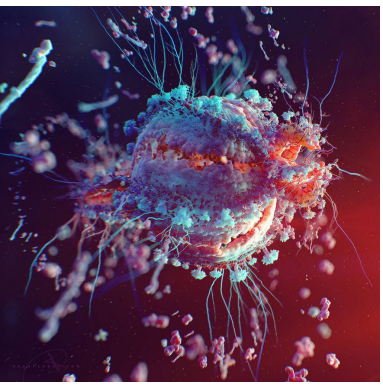
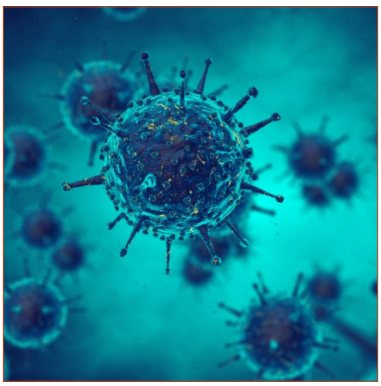
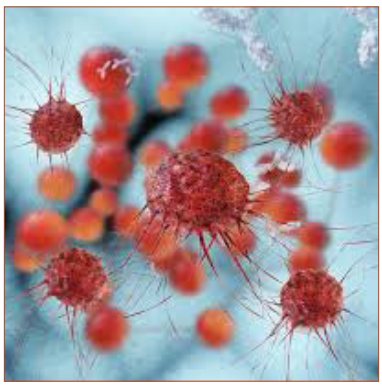
Keynote Forum
April 04, 2018

Internal Medicine and Breast Pathology 2018







International Conference on

Internal Medicine & Practice and Primary Care

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International Meeting on

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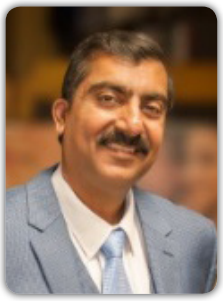

Ayyaz M Shah

Global Dermatology Institute, USA

Gynecologic Dermatology

A large number of females visit their primary care physician for vulvo-vaginal dermatoses. Most of these cutaneous eruptions are diagnosed as a fungal infection/candidiasis/STD and are prescribed treatment accordingly. Quite a few of these gynecologic skin eruptions are actually not related to candida or STD's. In this presentation, we will aim to show which some of the other most common clinical conditions are likely to be encountered and what are some diagnostic "pearls" when evaluating these disorders. Accurate assessment and prompt recognition of some of these cutaneous vulvo-vaginal eruptions will offer the practicing clinician with the ability to offer appropriate treatment according to the clinical condition and thus have final resolution and patient satisfaction.

Speaker Biography

Ayyaz M Shah is a Dermatologist and Cosmetic Laser Surgeon practicing in Orlando, Florida. He has completed his graduation in Medicine from New York Institute of Technology College of Osteopathic Medicine and is Board Certified in Dermatology, Family Medicine and Laser Surgery. He has been in clinical practice for almost 20 years and has been a recipient of many awards such as Top Doctor and National Winner Dermatology by Doctors Choice Awards amongst others. He currently serves as Medical Director at Ideal Image Central Florida (Laser Hair Removal Company) and Hair Loss Control Clinic (HLCC). In addition, He serves as Assistant Professor of Dermatology at University of Central Florida College of Medicine.

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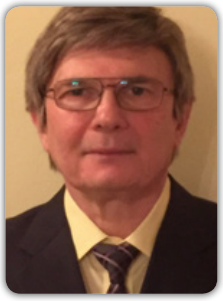

Gregory Goldenberg

New York Methodist Hospital, USA

Transdermal clonidine in patients with swallowing dysfunction

Patients with swallowing dysfunction are usually very ill and have a constellation of challenging issues requiring palliation. Accumulation of oropharyngeal secretions leads to a substantial effort of medical teams including doctors, nurses, respiratory therapists, and ancillary staff. We present 10 patients successfully treated with application of transdermal clonidine film. It was well tolerated, provided quick control of secretions, and reduced staff labor. We suggest that transdermal clonidine can be used as antisialogogue in patients with swallowing dysfunction. Clonidine pharmacology is physiologic grounds for this clinical application.

Speaker Biography

Gregory Goldenberg born in 1955 at Moldova. Graduated from Chisinau Medical Institute in 1978 with Diploma cum Lauda, worked as a physician in Internal Medicine and Cardiology from 1978 to 1986. He worked as Chief of Internal Medicine and Cardiology from 1986 to 1992. Received PhD in Cardiology from Kiev Institute of Cardiology (Ukraine) in 1991: "Diastolic function of the heart in patients with arterial hypertension treated with prazosin and nifedipine." Immigrated into the USA in 1992. Residency in Internal Medicine in Flushing Hospital Medical Center (Queens, NY) from 1994 to 1997. Chief Medical Resident in 1996-1997. Fellowship in Geriatric Medicine in Long Island Jewish Hospital (Long Island, NY) in 1997-1998. Attending Physician in Geriatric Medicine and Internal Medicine in New York Methodist Hospital (Brooklyn, NY) from 1998 to 2016. Private practice in Brooklyn, NY since 2016. Fellow of American College of Physicians, Assistant Professor in Clinical Medicine. Peer reviews for American Journal of Medicine. Publications in peer reviewed journals, presentations on scientific meetings.

