

## Adverse drug reaction-causality assessment scales

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Adverse drug reaction according to WHO is defined as “Any response to a drug which is noxious and unintended, and which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of disease, or for the modification of physiological function”. Adverse drug reaction (ADR) monitoring involves following steps

1. Identifying adverse drug reaction (ADR).
2. Assessing causality between drug and suspected reaction by using various algorithms.
3. Documentation of ADR in patient’s medical records.
4. Reporting serious ADRs to pharmacovigilance centers /ADR regulating authorities. For the assessment of causality between drug and suspected ADR, various causality assessment scales been used. Most commonly used causality assessment scales are Naranjo ADR probability scale and WHO-UMC causality categories. These causality assessment scales will be displayed and discussed during this poster presentation.

## Markers as prognostic and predictive tools in cancer: where are we now?

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Despite different available methods for cancer screening and their proven benefits, morbidity, and mortality of this malignancy are still high, partly due to low compliance with screening. Minimally invasive tests based on the analysis of blood specimens may overcome this problem. The purpose of this review is to give an overview of published studies on tumor markers aimed at the early detection of cancer and to summarize their performance characteristics. Only studies more than 20 cases and more than 20 controls were included. Information on the markers under study, on the underlying study populations, and on performance characteristics was extracted. Special attention was given to performance characteristics by tumor stage. Overall, 93 studies evaluating 70 different markers were included. Most studies were done on protein markers, but DNA markers and RNA markers were also investigated. Performance characteristics varied widely between different markers, but also between different studies using the same marker. Promising results were reported for some novel assays, e.g., assays based on SELDI-TOF MS or MALDI-TOF MS, for some proteins (e.g., soluble CD26 and bone sialoprotein) and also for some genetic assays (e.g., L6 mRNA), but evidence thus far is restricted to single studies with limited sample size and without further external validation. Larger prospective studies using study populations representing a screening population are needed to verify promising results. In addition, future studies should pay increased attention to the potential of detecting precursor lesion.