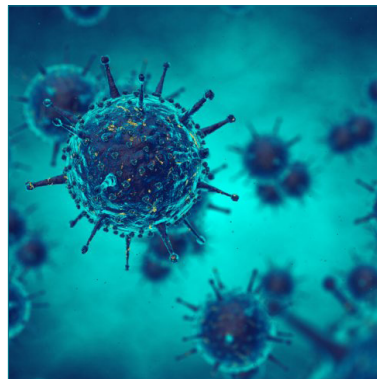
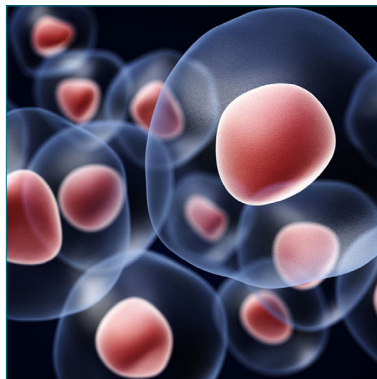
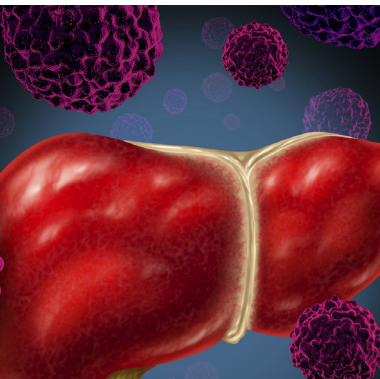
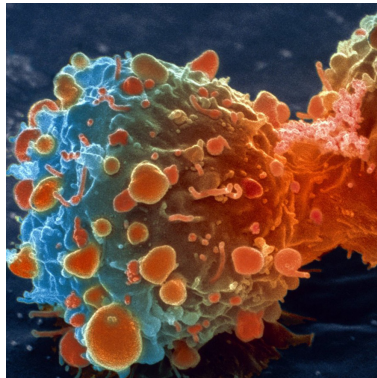


Video Presentation

Cancer 2019



13th World Cancer Congress

February 25-26, 2019 | Paris, France

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Perioperative use of NSAID might prevent early relapses in Breast and other Cancers

Michael W Retsky

Harvard TH Chan School of Public Health, USA

A bimodal pattern of hazard of relapse among early stage breast cancer patients has been identified in multiple databases from US, Europe and Asia. My colleagues and I have been studying these data to determine if this can lead to new ideas on how to prevent relapse in breast cancer. Using computer simulation and access to a very high quality database from Milan for patients treated with mastectomy only, we proposed that relapses within 3 years of surgery are stimulated somehow by the surgical procedure. Most relapses in breast cancer are in this early category. Retrospective data from a Brussels anesthesiology group suggests a plausible mechanism. Use of ketorolac, a common NSAID analgesic used in surgery was associated with far superior disease-free survival in the first 5 years after surgery. The expected prominent early relapse events in months 9-18 are reduced 5-fold. Transient systemic inflammation accompanying surgery (identified by IL-6 in serum) could facilitate angiogenesis of dormant micrometastases, proliferation of dormant single cells, and seeding of circulating cancer cells resulting in early relapse and could have been effectively blocked by the perioperative anti-inflammatory agent. If this observation holds up to further scrutiny, it could

mean that the simple use of this safe, inexpensive and effective anti-inflammatory agent at surgery might eliminate early relapses. We suggest this would be most effective for triple negative breast cancer and be especially valuable in low and middle income countries. Similar bimodal patterns have been identified in other cancers suggesting a general effect. There are now two retrospective studies (Forget et al 2010 and Desmedt et al 2018) and an animal model (Krall et al 2018) supporting this hypothesis but a prospective clinical trial is still needed. We are interested in conducting a prospective clinical trial for TNBC at Harvard. We think it will reduce relapse and mortality by 25 to 50% at low cost and toxicity. Use of tranexamic acid may reduce post-operative bleeding. Video is presented.

Speaker Biography

Michael Retsky (PhD in Physics from University of Chicago) made a career change to cancer research thirty years ago. He was on Judah Folkman's staff at Harvard Medical School for 12 years. Diagnosed with stage IIIc colon cancer in 1994, he opted for a low dose long term chemotherapy protocol that is now called metronomic chemotherapy. Retsky is Editor and Romano Demicheli is Co-Editor of a Springer/Nature book on breast cancer published in July 2017. Retsky is a founder of the Colon Cancer Alliance and has published more than 90 papers in physics and cancer.

e: michael.retsky@gmail.com



Notes:

13th World Cancer Congress

February 25-26, 2019 | Paris, France

An integrative approach to Cancer treatment for longevity and higher quality of life for patients

Rachna Chhachhi

Oxford College, United Kingdom

Across the world, cancer is a feared word. People almost view it as if it is a death sentence. Advancements in treatment of cancer have been slow however, survival rates in cancer are rising due to early detection as well as nutritional, holistic and alternative remedies supporting the patient in their journey to rebuild themselves after being struck with cancer. My treatment is called Epigenetics, which changes the gene response. The science of epigenetics and its proof is now everywhere, hence causing modifications in gene expression rather than the gene code itself and healing the patient. Here, I would like to present 2 case studies: one of a 74-year old patient with Prostate Cancer & one of a 28 year old woman with Breast Cancer. The first case is an age related cancer and the second one is genetic. In both, treatment methodology was different, but both are hormonal cancers. Both patients survived well and the learnings, though different, had one common goal: **Increasing quality of life and longevity of cancer patients which is equally mine and the oncologist's responsibility and should be implemented as such.**

Treating a disease, a cancer should not be limited to an organ or a part of the body but the patient's physical, emotional and psychological make-up should be taken into account while treating him or her. How their body and mind is responding to treatment should determine the treatment. Only then will the treatment result in the quality of life and longevity that each cancer patient seeks when they choose to go for cancer treatment.

Most cancer patients do not die of the cancer. They die because they succumb to the side effects of conventional medicine and therapies. If we give them a stronger immune system via nutritional healing, they can fight the cancer and withstand conventional treatments. So let us all join hands and work together via the best medicines and best holistic treatments as a combination, to give patients the right to a better quality of a long, long life.

