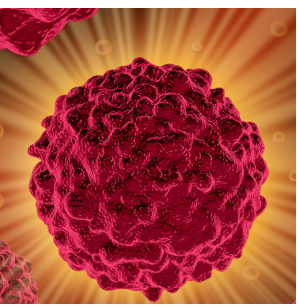
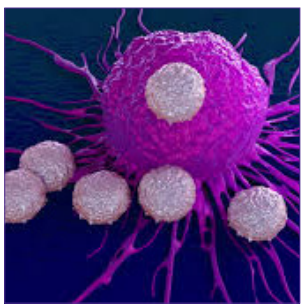
Scientific Tracks & Sessions
December 05, 2019

Nursing Education 2019
Cancer 2019







Joint Event

29th International Conference on

Nursing Education and Research

&

14th International Conference on

Cancer and Cancer Therapy

December 05-06 2019, | Dubai, UAE

The potential importance of hyper cobalaminemia as a possible early marker in the working diagnosis of malignancy and blood disorders

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Hypercobalaminemia is defined by a rate of vitamin B12 above 950pg/ml. The most obvious cause of hypercobalaminemia is taking too much of the vitamin in the form of supplements. Vitamin B12 is generally not considered toxic in high levels, but it is important to determine if the elevation due to excess vitamin supplements since the other causes of a high vitamin B12 level are usually serious such as solid tumours, blood diseases, liver diseases and kidney diseases. The aim of this article is to review the association between hypercobalaminemia and malignancy & hematological disorders. The association of hypercobalaminemia and solid tumours was first described and documented by Carmel et al. in 1975 and in 1977. In ancient literature hypercobalaminemia is an anomaly frequently observed in malignant blood diseases including chronic myelomonocytic leukemia, primary hypereosinophilic syndrome, myelodysplastic syndromes and acute leukemias. In the series of Chiche et al., 23% of patients with high serum cobalamin had a solid cancer, which was previously unknown in 73% of cases and still at a non-metastatic stage in 80% of cases. In their work, Chiche et al. found a statistically significant association between vitamin B12 levels >1275 pg/ml and the existence of a malignant blood disease. According to a September 2012 study in "PLoS One," people with high vitamin B12 had a 4- to 18-times higher risk of having a blood disease. Table 1 summarizes the key data in the literature regarding high serum cobalamin observed in malignancy and hematological disorders. Based on, we can conclude that: it is possible to depend on hypercobalaminemia as non specific early marker in the working diagnosis of malignancy and hematological disorder.

Speaker Biography

Abdou Deyab is belongs to Egypt. He has his expertise in evaluation and passion in improving the health and wellbeing. He comes with over 12 years of experience in the practice and research work of general pediatrics and pediatric haematology oncology in Egypt, Kuwait and Oman. He held the position of specialist pediatrician.

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DISEASE	ASSOCIATED HYPERCOBALAMINEMIA	ETIOLOGY
CML	Very frequent (up to 10 times normal value)	Production of granulocyte HCs.
ALs -promyelocytic	30% of cases	Production of granulocyte HCs
Polycythemia vera(PV)	30–50% of cases	Release of granulocyte HCs
Primary myelofibrosis	one-third of cases	Elevated apo-HC and apo-TCB II levels
Primary HES	Up to 30 times normal value	Production of granulocyte HCs.
HCC	50 % of cases	Production of HCs by the tumour or hyperleukocytosis

Association between hypercobalaminemia and malignancies & haematological disorders

Prostate Cancer new approaches and treatments from the quality of life perspective

Haluk Kulaksizoglu

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Aim: Over the last 5 years the understanding of prostate cancer behavior, improvement in technologies relating to diagnostic techniques, better surgical and radiotherapy methods and new emerging drugs have pushed us to changing our insight to prostate cancer. The aim in this talk is to give an overview of new clinical applications and techniques that improve life-span as well as the quality of life in both the patients and their spouses.

Method: The presentation is based on relevant scientific data available relating to changes that occurred over the last few years in diagnosis, treatment and follow-up of prostate cancer patients.

Findings: When and how to screen prostate cancer patients has been a major concern among communities, health care providers and the related medical societies' guidelines. Strategies resulting in overdiagnosis versus un-detection of malignant tumors are based on the fact that prostate cancer may not be actually one type of disease but a large spectrum. Use of imaging has evolved our thinking of screening. Multiparametric Prostate MRI has given us 2 unique leverage: (i) we can detect if the PSA elevation is more predictive of cancer or other pathologies of the prostate gland Pi-RADS Scoring System (ii) we can do more accurate biopsies to identify cancer coupling MRI images with transrectal ultrasound images during biopsy in fusion biopsy systems. Biomarker studies to improve PSA sensitivity and specifity is still a work-in-progress. Avoiding unnecessary biopsies and having an imagery follow-up of suspicious or cancerous cells increase the quality of life. It is safer for patients to undergo 'active surveillance' with new advances. Once at a treatment phase, robotic surgery is of course the gold standard to improve patients recovery time, time to catheter removal and post-surgery erection quality and recovery. Previous guidelines dictated that patients with tumors limited to the capsule can only have definitive treatments. New data show that even in patients with positive lymph node limited to iliac nodes and T3 patients with no fixation to the rectum are candidates for surgical tumor removal. Decreasing the tumor burden with a minimally invasive surgery has been proven to increase survival. Additional excelling of radiotherapy techniques also increased in patients with high stage surgeries as well as those who are not candidates for surgical procedures. Local radiotherapy results are as promising as surgeries. High intensity focused ultrasound, cryotherapy options are also present for patients. Medical therapies have also improved to include new hormonal approaches, immune therapies and more targeted anti-neoplastic medical therapies. While improving treatment results, many of the new regimens are also aiming at preventing or decreasing many cardiac, bone-related and sexual dysfunctions. Recovery protocols for erectile dysfunction are also more effective. Adjunctive therapies such as low-intensity shockwave therapies, PRP to oral therapies are expected to give better recovery in a shorter period of time. For scientific proof of adjunct therapies we need to wait for long-term results to appear.

Conclusion: Being one of the major cancers in male, prostate cancer diagnosis, treatments and follow-up protocols have been changing rapidly over the last few years. Due to better diagnostic tools, better surgical technologies and better innovations in both pharmacotherapy, medical device and radiotherapy options provide prolonged survival, better survival-free follow-up and improved quality of life.

Speaker Biography

Haluk Kulaksizoglu is an experienced Professor of Urology with a demonstrated history of working in the hospital & health care industry. He is skilled in Prostate Diseases, Andrology, Urodynamic, Medical Devices, Kidney Stones, and Kidney Cancer. Strong healthcare services professional with a doctorate focused in medicine from Cerrahpasa Medical School.

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