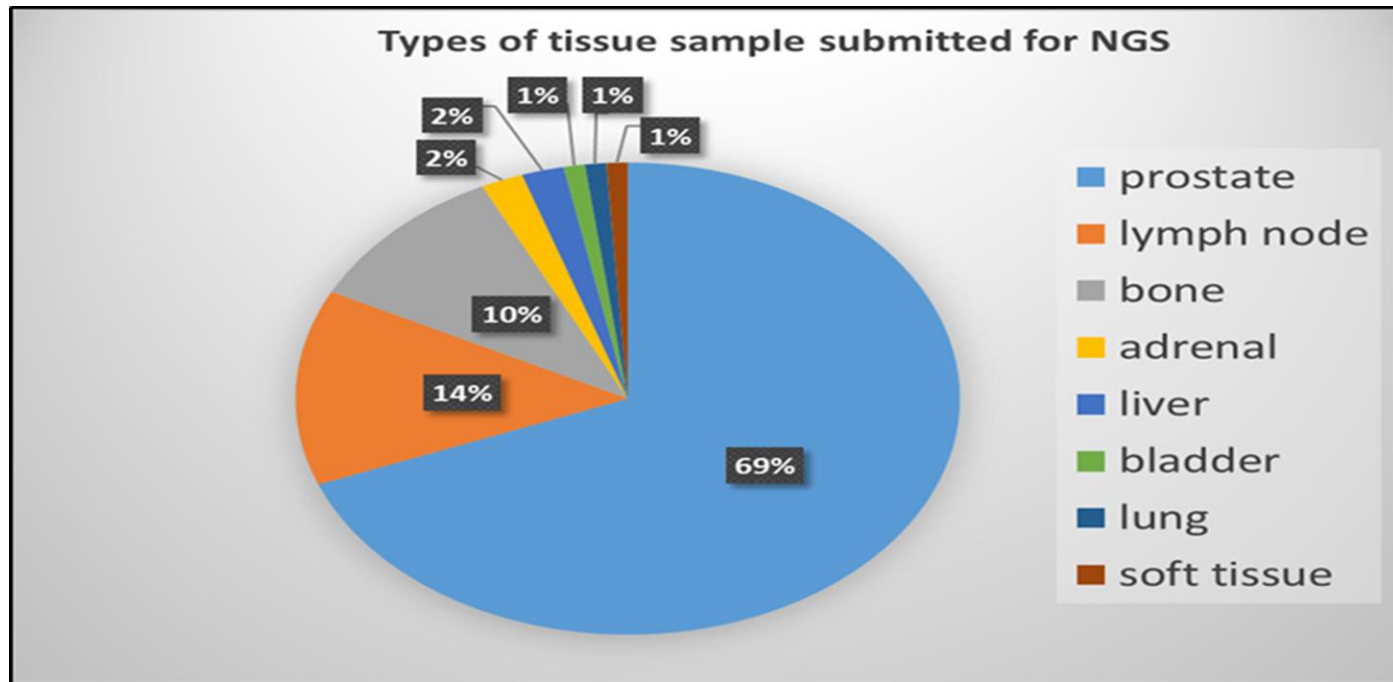
Patients Characteristics	
Age at time of NGS:	
median	75
(range)	(43-92 years)
Race:	
Caucasian, n (%)	157 (99%)
Black, n (%)	2 (1%)
Chemotherapy status at time of NGS:	
Pre-Docetaxel, n (%)	103 (65%)
Post-Docetaxel, n (%)	56 (35%)