Speaker Biography

Rachna Chhachhi is a certified Nutritional Therapist, Holistic Cancer Coach and WHO Certified in Malnutrition for Infants & Children. Rachna herself suffered from rheumatoid arthritis, an incurable autoimmune condition, which left her bed ridden 12 years ago with deformities, when she was heading business development for a Fortune 50 multinational company. She took a break from her corporate career to heal herself, and then got certified to begin her life to help people. Rachna practices across 22 countries to help prevent, manage and reverse lifestyle diseases, cancer and autoimmune conditions. She uses balanced nutrition, oxygenation, functional training, yoga and meditation as her mainline treatment with success in clinically reversing conditions. Rachna has a health column with BusinessWorld magazine and is the author of the book RESTORE and is working on a book on Cancer this year with a well-known publishing house. Rachna has conducted over 500 health awareness workshops and sessions for organisations like Google, GE, Accenture, Honeywell, Dunhumby, Aon Hewitt, Aon Consulting, Cargill etc and for groups for doctors, communities for a cause and cancer associations. Rachna has been writing on health and wellness for 20 years. She has had health columns with Business Today, Outlook Business Magazine and TOI blogs. She has earlier worked with GE Consumer Finance, India Today, Business Today and PPC Worldwide, a United Healthcare group company.

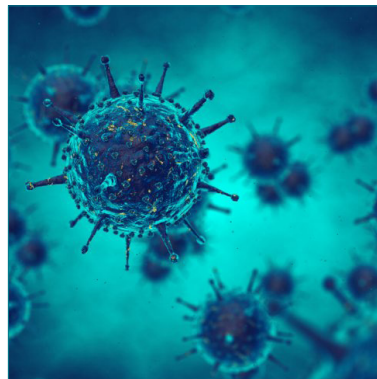
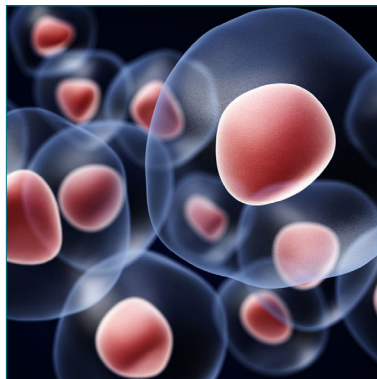
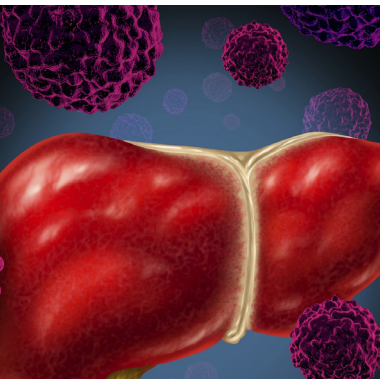
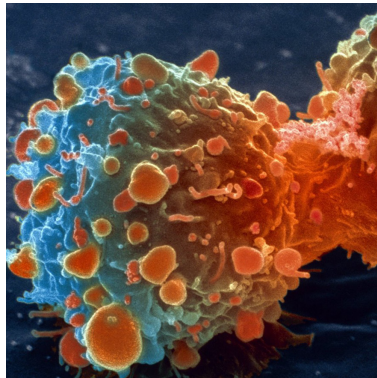
e: askrachnachhachhi@gmail.com



Notes:

Poster Presentation

Cancer 2019



13th World Cancer Congress

February 25-26, 2019 | Paris, France

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Barriers and facilitators of physical activity among Breast Cancer survivors: A systematic review and meta-synthesis study

Esra M Hamdan

University of East Anglia, United Kingdom

Background: In spite of the growing recognition that exercise and physical activity may provide health benefits among cancer survivors, it is becoming clearer that there are barriers to participation. Perceived barriers and facilitators to be physically active among breast cancer survivor women are becoming more vital to explore with increased survival rate among breast cancer patients. This, however, may vary by culture and environment.

Purpose of study: The purpose of this study is to systematically review and integrate existing knowledge on the current literature that have explored barriers, facilitators and other factors that may affect physical activity among breast cancer survivors upon completion of related cancer treatments that fits our eligibility criteria from different perspectives of oncologists, health care professionals, and breast cancer survivors themselves and their careers.

Data collection methods used: This systematic review followed Cochrane systematic review guideline, requirements of the NHS National Institute of Health Research Centre for Reviews and Dissemination and the PRISMA statement for reporting studies that evaluate healthcare interventions. Methods of the analysis and inclusion criteria were specified in advance and documented in a protocol registered in PROSPERO 2016:CRD42016053051

Search Strategy: Searches for both Quantitative and Qualitative of English language only studies had been conducted through the following electronic databases: Allied and Complementary Medicine Database (AMED), Applied Social Sciences Index & Abstracts (AASIA), BioMed Central, Cumulative Index to Nursing & Allied Health Literature (CINAHL), Cochrane Library, Centre for International

Rehabilitation Research Information and Exchange (CIRRIE), Database of Abstracts of Reviews of Effects (DARE), EMBASE, MEDLINE, PsycINFO, Physiotherapy Evidence Database (PEDro), Scopus, SPORTDiscus and Physical Therapy & Sports Medicine Collection databases were searched.

Analysis: Data synthesis carried out for qualitative and quantitative results. We analyse the data using a meta-synthesis approach. It is a set of techniques for the interpretive integration of research findings. This is appropriate because (synthesis) involves some degree of analysis of studies in sufficient detail to preserve the integrity of each study which permit syntheses to recognize similarities and differences that shaped findings among studies. Health-professionals and carer's role and point of views analysed separately.


Results: The initial database search yielded 3509 studies, of which 2724 studies were removed as duplicates or as clearly irrelevant after reviewing titles. A further (875) studies were retrieved from reference lists of review articles. The abstracts of 785 studies were screened and any that did not provide enough information were retrieved for full text examination. A (413) papers were read as full texts and assessed for eligibility. Total (31) studies were included in the study.