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Diana Anderson

University of Bradford, UK

Comparison of aspirin and ibuprofen bulk and nano forms in peripheral lymphocytes from breast cancer patients and healthy individuals

Recent studies have suggested that regular intake of some non-steroidal anti-inflammatory drugs (NSAIDs) have a preventative effect against several types of tumours including breast cancer in humans. This work aims to study the effect of both ibuprofen and aspirin on DNA damage using lymphocytes obtained from breast cancer patients and comparing the result with lymphocytes from healthy females as a control. Lymphocytes are useful surrogates for cancer cells. Nanoparticles (NPs) and bulk sizes were used in the comet and micronucleus assays. 250 mg/ml of ibuprofen (NPs and bulk) and 500 mg/ml of aspirin were used as non-toxic doses to treat the lymphocytes. Aspirin, both bulk and nano sizes, showed a significant reduction in DNA damage in the comet and micronucleus assays. However, the effect of aspirin nano ($P \leq 0.01$) was more significant compared to aspirin bulk ($P \leq 0.05$). Ibuprofen, in contrast, showed a significant reduction in micronucleus (MNi) frequency in the micronucleus assay with the nano form ($P \leq 0.001$) being more significant than the bulk form ($P \leq 0.01$), whilst its preventative effect with the comet assay was insignificant. These observations suggest that NPs have better penetration through the nuclear membrane due to their smaller size compared to their bulk size. Aspirin was more effective than ibuprofen in the reduction of DNA damage and MNi formation in the comet and micronucleus assays. NPs were more effective than bulk sizes. The results are consistent with the view that NSAIDs, particularly aspirin and ibuprofen, could have a promising role in cancer treatment including breast cancer.

Speaker Biography

Diana Anderson currently holds the Established Chair of Biomedical Sciences at the University of Bradford, UK. She obtained her first degree in the University of Wales and second degrees in the Faculty of Medicine, University of Manchester. After tutoring at the University of Sydney, Australia, she became a research worker in the Department of Cancer Studies at the University of Leeds and at the Paterson Laboratories, Christie Hospital, Manchester. In 1974, she was appointed as Head of Mutagenesis Studies at ICI's Central Toxicology Laboratory. She joined BIBRA International in 1981 as Head of Genetic and Reproductive Toxicology and became Assistant Director and Group Forum Co-ordinator in 1987. In 1992, she became Senior Associate and Co-ordinator of External Affairs at BIBRA. In 2011, she won a prize as an Enterprise Fellow from Yorkshire Forward. In 2015, she won the Vice Chancellor's award at the University of Bradford for Outstanding Achievement.

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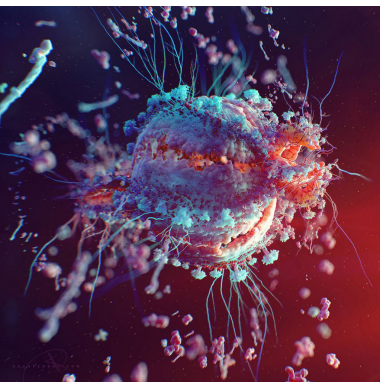

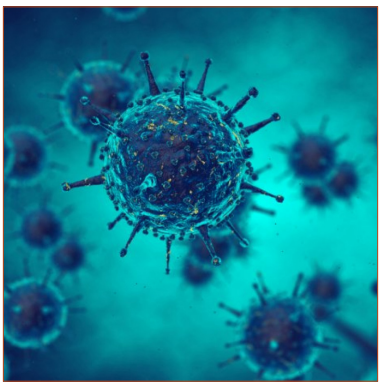

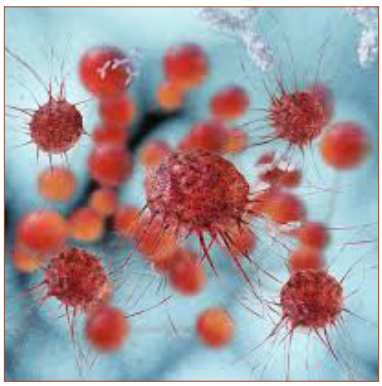

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Mark Priebe

Quality Star LLC, USA

Case review as an anatomic pathology quality assurance tool to reduce diagnostic discordance in breast cancer

Objective: To review quality assurance case review programs that focus on reducing cancer diagnostic discordance in anatomic pathology and validating their ability to detect case based interpretive error.

Design: From an extensive number of published studies, the rate of major discrepancies identified for cancer patients referred to another institution occur from 4.6% to 14.7%, depending on type of tissue. However, published data indicates the current intra-lab QA programs ability to detect these discrepancies is only 0.8% to 1.7%. Implementing GAP analysis, four formal anatomic pathology quality assurance case review programs, both inter and intra-lab, were reviewed for their ability to satisfy a set of selected design attributes known to help identify interpretive error. Peer reviewed literature was researched to support claims for each program's percent compliance to the attributes, strengths, drawbacks and best demonstrated practices were identified.

