

RUH Cancer of Unknown Primary (CUP) Service:
The First Two Years

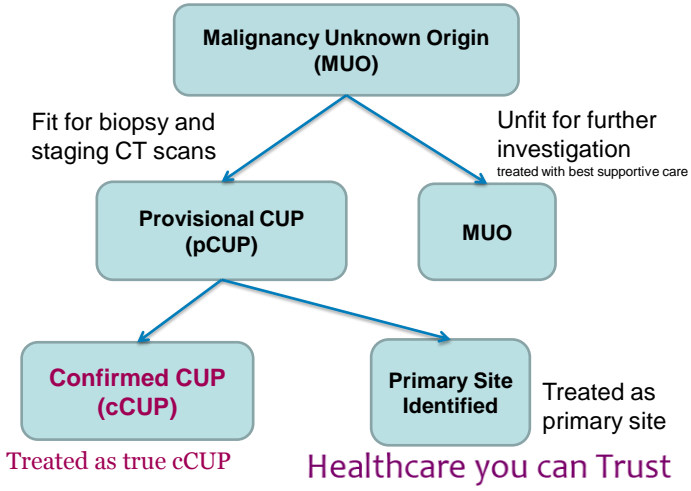
Dr Tania Tillett, Medical Oncology Registrar
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RUH Background

- Background
- Aims
- Methods
- Results
- Conclusions
- The Future



RUH Background

•Background

•Aims

•Methods

•Results

•Conclusions

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- Inexact diagnosis
 - Uncertainty for patients
 - Lack Organisational Structure
- Accounts 4-5% of all new cancer cases in UK
- Accounts 6% cancer deaths in males and 8% in females in the UK
- 75% all CUP cases occur in age range above 65 years

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RUH Aims

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- Evaluate our service since changes made in 2010
 - National Institute of Clinical Excellence (NICE) published management guidelines

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RUH Methods

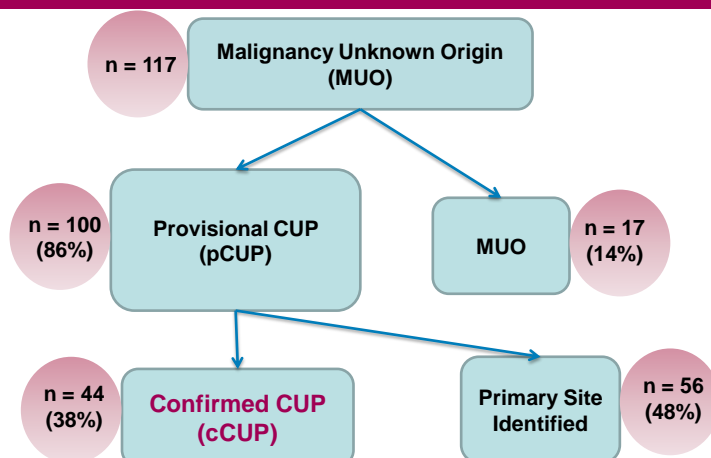
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- Service evaluated between January 2010-2012
 - Prospective database formed with all Malignancy of Unknown Origin (MUO) patients identified
 - Somerset Cancer Registry (our Multi-disciplinary Team (MDT) outcomes) also interrogated for this time frame to identify all patients coded as CUP (C77-80)

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RUH Prospective Database Results

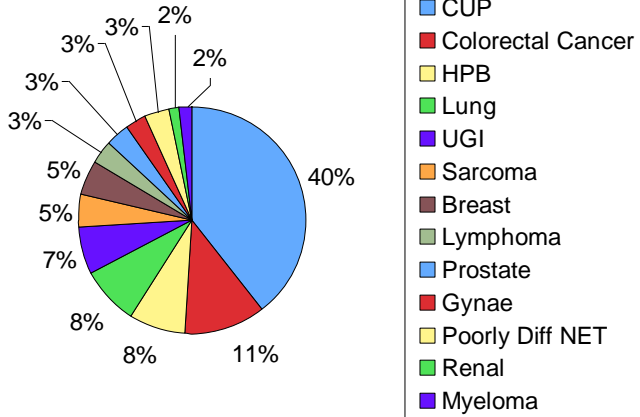
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RUH Primary Diagnosis