Conclusion/Recommendations: Those finding can be fundamental for the development of culturally-competent physical activity interventions.

Speaker Biography

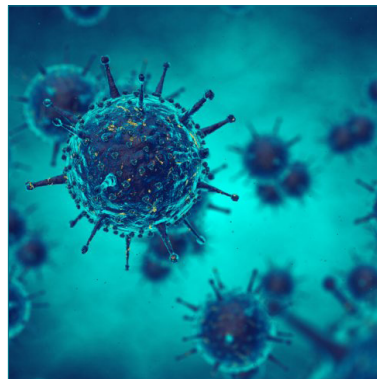
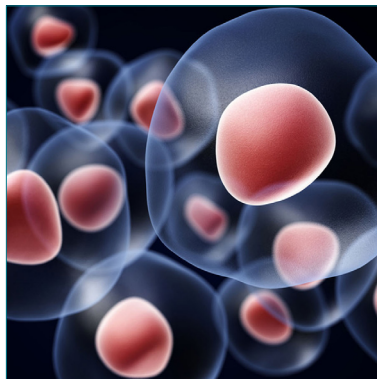
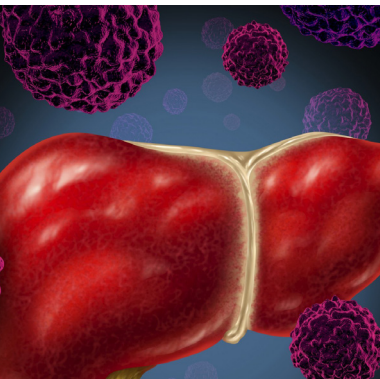
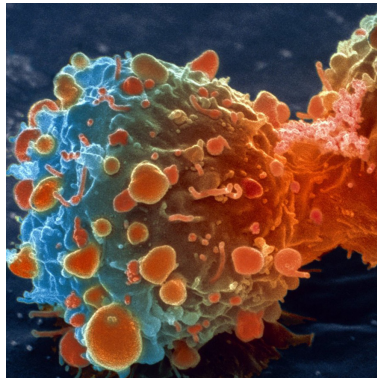
Esra Hamdan is a PhD Candidate at the University of North Anglia United Kingdom, she has completed her M.Sc. from Nottingham University, United Kingdom and presently holding a Lecturer position at Al-Quds University Palestine.

e: e.hamdan@uea.ac.uk

 Notes:

Accepted Abstracts

Cancer 2019



13th World Cancer Congress

February 25-26, 2019 | Paris, France

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Coexisting Human Papilloma Virus-Type 16 & Human Herpes Virus-Type 8 in the presence of repeated electromagnetic field were found to be major contributing factor for rapid development of Cancer

Yoshiaki Omura

International College of Acupuncture and Electro-Therapeutics, USA

Our study indicated that Human Papilloma Virus-Type 16 (HPV-16) & Human Herpes Virus-Type 8 (HHV-8) in presence of repeated electromagnetic field (EMF) become major contributing factors for rapid development of cancer. Originally, the author found frequent coexistence of HPV-16 & single-cell parasite *Toxoplasma Gondii*. Eventually *Toxoplasma Gondii* are often infected with HHV-8. As potential source of this infection, author found most eggs are infected with these 2 viruses & *Toxoplasma Gondii*. Infections are limited to egg yolk while most egg whites are not infected. Many cats & dogs are also infected by these infections. Our study indicated that optimal dose of Vitamin D3 has the following 10 unique beneficial effects: 1) significant Anti-cancer effects without side effects; 2) marked decrease in DNA mutation which is proportional to 8-OH-dG; 3) marked urinary excretion of Viruses, Bacteria, Fungi, & Toxic substances, including Asbestos & toxic metals such as Hg, Pb, & Al; 4) marked increase in Acetylcholine in the brain & the rest of the body; 5) marked increase in DHEA; 6) marked decrease in β -Amyloid (1-42) in brain; 7) marked decrease in Cardiac Troponin I. 8) Marked increase in Thymosin α 1 (which has powerful, anti-cancer effects & anti-inflammatory & cancer-stimulating effects); 9) Marked increase in Thymosin β 4 (which has significant improvement in the circulatory system); 10) anti-allergic effects. Therefore,

using unique 10 beneficial effects of optimal dose of Vitamin D3 given orally every 8 hours since one optimal dose lasts average 8 hours, we can obtain significant reduction of cancer markers including Integrin α 5 β 1 (for example 1500ng or higher value in advanced cancers reduced to 0.001~0.005ng) & 8-OH-dG (60ng or higher value can be reduced to 0.1~0.15ng or less) without any side effect. Our safe, effective treatment of hopelessly advanced cancer patients with multiple metastases consist of combination of following 4 methods: 1) Individualized optimal dose of Vitamin D3 every 8 hours, 2) Selective drug uptake method by manual stimulation of organ representation area of hands, 3) Manual stimulation of newly discovered Thymus gland representation area of hands, 4) Elimination or reduction of cancer-contributing factors including viral infections of HPV-16, HHV-8, electromagnetic field, & any harmful drinks, things to eat (for example, currently available toxic white rice and toxic chemical-covered vegetables without washing with hot water several times), wear on body surface as well as optimal dose of Vitamin D3-inhibiting substances including Vitamin C over 150mg contrary to Linus Pauling's use of large dose of Vitamin C which inhibits most important 10 unique beneficial effects of optimal dose of Vitamin D3.

e: icaet@yahoo.com

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Never fear Breast Cancer again with the 7 Essential System®

Véronique Desaulniers

Breast Cancer Conqueror®, USA

Breast Cancer is the leading cause of death for women in developing countries, with nearly 2 million new cases being diagnosed each year. The challenge is the traditional approach to treating breast cancer often results in dire side effects, many of them being at the root cause of cancer recurrences.

