J Cancer Sci Ther 2016, 8:5 (Suppl)
http://dx.doi.org/10.4172/1948-5956.C1.067

Establishing a case management model that improves patient motivation to wishes for treatment: A population based analysis of genitourinary cancer in Taiwan

Minchia Wang, Shu-Chan Chang, Wen-Tsung Huang and **Tse-Chou Cheng**
Chi-Mei Medical Center, Taiwan

Case management models have been encouraged in recent years for treatment in Taiwan. Case management combines disease management with the coordination of patient care services, integrated and coordinated utilization of resources, and the emphasis on continuous care. The aim of this project was to apply case management to increase the rate of follow-up for genitourinary cancer cases. The experimental group comprised 682 patients who had treatment. The study was example of research measuring the impact of intervention of the outcomes. After implementing a case management system from 2012, phone interviews and hospital visits were conducted to inquire about the needs for 2009~2014 genitourinary cancer cases of a health information consultation. Between January 1, 2012 and December 31, 2014, data were retrospectively collected, frequency for regular treatment and follow up rate was analyzed. All statistical analyses were performed using the PASW, version 19.0 (SPSS Inc., Chicago, IL). After implementing a case management system from 2012, the rate of refuse treatment for genitourinary cancer cases was decreased from 29.5% (36/122) to 2.5% (3/120) and the rate of loss of follow-up for genitourinary cancer cases was decreased from 11.2% (29/259) to 9.3% (33/355) and the revisit rate was elevating from 37.9% (11/29) to 57.6% (19/33). In this study, we discussed whether the attitudes of nurses and the contents of medical information influenced the wishes at which patients with genitourinary tumors for treatment. The application of the case management was able to significantly increase the follow-up rate and decrease the refuse rate (r=-.213, p=.040) for genitourinary cancer cases as well as improving the actual outcomes for the follow-up patients. The case management model is to elevate the quality of care and improve the cost effectiveness, while simultaneously strengthen the multidisciplinary team with respect to integration, communication and cooperation.

t960359@mail.chimei.org.tw

Long non-coding RNA MALAT1 as prognostic biomarker for kidney cancer

Rajvir Dahiya
University of California, San Francisco, USA

Recently, long non-coding RNAs have emerged as new gene regulators and prognostic markers in several cancers including renal cancer. In this study, we examined the role and effect of long non-coding RNA MALAT1 in renal cell carcinoma (RCC). We looked at MALAT1 expression in renal cancer tissues, cell lines and performed functional analyses to determine its role in RCC. The transcriptional regulation of MALAT1 and its interactions with Ezh2 (Enhancer of zeste homolog 2) (Ezh2) and miR-205 were investigated in RCC cells. This study shows that MALAT1 expression was significantly higher in human renal cancer tissues and was associated with over-all shorter survival. Renal cancer cell proliferation and invasion were significantly decreased and apoptosis was significantly increased by MALAT1 knock down in RCC cells. MALAT1 was transcriptionally activated by c-Fos in RCC cells and shown to interact with Ezh2 by immunoprecipitation. After knock down of MALAT1, E-cadherin expression was increased while beta-catenin expression was decreased through Ezh2. Reciprocal interaction between MALAT1 and miR-205 was also observed. Our data indicates that MALAT1 plays an important oncogenic function in RCC and its transcriptional activation by c-Fos contributes to increased renal cancer oncogenesis. MALAT1 binds to Ezh2 and after MALAT1 knock down, oncogenesis was inhibited by depletion of Ezh2. This resulted in inhibition of EMT via recovery of E-cadherin and down-regulation of beta-catenin in renal cancer cells. Our results indicate that MALAT1 may be a new therapeutic target and biomarker for renal cancer.

rdahiya@gmail.com