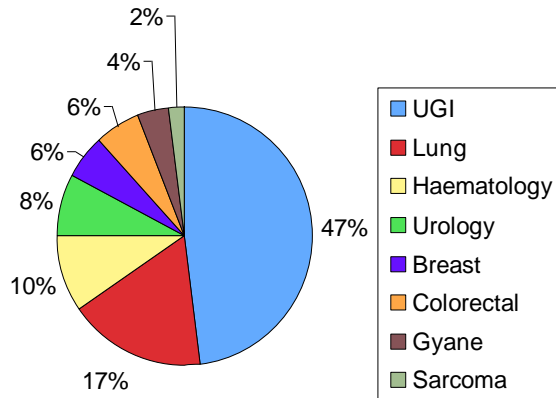
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RUH MDT Discussion

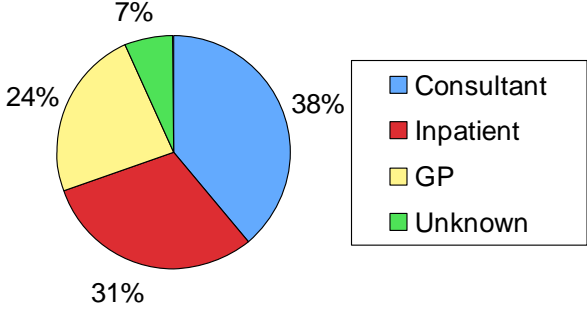
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RUH Source of Referral

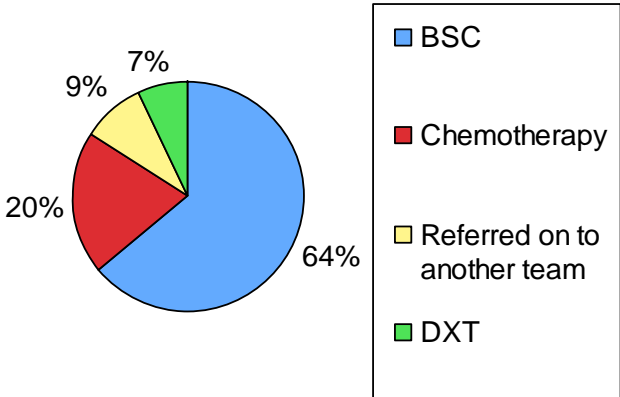
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RUH Primary Management for cCUP

- Background
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RUH Somerset Cancer Registry Results

•Background

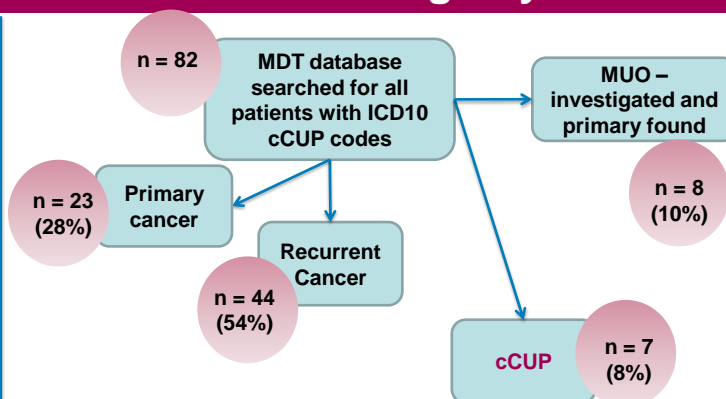
•Aims

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- 6 of the 7 cCUP patients identified were already included in the prospective database

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RUH Conclusions

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- There have been advances in care
 - dedicated team members
 - earlier input of specialists
 - more optimism
- Improvements still need to be made
 - coordinating vital services
 - research to move treatment outcomes forward
 - clearer classification to allow accurate evaluation and research

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RUH The Future

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- Using molecular profiling to aid diagnosis and potential therapeutic options
- Understanding difference between known clinical entities
 - MUO and pCUP
 - cCUP

Good prognostic Groups	• Clear management plan
Primary Site Suspected	• Treat as primary
Poor Prognostic Groups	• More research/guidance required

RUH Acknowledgements

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