A novel approach with the 7 Essentials System® is to cover ALL aspects of healing the WHOLE person and not just the cancer itself. Because of her healing journey with breast cancer twice, Dr. Véronique has uncovered a balanced and systematic approach so that women Never Have to Fear Breast Cancer Again.

e: DrV@breastcancerconqueror.com



Notes:

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Breast Cancer staging with Ultrasound – Nodal Basin Assessment

Megan Kalambo

University of Texas, USA

The prognosis of patients with breast cancer is determined in large part by the stage of disease at diagnosis. The TNM staging system for breast cancer takes into account the size of the primary tumor (T), involvement of regional lymph nodes (N), and the presence or absence of distant metastases (M). At our institution, all patients with breast cancer undergo whole breast ultrasound for locoregional staging. Whole-breast sonography is performed to evaluate for multifocal or multicentric disease. In addition, the regional nodal basins, including the axillary, infraclavicular, supraclavicular, and internal mammary regions, are scanned. Metastatic adenopathy in these areas may upstage disease and influence prognosis. Clinical management and treatment

decisions may be altered by ultrasound detection of nodal disease.

The objectives of this lecture session include:

- 1) A brief review of updated breast cancer staging by AJCC 8th edition
- 2) A review of regional nodal basin assessment with ultrasound
- 3) A review of anatomic classification of regional lymph nodes
- 4) A review of the role of US guided biopsy of indeterminate regional lymph nodes.

e: mkalambo@mdanderson.org



Notes:

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Radiation Oncology operations and workflow efficiency

Jason Dixon

Proton Therapy Center, USA

The era of the “trial and error” or “one size fits all” approach to cancer care is gone. This translates to the operational aspects of a radiation oncology center as well. Clinical Operations, end-to-end, encompasses the way patients are engaged and how a treatment center functions. It includes all of the planning, directing, and evaluating of patient activities within the facility from the moment a patient calls to how they will move through medical visits and treatment complying with internal policies, protocols. It involves goals of boosting efficient and economic

performance in every department, while delivering highest quality patient services. Further, it includes working with senior leadership to drive strategy and implementation of ideas to meet annual and long-term goals. This presentation discusses best practice in developing and aligning process improvement within a center, from workflow analysis and project selection to key performance indicators that successful centers are adjusting to and evaluating.

e: JRDixon@protonmail.com



Notes:

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Increased radiation dose and radiation related lifetime - Cancer risk in obese populations due to Projection Radiography

Saeed J M Alqahtani

University of Exeter, United Kingdom

Purpose: Primarily to evaluate the radiation dose delivered to patients with obesity in projection radiography and its relationship to the patient's size. A secondary purpose is to estimate the subsequent projected radiation-related lifetime cancer risk to patients with obesity compared to normal-weight patients.

Method and material: Data from 1964 patients from a bariatric clinic in the United Kingdom were reviewed with the relevant permission. 630 patients were identified to have a projection radiography history and were included in the study. Patients' dose area product (DAP) data were collected for all projection radiography. Multiple exams in one day including a single DAP reading and exams with no records of DAP and exposure factors were excluded. Correlations were calculated and data analysed to yield the third quartile for each examination using STATA 14. Absorbed doses were generated from PCXMC simulation, utilising DAP data from this study and the United Kingdom national diagnostic reference level (NDRL), to calculate the effective risk for patients with obesity compared to patients

with normal-weight.

Results: Patients with obesity received higher DAPs for all examinations included in this study compared to NDRL. Abdominal and lumbar spine radiographs DAPs were the highest (17.6 and 30.31 Gy cm²) compared to the NDRL (2.5 and 4 Gy cm²). Only moderate to low correlations were found between patient's size and DAPs in the abdomen and chest radiographs. The projected radiation-related lifetime cancer risk for patients with obesity is up to 153% higher than for adult patients with normal weight.

Conclusion: Patients with obesity receive higher DAPs than normal-weight adults which may be in excess of that expected due to their size. Therefore, radiation-related lifetime cancer risk is increased in patients with obesity as a result of medical radiation exposures. This indicates more dose optimisation research is needed in this group of patients to reduce dose rate and variation.

e: salbeshri@hotmail.com

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Personalized and precision medicine as a unique avenue to have the healthcare model renewed to secure national and international biosafety

Sergey Suchkov

Sechenov University, Russia

A new systems approach to diseased states and wellness result in a new branch in the healthcare services, namely, personalized medicine (PM). To achieve the implementation of PM concept, it is necessary to create a fundamentally new strategy based upon the subclinical recognition of biopredictors of hidden abnormalities long before the disease clinically manifests itself.

Each decision-maker values the impact of their decision to use PM on their own budget and well-being, which may not necessarily be optimal for society as a whole. It would be extremely useful to integrate data harvesting from different databanks for applications such as prediction and personalization of further treatment to thus provide more tailored measures for the patients resulting in improved patient

outcomes, reduced adverse events, and more cost effective use of health care resources. A lack of medical guidelines has been identified by the majority of responders as the predominant barrier for adoption, indicating a need for the development of best practices and guidelines to support the implementation of PM!

Implementation of PM requires a lot before the current model “physician-patient” could be gradually displaced by a new model “medical advisor-healthy person-at-risk”. This is the reason for developing global scientific, clinical, social, and educational projects in the area of PM to elicit the content of the new branch.

e: ssuchkov57@gmail.com



Notes:

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Combined *in silico/in vitro* strategies for the identification of new highly selective ADP/ATP carrier inhibitors for triggering mitochondrial apoptosis in Cancer Cells.

