Introduction: Prostate cancer is the second most diagnosed cancer, and the second most common cancer–cause of deaths in men worldwide. The apparent diffusion coefficient (ADC) derived from DWI has been shown to improve the detection of prostate cancer and is the primary imaging method for the differentiation between low to high grade cancers. ADC values show reduction with increasing Gleason’s score.

Methods: Prospective study included 60 subjects. Male patients were divided into the groups with pathohistology verified benign and malignant lesions (aged, 46–81; average age, 67.7 years) with abnormal PSA values (>4 ng/ml), and into control group (aged, 44–81; average age 65.3) with normal PSA values (0–4 ng/ml). Prostates were first examined on MRI, determining the diffusion values on ADC map, by placing the region of interest (ROI), through the middle of lesions. Later, the TRUS-guided biopsies were performed. Three intersections of the prostate (apex, middle, and base) were observed, and at total of 12 places (4 places per section) the mentioned methods were indicated.

Results: Statistically significant difference ($p<0.05$) between the groups of patients with malignant and benign lesions in relation to the ADC values of the apex, base and middle of prostate. ADC values of malignant lesions at apex were in range 952–1030, at base 859–977 $\times 10^{-6}$ mm$^2$/s, while in benign lesions at apex where in range 1234–1336, and at base 1096–1183 $\times 10^{-6}$ mm$^2$/s.

Conclusion: Determination of the numerical value of ADC map represents a significant additional diagnostic parameter for prostate cancer. All values in the range of 1179–1229 for base, 1063–1139 for middle, and 1199–1379 $\times 10^{-6}$ mm$^2$/s for apex were considered normal. Values between the range of 857–1030 $\times 10^{-6}$ mm$^2$/s have been suspected for possible presence of the prostate cancer.

PS101
Deoxycytidine kinase expression in AML blasts and its relationship to leukemia-free and overall survival
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Aim: Study the correlation of expression of genes involved in cytarabine metabolism to leukemia-free (LFS) and overall survival (OS) in AML.

Introduction: Cytarabine is the backbone of AML therapy. Understanding the roles and polymorphisms of genes involved in cytarabine metabolism and resistance in AML will facilitate development of novel therapeutics.

Methods: Adults less than 60 years with non M3 AML were included. Archived diagnostic marrow samples were studied for expression of 10 genes involved in cytarabine metabolism by RT-qPCR; gene expression normalized to GAPDH was compared using the unpaired t-test with Welch correction. SNP rs4694362 in deoxycytidine kinase (DCK) gene was tested using Taqman assay. Median time to relapse and survival was calculated by Kaplan Meier method.

Results: 21 Han Chinese patients (median age: 50) were identified; 15 were male; 16 had intermediate risk cytogenetics; 5 had a blast count of over $10^6$/L at diagnosis. 17 patients achieved CR; 12 after first induction. No difference in gene expression was seen between CR ($n=12$) versus non CR ($n=9$) with first induction. 17 CR patients were followed for a median duration of 67.5 months; median time to relapse was 15 months. 1 patient who underwent allogeneic transplant in CR1 was excluded. Higher mean DCK expression was seen in patients with LFS longer than ($n=7$) versus less than 2 years ($n=9$) (1.91 $\pm$ 0.67, $p=0.01$) and in those with OS longer than ($n=8$) versus less than 3 years ($n=8$) (2.02 $\pm$ 0.69, $p=0.01$). DCK rs4694362 TT genotype was less prevalent than CT in patients with $>$2 year LFS; but not statistically significant. (49% vs 60%, $p=0.6$).

Conclusion: DCK phosphorylates cytarabine to its active metabolite. Our work shows that higher DCK expression is correlated to LFS and OS in AML. The role of DCK SNP rs4694362 should be explored further in the Chinese.