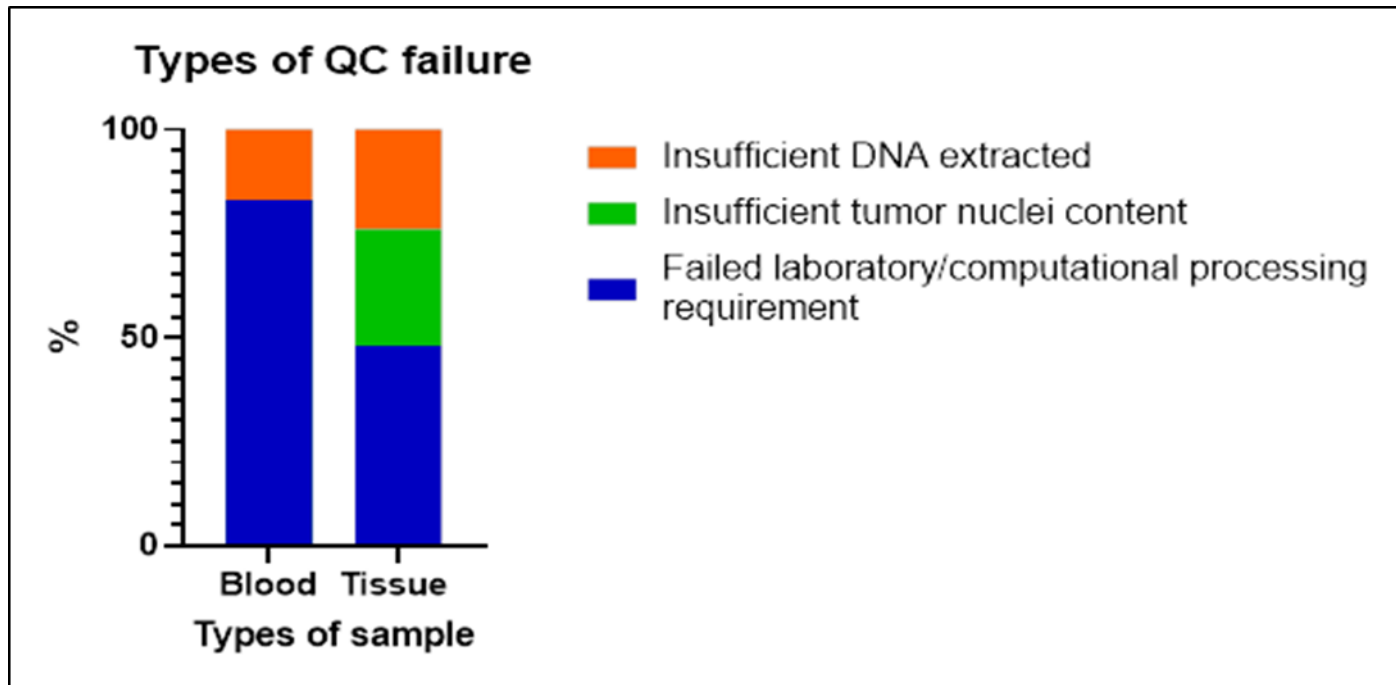
Results



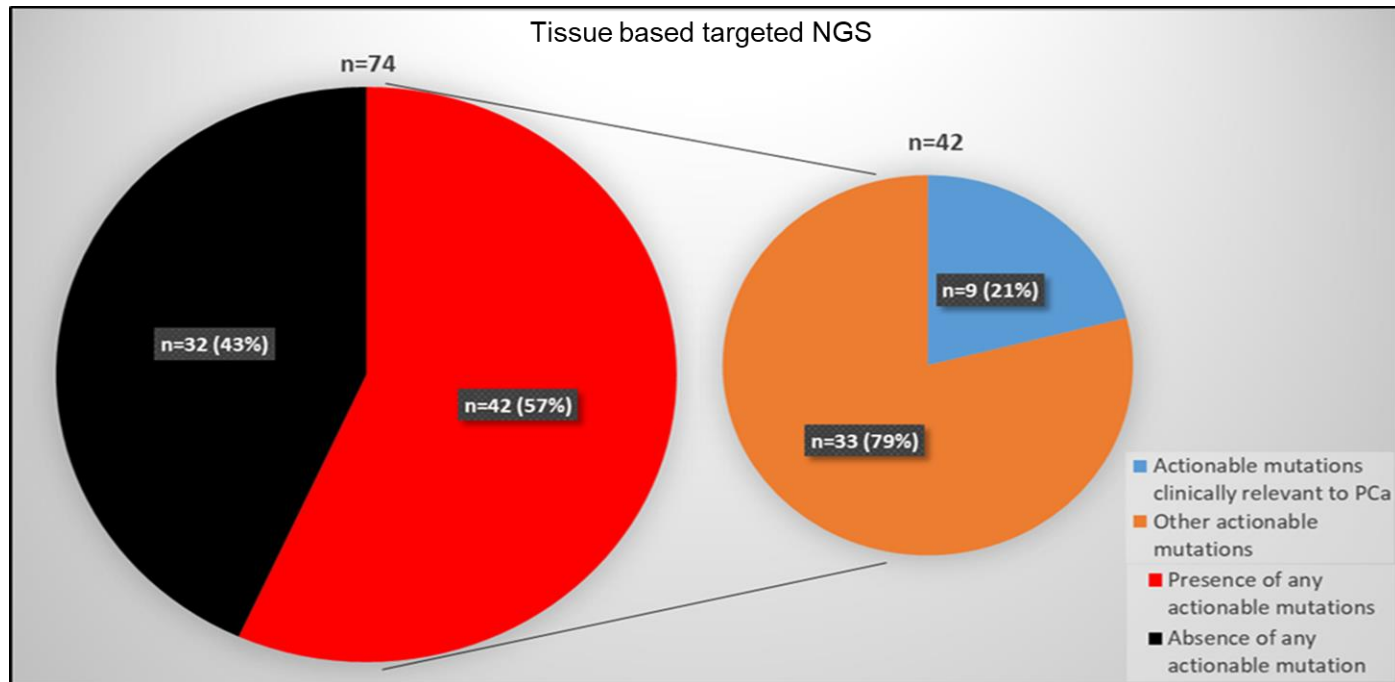
Results



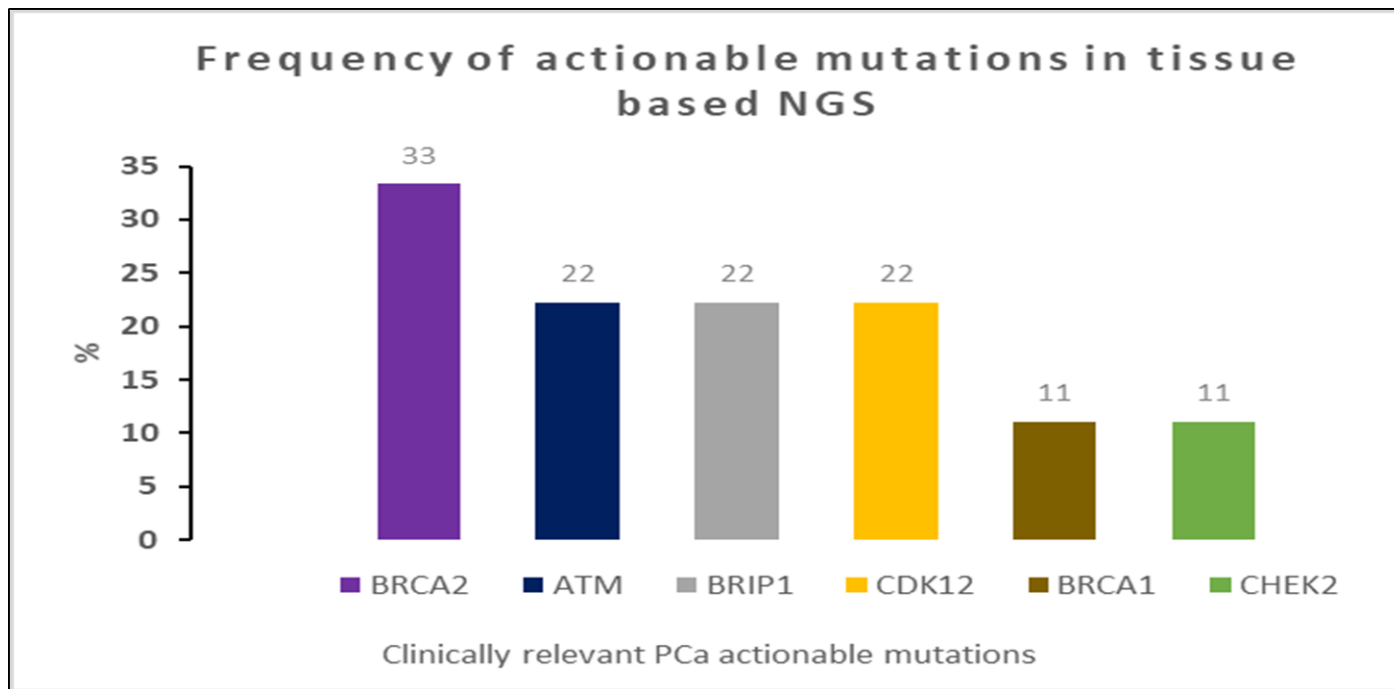
Results



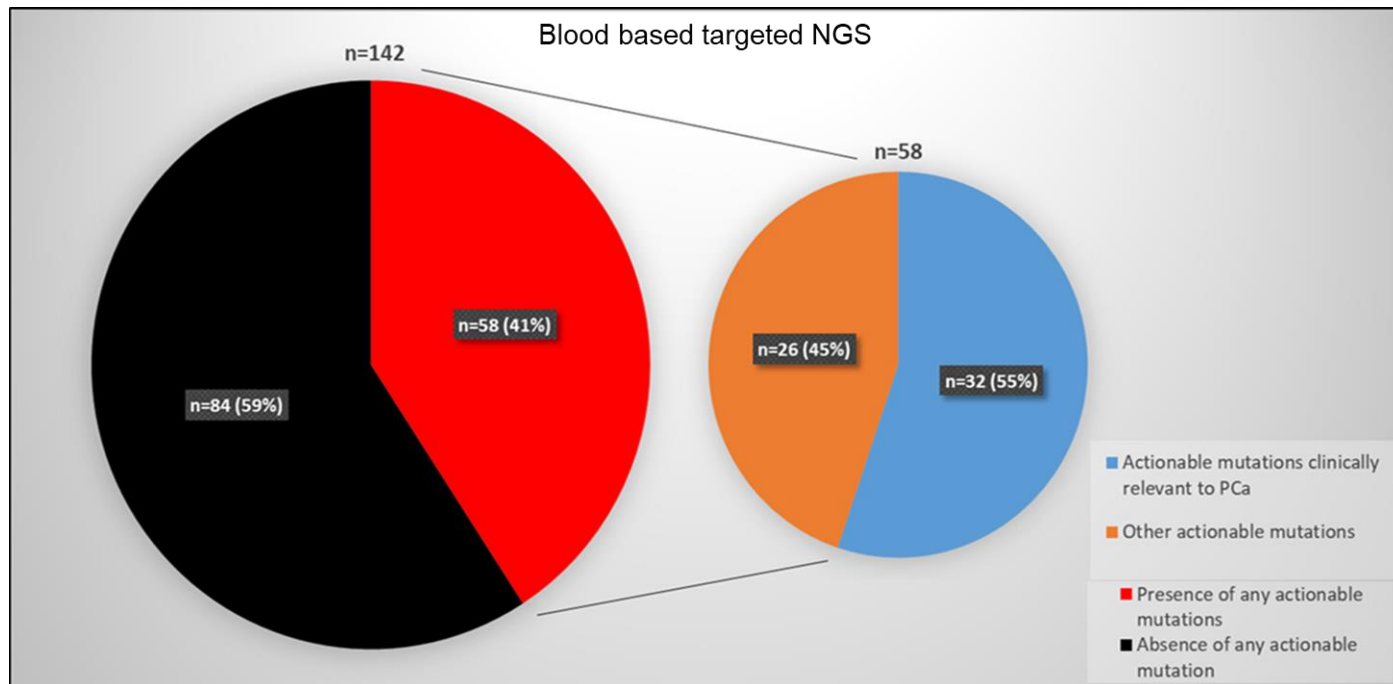
Results



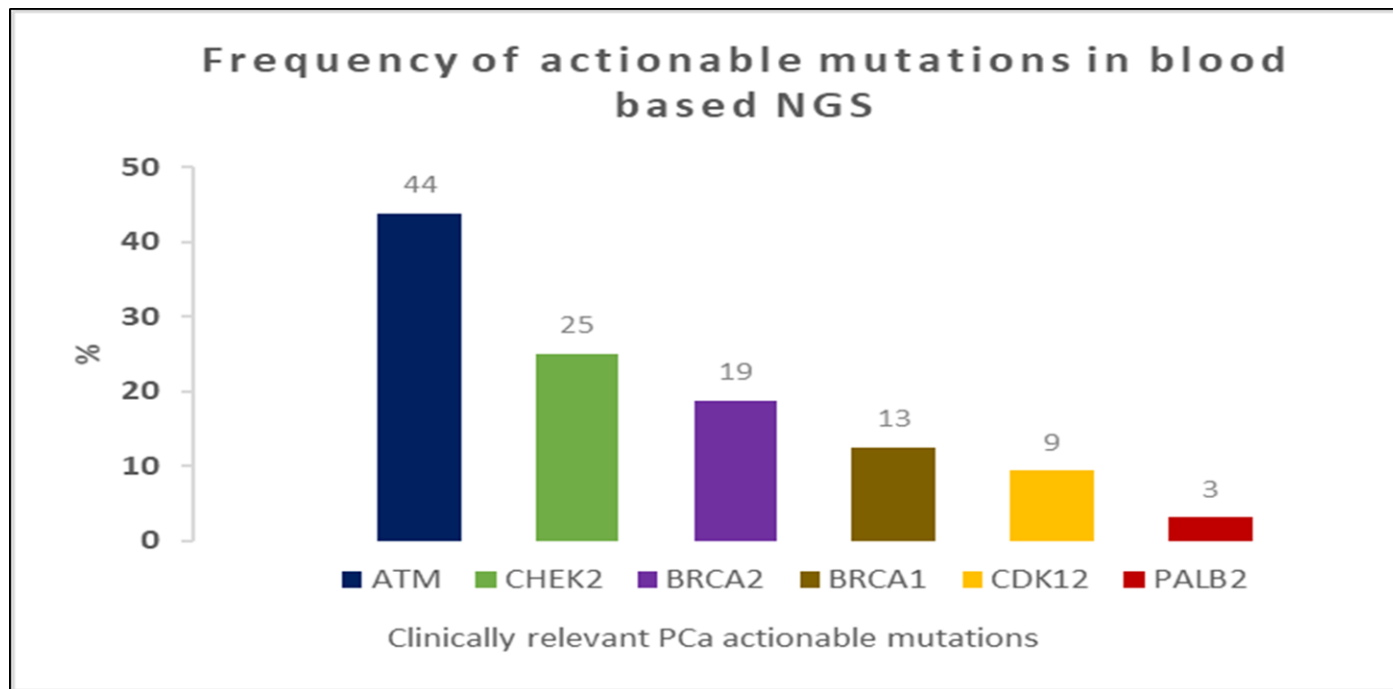
Results



Results



Results



Conclusions

- The success rate of yielding a biomarker status in blood was significantly higher compared with archived tissue (96% vs. 70%, respectively; $p < 0.0001$, OR 10.29 (CI 3.687 to 27.94)).
- In tissue, an actionable mutation relevant to PCa was detected in 12% of patients.
- In blood, an actionable mutation relevant to PCa was detected in 23% of patients.
- Blood based NGS maybe a good preliminary clinical screening tool for actionable gene mutations and tissue based NGS can be reserved.
- NGS led to identification of actionable mutations relevant to PCa in approximately one fifth of our patients with mCRPC, thus, offering further treatment options. This provides compelling rationale to explore the presence of actionable mutations further in this cohort.



Thank you

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