Ciro Leonardo Pierri
University of Bari, Italy

The mitochondrial ADP/ATP carriers (AACs) translocate the ATP synthesized within mitochondria to the cytosol in exchange for the cytosolic ADP, playing a key role in energy production, in promoting cell viability and regulating mitochondrial apoptosis through the opening of permeability transition pore. In *Homo sapiens* four genes code for AACs with different tissue distribution and expression patterns. Since AACs are dysregulated in several cancer types, the employment of known and new AAC inhibitors might be crucial for inducing mitochondrial-mediated apoptosis in cancer cells. Albeit carboxyatractyloside (CATR) and bongkreic acid (BKA) are known to be powerful and highly selective AAC inhibitors, able to induce mitochondrial dysfunction at molecular level and poisoning at physiological level, we estimated for the first time their affinity for the human recombinant AAC2 through *in vitro* transport assays

as reported in. We found that the inhibition constants (K_i) of CATR and BKA for the human AAC2 are 4 nM and 2.0 μ M, respectively. For identifying new AAC inhibitors we also performed a docking-based virtual screening of an in-house developed chemical library and we identified about 100 ligands showing high affinity for the AAC2 binding region according to our validated protocols. By testing 13 commercially available molecules, out of the 100 predicted candidates, we found that 2 of them, namely suramin and chebulinic acid, are competitive AAC2 inhibitors with K_i equal to 0.3 μ M and 2.1 μ M, respectively. We also demonstrated that chebulinic acid and suramin are “highly selective” AAC2 inhibitors, since they poorly inhibit other human mitochondrial carriers (namely ORC1, APC1 and AGC1).

e: ciro.pierri@uniba.it

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Irrigation of the axillary bed with antibiotic solutions after lymph node dissection and the reduction of lymphedema and oncologic outcome

Jaime Ruiz-Tovar
Garcilaso Clinic, Spain

The placement of a drain in the axillary bed after lymph node dissection secondary to breast cancer, is focused on the avoidance of seroma. Several studies of our group have demonstrated that the topical antibiotic irrigation (gentamycin and clindamycin) reduces the drainage volume. The purpose of this study was to evaluate the effect of axillary lavage with a gentamicin and clindamycin solution on the oncologic outcome.

Patients and Methods: A prospective, randomized study was performed. Inclusion criteria were a diagnosis of breast neoplasms and plans to undergo an elective axillary lymph node dissection due to axillary metastasis. The patients were randomized into 2 groups: patients undergoing a lavage with 500ml normal saline(Group 1) and patients undergoing a lavage with a 500ml of a gentamicin(240mg) solution(Group 2).

Results: 80 patients were included. Mean number of days maintaining the drain in place was 7.7+3.2 days in Group

1 and 4.3+1.4 days in Group 2($p=0.001$). Total drainage volume before removal was 465+250.9ml in Group 1 and 169+102.2ml in Group 2($p=0.003$).

After a minimum follow-up of 60 months, mean disease-free survival was 37.2 + 14.2 months in Group 1 and 25.8 + 16.3 months in Group 2 (Mean difference 11.4; CI95% (2.2-25.1); $p=0.009$). Mean global survival was 44.2 + 11.9 months in Group 1 and 34.1 + 14.1 months in Group 2 (Mean difference 10.1; CI95% (2.2-18); $p=0.016$).

The postoperative drainage volume of the axillary drain is significantly lower in the patients undergoing a lavage of the surgical bed with a gentamicin solution than in the control group undergoing a lavage with normal saline. The lavage with gentamicin increases the disease-free and global survival colorectal tumours.

e: jruiztovar@gmail.com

 Notes:

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Clinical audit of Breast Cancer patients diagnosed at London Breast Care Centre in Bahrain: 2 Years experience.

Sara Al-Reefy

London Breast Care Centre, Bahrain

Breast cancer Screening In Bahrain is provided by the ministry of Health to women above the age of 40 on Annual basis. Breast cancer is the most common cancer among Bahraini women with a percentage of 37.4%. According to the latest statistics the age group women are diagnosed at in Bahrain is highest at the age of 45-50. The London breast cancer is the first private medical centre specialized in diagnosis and treatment of Breast cancer in Bahrain. We have therefore collected our data of diagnosed breast care patients from the period of 2016 -2018.

This clinical audit will shed a light on the most common age group of women diagnosed with breast cancer. The aim of this study is to see whether the current breast screening protocol in the kingdom of Bahrain is in line with the age group of affected population.

Retrospective cohort study with data collected from patient files at London breast care centre Bahrain in the period of 2016-2018. A total of 1093 patients were screened at the London breast care

centre in Bahrain between 2016 -2018. 294 women with breast cancer diagnosis was confirmed by triple assessment (Clinical Examination by consultant breast surgeon, Mammography (2D/3D), Ultrasound Breast & Breast Biopsy (Fnac/Core)

Age group of patients were classified into three main groups. the younger than 40 , 40-50 and above 50 years of age. The results were 29 patients were diagnosed at an age group younger than 40 (8.5%). From 40-50 years there were 83 patients (24.4%) Above 50 years of age 182 patients (53.5%). Our study shows that most patients are diagnosed at an age above 50. According to American college of surgeons guidelines for breast screening, screening should start 10 years younger than the commonest age at diagnoses , which is 40. Our results in Bahrain are in keeping with the current guidelines for breast screening by American college of surgeons.

e: saraalreefy@hotmail.com



Notes:

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Skin radiation dose measurement of estimation of radiation-induced Cancer in Head and Neck Cancer External Beam Radiotherapy

Khalid Alzimami

King Saud University, Saudi Arabia

Patient dosimetry (In vivo dosimetry) is used to assess the clinical outcome and to identify main treatment errors, to evaluate the variations between delivered and planned Head and neck anatomical region involve critical radiosensitive organs Therefore, patient dose evaluation is imperative.


The purpose of this study are to measure radiation dose for patient during head and neck cancer treatment for thyroid and skin and to estimate the probability of radiogenic risks.

Thermoluminescent dosimeters (TLD100) chips were used using radiation energy of 6 MV photon beams ELEKTA linear accelerator The measurements were performed per field and for two fields A total of 32 patients were evaluated during six months. The TLD chips, TLD reader and the accelerators were calibrated according to the IAEA protocol.

The measured entrance dose for the different patients for 6 MV beams is found to be within the 31 compared to the dose derived from theoretical estimation (normalized dose at Dmax). An average thyroid skin dose of 37 of the prescribed dose was measured per treatment session while the mean skin dose. These results are comparable in those of the in vivo of reported in literature. The risk of fatality due to thyroid cancer per treatment course is 42x10³.