Results: No program met the selected attribute listing 100% and compliance ranged from 29% (met 2 of 7) to 86% (met 6 of 7) for each program.

Conclusion: Pathology laboratories and radiology departments should be aware of the limitations of each QA program and take into consideration their case and medical specialist mix and current on-site concerns in order to select a program with attributes that best match their QA goals. In general, programs that are standardized, include external review by subspecialist and are performed close to the final sign-out date may offer the greatest amount of error discovery and potential to positively influence patient outcomes and continuous improvement. Although this study focused on discordance in cancer related surgical pathology, case review can also be an effective tool in discovery of all histology/cytology and medical imaging diagnostic and clerical discrepancies.

Speaker Biography

Mark Priebe is a Subject Matter Expert in the utilization of whole slide digital imaging for quality assurance of surgical pathology for cancer. He has presented on quality in surgical pathology via podium and posters at multiple scientific meetings and was the Co-Chair for Pathology 16 (Chicago). He received his Under-graduate degree in Medical Technology from Marquette University, Milwaukee, and advance certification by the ASCP in Immunohematology from the Medical College of Wisconsin. He is the Co-developer of Quality Star quality consortium of Omaha Nebraska. Quality Star is an external peer review quality assurance program for Surgical Pathology, approved by the American Board of Pathology for Part II (SAM) and IV (QA) MOC, the Agency for HealthCare Research and Quality (AHRQ) as a Patient Safety Organization (PSO), Indiana State Medical Association certified for AMA PRA Category 1 Credits, and Qualified Clinical Data Registry (QCDR) for Anatomic Pathology approved by CMS. The Mission of Quality Star is to support the reduction of major diagnostic discordance in surgical pathology by 5% (7 to 2%) impacting the lives of over 80,000 patients annually in North America.

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K H Ramesh

Albert Einstein College of Medicine, USA

Treatment implications of genetic heterogeneity detected by FISH testing of invasive ductal breast cancer

Standard screening of breast tumors involves morphologic, immunohistochemistry (IHC) and fluorescence in situ hybridization (FISH) analyses to assess pathogenicity and to identify possible treatment strategies. Among breast cancer types, invasive ductal carcinoma (IDC), in particular, exhibits amplification of the HER2 gene that can be detected by FISH as defined by the current American Society of Clinical Oncology/ College of American Pathologists (ASCO/CAP, 2013) scoring guidelines. One criterion for amplification of the HER2 gene; based on the ratio of HER2 gene signals to centromere 17 signals is measured from 20 cells by FISH. A second criterion is based on having an average of more than 6 copies of HER2 signals per cell out of 20 cells screened by FISH. If either of these criteria meets, then individualized therapy with adjuvant chemotherapy and the HER2-targeted drug Trastuzumab (Herceptin®) is indicated, which remarkably improves prognosis by decreasing local recurrence and metastasis. If HER2 is not amplified in the IDC of breast, then further testing is performed and alternative treatments are considered, which may have less favourable prognoses. Our research details cases of genetic heterogeneity (GH), which is when IDC of breast contains between 5%-50% of cells that are positive for HER2 amplification by FISH, yet fall short in meeting the amplified status criteria currently mandated by ASCO/CAP, resulting in the tumor being designated as non-amplified for the HER2 gene. Of the 998 specimens tested by FISH for HER2 amplification, 594 (60%) were non-amplified, 284 (28%) were amplified; 120 of the 998 (12%) had GH, of which 77 of 120 (64%) were non-amplified and 43 of 120 (36%) met the criteria for amplification. Based on these data, an update to the ASCO/CAP guideline criteria for positive amplification to include HER2 GH+ would extend to an additional 8% (77/998) of patients is the beneficial HER2-targeted therapy that is regulated by ASCO and FDA.

Speaker Biography

K H Ramesh is an alumnus of Bangalore University & Kidwai Memorial Institute of Oncology; obtained his Doctoral Degree in Human Cancer Cytogenetics under the guidance of Professors M Krishna Bhargava (MD) and B N Chowdaiah (PhD). He moved to the US in 1986 and completed his Clinical Cytogenetics training under the guidance of world renowned Geneticist Avery Sandberg, MD at Roswell Park Cancer Institute, Buffalo, NY. At present, he is the Director of Cancer CytoGenomics and Associate Professor of Pathology at Montefiore Medical Center & Albert Einstein College of Medicine, Bronx, NY. He is also Adjunct Associate Professor at The University of Texas MD Anderson Cancer Center. He is a Board Certified Clinical Cytogeneticist and a Diplomate of the American Board of Medical Genetics & Genomics, and Fellow of the American College of Medical Genetics & Genomics. His expertise is in genetic testing of leukemia, lymphoma, myeloma and soft and solid tumors. His interests include global education, football and music.

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