This result has shown reasonable agreement between measured and expected doses compared with previous studies. The risk of skin and thyroid dose due to head and neck cancer is substantial.

e: kalzimami@ksu.edu.sa

 Notes:

Comparison of adverse drug reactions and health related quality of life in Triple Negative Breast Cancer patients treated with AC-Taxane+carboplatin Vs AC-Taxane regimen: A prospective cohort study

Mrs Faheema Nafees

Treatment in Breast Cancer, UAE

Anthracycline-Taxane containing regimen is the standard treatment for curative breast cancer chemotherapy from last two decades. Recent evidences showed improved efficacy when platinum compounds added to Anthracycline-Taxane containing regimen in any clinical setting (neoadjuvant, adjuvant and metastatic) for treating Triple Negative Breast Cancer (TNBC). But safety data on each regimen in TNBC is limiting although established data available on individual drug only. A crucial factor is to understand the impact of therapy on Quality of Life (QoL) of patients as it is influenced by every step of the treatment. In this prospective, cohort questionnaire based study, we evaluated whether ADRs and QoL from 2 different chemotherapy regimens differed in patients with triple negative breast cancer.

The study was conducted in the Dept. of Radiotherapy, Govt. Medical College, Calicut, India over a period of 8 months from January 2017 to August. Patients with TNBC who satisfied eligibility criteria were selected and divided into 2 groups based on their chemotherapy regimen. The patients who received Adriamycin and Cyclophosphamide (AC) followed by docetaxel (T) were assigned to group AC-T and those who received AC followed by docetaxel and carboplatin (Cb) were in group AC-TCb. List of ADRs were prepared using Cancer Care Ontario (CCO) drug formulary list. ADRs documented either from the patients or from their laboratory reports were graded as per NCI CTCAE guidelines. QoL mean scores were analyzed using EORTC QLQ C30 and EORTC QLQ BR23 questionnaires filled up by the patients during the study. Statistical analysis were done using PASW statistics 18, version 2009.

Data of 81 TNBC patients were collected in which 29 (35.8%) patients received AC-T and 52 (64.2%) AC-TCb regimens. Mean age of AC-T was 50.28±9.071 and 49.87±9.30 years for AC-TCb. Among thirteen system organ classification studied, ADRs in dermatological system, gastrointestinal (P value=0.644), cardiovascular (P value=0.131), ophthalmological (P value=0.533), neurological (P value=0.904), musculoskeletal (P value=0.066), auditory (P value=0.452), psychological (P value=0.303), hematological (P value=0.753), administration site (P value=0.252), respiratory (P value=0.094), were statistically insignificant. A statistically significant difference in ADRs under general disorders was confirmed among different chemotherapy regimens and confined to AC-TCb regimen (P value=0.011). Hand-foot syndrome, grade 3 was present in 1

subject from AC-T and 1 from AC-TCb; 1 subject from AC-T with grade 4. Vomiting, grade 4 type was present for one subject from AC-TCb. Constipation, grade 3 type was present for one subject from AC-TCb. Mucositis grade 4 type was observed from one subject each in AC-T and AC-TCb. Diarrhea, grade 3 was reported from a subject receiving AC-TCb. Although hematological reactions were a few, most of them belongs to grade 3/4. Anemia, grade 3/4 was reported in 1 from AC-T, 1 from AC-TCb.

Febrile neutropenia, grade 3/4 was observed in 4 subjects from AC-T and 5 from AC-TCb. 10 subjects from AC-T and 12 from AC-TCb had neutropenia, grade 3/4. 9 subjects from AC-T, 8 from AC-TCb had insomnia, grade 3/4. One subject from AC-T had hearing impaired, grade 4.

QoL mean score was insignificant among the regimen. Among EORTC QLQ C30 functional scale, emotional, cognitive and social domains shows significant difference; higher mean scores were observed for subjects receiving AC-TCb for all these three {(62.7, P = 0.046), (74.3, P=0.000) and (66.02, p=0.010) respectively}. Higher functional scale score indicates better functioning and quality of life. Among EORTC QLQ C30 symptom scale, a significant difference in the mean scores were observed in dyspnea and constipation domains; for both, the higher mean scores were reported for subjects receiving AC-T {(35.6, P = 0.001) and (48.7, P=0.046) respectively}. Higher symptom score indicates poor quality of life. All the domains from both functional and symptom scale in EORTC QLQ BR 23 found to be insignificant among the groups.

Both regimens were tolerated by the subjects reasonably very well with majority of adverse effects were mild. Severe (Grade 3 or 4) adverse effects were rare. In our study ADRs from two different taxane based chemotherapy regimens were observed statistically insignificant except in general disorders while QoL, functional domains of breast and disability due to breast symptoms were independent of the chemotherapy regimens showing that no regimen is superior to another. On the other hand, three variables from the functional and two from symptom scale indicate carboplatin based chemotherapy is better in TNBC compared to taxane alone. The major limitation of this study was the small sample size and shorter duration.

A more comprehensive study with a greater number of patients is required to get more conclusive results.

e: faheemakandoth@gmail.com

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Neoadjuvant Chemo-Radio Therapy in carcinoma esophagus- HCG Ahmedabad experience

Samir Batham
HCG Cancer, India

Cancer of the esophagus is the eighth most common cancer worldwide. Most of the patients present in moderate to locally advanced stage, where outcomes following surgery alone are not very promising. The role of neoadjuvant chemo radiotherapy was quite controversial till few years back. The Cross group in August 2015 established the role of neoadjuvant chemoradiotherapy in esophageal and gastro oesophageal cancers, with better survival outcomes and acceptable toxicities. In India neoadjuvant chemoradiotherapy for esophageal cancers is still not widely practiced. We at our center are utilizing this strategy since 2012. Here I am sharing our initial experience of neoadjuvant chemoradiotherapy in cancer of esophagus treated between January 2012 till August 2016. Of the total 87 patients, 77 patients with clinically node positive disease and a disease segment of more than 2 cm

underwent preoperative chemo radiotherapy. The radiation dose ranged from 41.4Gy to 50.4Gy. All the patients received weekly chemotherapy with Paclitaxel and Carboplatin. 36 patients underwent Ivor- Lewis surgery, 45 patients underwent subtotal esophagectomy, and 6 were inoperable. 61 were squamous cell carcinoma, 25 were adenocarcinoma and 1 was sarcoma. 26 patients had pathological complete response and 20 patients had good response, 19 patients showed moderate response and 12 patients had poor response. Mucositis was the most common side effect. The results and toxicities were comparable with the results of Cross trial. The long follow up will provide the data regarding survival outcomes and late toxicities in our patients. But as of now the initial experience has shown promising outcomes of using this strategy.

e: drsamir2772@gmail.com



Notes:

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Effective number of cycle and dose in metastatic castrated resistant Prostatic Cancer in Sudanese patients

Ehssan M Alnazir Ahmed

Omdurman Islamic University (OIU), Sudan

Prostate cancer remain the most common cancer in men worldwide. The initial treatment of choice for prostate cancer is androgen deprivation. If resistant develop then Docetaxel becomes the mainstay therapy for patients with metastatic castrated resistant prostate cancer.

The main objectives of this study is to evaluate the benefit of docetaxel in patients with metastatic castrated resistant prostate cancer (mCRPC) after initial good response to first line hormonal therapy and determine the effective number of cycles and doses of doectaxel.

The study design was analytic retrospective study during the years 2017-2013 in the area radioisotope center of Khartoum

(RICK), with the population mCRPC. The data collected was from RICK record. Inclusion criteria were any prostatic cancer patient become castrated resistant and now on docetaxel therapy. Procedure was followed with patient files using a Sample size of 60 patients.

To conclude, we retrospectively collected 60 patients receiving varying numbers of docetaxel plus prednislone and analyzed the clinical outcomes including performance status, prostate-specific antigen (PSA) response and pain. According to this study we found that docetaxel has effective role in the treatment of mCRPC patients with optimal number of cycles 6 to 8 every 3 weeks and dose of 75 mg.

e: ihssan61@hotmail.com



Notes:

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Thoracic manifestations of Breast Cancer are most commonly related to metastases and can be observed in long time after the diagnosis of Breast Cancer

Ayda Hussain Omer Mustafa
University of AL-Neelain, Sudan

The objective of the study is to evaluate the thoracic manifestations in Sudanese patients with breast cancer. This is a prospective descriptive cross-section hospital-based study, carried out during the period from January to September 2017 at private clinic of breast cancer of Dr. Ayda Hussein, Respiratory Department in Alshaab Teaching Hospital and Oncology Units at Alamel Tower, included all patients with breast cancer associated with thoracic abnormalities, which confirmed clinically and radiologically by chest X-ray and CT chest. The data was collected by questionnaire then analyzed by computer using SPSS.

A total of 70 patients with breast cancer were evaluated clinically and radiologically, 68 (97.1%) were females and 2 (2.9%) were males, the mean age was (49.91 ± 18.26) years, 39 (55.07%) were from Khartoum and 31 (44.93%) patients from outside Khartoum State, 47 (67.1%) patients not smokers, the time interval between the diagnosis of primary breast cancer and detection of thoracic manifestations was found to be 1-3 years in half of the study population 35 (50.0%), and <1 year in 16 (22.9%) patients, while 4-6 years in 19 (27.1%) patients, 59 (84.3%) patients were with unilateral breast cancer, while, 11 (15.7%) patients were with bilateral breast cancer. The

symptoms of thoracic manifestations, were SOB in 68(97.1%) cases, cough in 59 (84.3%) patients [38 (64.4%) productive cough and 21 (35.6%) dry cough], 29 (41.4%) patients had chest pain, fever, weight loss, and hemoptysis were 25 (36.2%), 24 (34.3%), and 11(15.7%) respectively. Thoracic manifestations of the breast cancer radiologically based on X-ray were pleural effusion in 39 (55.7%) patients, nodules in 26 (37.1%) patients, consolidation in 13 (18.6%) patients, Infiltration (lymphangities carcinomatosis) in 7 (10.0%) patients, Cavity in 6 (8.6%) patients and mass in 6 (8.6%), Reticulation in 1(1.4%) patients, while detection radiologically based on CT were pleural effusion was found in 39 (55.7%) patients, nodules in 26 (37.1%) patients, consolidation in 13 (18.6%) patients, pulmonary embolism in 7 (10.0%) patients, lymphangities carcinomatosis in 6 (8.6%) patients, mass in 5 (7.1%), Cavity in 4 (5.7%) patients and fibrosis in 3 (4.3%). Among patients with Pleural effusion, 19 (48.7%) developed right sided pleural effusion, 15 (38.5%) developed left sided pleural effusion, and 5 (12.8%) developed bilateral sided pleural effusion. There was statistically insignificant correlation between presences of nodule, pleural effusion and the side of breast cancer (P. value = 0.735, P. value = 0.735) respectively.

e: aydahusseini@gmail.com



Notes:

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Improved liver function and tumour marker after high dose intravenous vitamin C and Helxior SC injections in a patient with Hepatocellular Carcinoma progressed after chemotherapy and radiation

Ehab Mohammed
Cairo University, Egypt

Advanced hepatocellular carcinoma is one of the most aggressive and poorly controlled malignancies with a limited survival time. Usually, patients with advanced and progressive hepatocellular carcinoma develop deterioration of their liver functions which can be a major cause of their mortality.

I am reporting a case of a 71 years old male patient with an advanced hepatocellular carcinoma who had progression after transhepatic chemoembolization and radiation therapy with deterioration of liver function tests then after receiving high dose intravenous vitamin C and subcutaneous Helixor, his liver function returned to normal, and up to the moment of writing

this research, he is enjoying a normal liver functions and high physical performance. Most important is that his tumour marker (alfa fetoprotein) retrned normal after 6 months of his Vitamin C and Helixor treatments.

The use of high dose intravenous vitamin C and Helixor injections can improve the liver functions, and overall physical performance in a patient with advanced and progressed hepatocellular carcinoma and deteriorating liver function. Most importantly, in this patient, his tumour marker was lowered to a normal valuses after 6 months of tretament.

e: ehabesmatf@yahoo.com



Notes:

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Marketing Innovation: A cure for Cancer – A case study from South America

Samantha Gooden

Guyana Cancer Foundation, Guyana

The Guyana Cancer Foundation (GCF) operates in South America with free medical outreach in high-risk, low income communities many of which are in the remote Hinterland areas. However, cancer is a taboo in this South American country, even those who are fighting the disease are unwilling to talk about the condition. In 2017 there was a huge boost in breast cancer awareness when the major telecommunications company partnered with GCF to raise funds and awareness. The month long #PinktoberGuyana Campaign raised over GYD\$4.7M and attracted 6,000+ to a single venue for the first and largest walk/run event of its kind in the country.

The approach to marketing focused on social consciousness and

social cohesion and unified the racially diverse nation around the cause thereby establishing this event within the national conversation and on the national calendar. Through collaboration, Scotch Bonnet, the marketing agency behind #PinktoberGuyana, created a platform for increased treatment opportunities and increased dialogue between NGOs, the private sector, the public sector, Oncology enthusiasts and others. Scotch Bonnet seeks to pool the knowledge from the 2018 event, which attracted 30,000 people, and augment the learning with current trends, innovations and contemporary marketing methodology. It came up with a theme “Marketing Innovation: A Cure For Cancer – A Case Study from South America”.

e: samantha@scotchbonnetltd.com

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Range of motion and upper limb function in postoperative mastectomy compared to quadrantectomy

Maria de Lourdes Silva Marques Ferreira

University of São Paulo – UNESP, Brazil

Breast cancer is worldwide incident among women, whose surgery is frequent and associated with numerous functional changes. The objective of this study is to assess the range of motion and upper limb function postoperatively before and after physiotherapy intervention of women who underwent mastectomy and quadrantectomy.

This is interventional study, descriptive and exploratory, quantitative approach, with 64 women undergoing conservative surgery and mastectomy with follow up at the gynecology outpatient clinic and referred for physical therapy at the Hospital das Clinicas, UNESP. Goniometry of flexion / extension, abduction / adduction and internal rotation / side was performed, measures performed before and three months after the therapy.

The chi square test with 0.005 significance level showed that quadrantectomy or mastectomy, not differentiated in relation

to the variables; schooling, family income, color, marital status, religion, breast affected, clinical staging, menarche, body mass index and contraceptive methods. There was no association between type of surgery and the median age (type 1: 55 (37-57) x 2 type: 54 (37-82), $p = 0.331$ by Mann-Whitney).

After physiotherapy, the flexion of the homo- and contralateral arm, as well as the homolateral abduction and homolateral extension increased significantly in both surgeries. The contralateral abduction was maintained in both surgeries. The physiotherapeutic intervention provided a significant improvement in the range of movements.

e: malusa@fmb.unesp.br



Notes:

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Risk factors for Breast Cancer in patients presented at the Khartoum Teaching Hospital

Ayda Hussain Omer Mustafa
University of AL-Neelain, Sudan

Breast cancer is the dominant cancer in the female in Sudan, Percentages of the breast cancers represented 38.4% to 42% of all female cancers.

The objective is to study the risk factors for breast cancer at Khartoum teaching hospital in the study period and to compare them with the literature. This is a prospective cross sectional hospital based study done on patients who confirmed to have breast cancer by histopathology at Khartoum Teaching Hospital (KTH) during the period from November 2013 to November 2014. This study includes 110 patients, the age ranges from 25 -85 years, 98.2% were females, and the majority of patients (34.2%) fell in the age group 45 -54 years, the majority 34.2% originate from North, the highest incidence was in Gaalia tribe, 73.8% were married, 22.7% were single and 2.7% widowed. Sixty one patients (54.9%) develop menarche at or below the age of 13 years old, 57.6% had their first child below the age of 31 years old, 63.9% have children, 8.1% were nulliparous. Sixty five patients (58.5%) have a full term pregnancies and 5 patients (4.5%) have a twins, only 3 patients (2.7%) did not breastfed, just

7.2% had menopause at 55 years or more. There were 17.1% diabetics, and 15.3% receive oral contraceptive pills. Eighteen patients (16.2%) had a previous breast diseases, and 17.1% had a family history of breast cancer. The majorities were overweight 42.3% and 89.1% were housewives, 22.7% ate diet rich in fat, 39.1% were educated to primary school level, illiterate 27.3%, 23.6% educated to secondary school level, and 15.1% to university level. Twenty-seven patients (24.5%) were exposed to x-ray, 3 patients 2.7% to mammography radiation, and 1.8% to radiotherapy. Twenty-two patients (20%) were taking aspirin regularly, 11.8% NSAIDs, and 12.7% antihypertensive drugs regularly, 28% had chronic illnesses. Just 2.7% were victims for insect bite. North was the commonest state of origin and the Gaalia, Shawaiga and Kwahla is the mostly affected tribes, breast cancer occur in a younger age group 45 – 54 years old. Family history, early menarche, contraceptive pills and diabetes play important role risk factors. Age at first birth, menopausal status, breast feeding, education and socioeconomic state play less effects.

e: aydahusseini@gmail.com

13th World Cancer Congress

February 25-26, 2019 | Paris, France

Patient centricity is a concept, not a reality

Nigel Goodman
Gaea OÜ, Estonia

Though the industry quoted data on the actual cost of clinical trials is questionable, it's clear that despite outsourcing to CROs clinical research is too slow and expensive. In cancer specifically, every year multimillions are diagnosed, but only 3-% participate in a clinical trial. For many diseases, a clinical trial could be a patient's best chance and is accompanied by expert care and a full workup.

Patient centricity is a concept, not a reality. Even the FDA state they want trial design to be driven by patients, to make trials less burdensome. Patient diversity is also a priority.

Traditional study design still starts from: "How many patients exist that fit these eligibility criteria?" It's a good starting question, but data that patients exist doesn't mean they are willing to participate in trials, and we know the common reasons and they can be more pronounced in biosimilar trials.

The result of ~3-% being willing to join such trials means trials run slowly.

There are hundreds of apps and database access companies, but what effects are they having? A fresh approach is needed.

e: nigel.goodman@gaeaou.com



Notes: