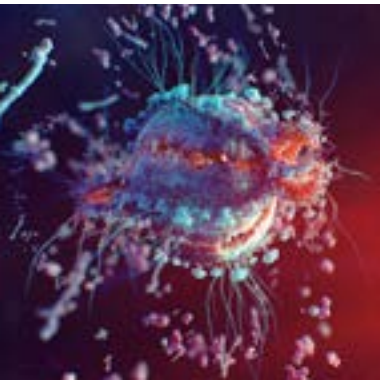
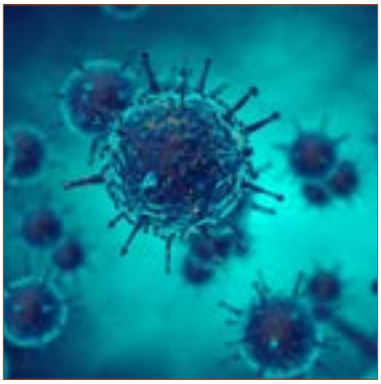
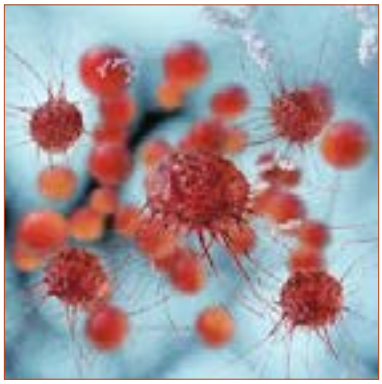
Scientific Tracks & Abstracts
April 04, 2018

Internal Medicine and Breast Pathology 2018







International Conference on

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April 04-05, 2018 | Miami, USA

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Breast cancer cryoablation: Understanding the FROST trial

Michael J Plazam
Diagnostic Center for Women, USA

As breast cancer screening has evolved resulting in earlier detection of breast cancer which is implicitly smaller in size so has there been a trend in management of breast cancer towards less invasive techniques. The FROST trial (Freezing Instead of Resection of Small Breast Tumors) examines the use of cryoablation therapy as an alternative to surgical resection of primary early stage invasive breast cancer. We briefly describe the ultrasound guided cryoablation technique and the cryoablation algorithm used for breast carcinoma. We describe the FROST trial study design in detail: Primary and secondary objectives, inclusion/exclusion criteria and follow-up strategy. Representative FROST cases will be shared demonstrating examples of patients that have participated in the trial and their follow-up to date (However, no overall preliminary data will be shared at this time.) This discussion presents the FROST trial which has been designed to investigate cryoablation as a non-surgical minimally invasive alternative for treating early stage invasive breast cancer. Cryoablation is a promising therapeutic option for treating breast carcinoma. Knowledge of the FROST trial is important for understanding which subset of patients may qualify for this management option in the future.

Speaker Biography

Michael J Plaza is Board Certified by the American Board of Radiology in Diagnostic Radiology. He completed his residency in Radiology at the University of Miami/Jackson Memorial Hospital and a fellowship in Breast Imaging at Memorial Sloan-Kettering Cancer Center. He has multiple published peer reviewed articles and is currently working at the Diagnostic Center for Women in Miami, FL. He is the Director of MRI at the Diagnostic Center for Women and leads the cryoablation and clinical research programs.

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Notes:

The effects of the TDOS syndrome (toxicity, deficiency, obesity and stress) on human life and what can be done about it?

Joshua Dunsky
Dunsky Rehabilitation and Spine Center, USA

A toxic overload is an understatement in today day and age. Since WWII, we have been introduced to over 100,000 industrial chemicals into our lives. Chronic illness, obesity and deficiencies have never been so profound. Studies will be disclosed to show the correlation. We will discuss how the body can naturally dismantle these deadly toxins and excrete them safely if in the right physiological state. We will review the tools and behavior that can inflate illness as well as habits that can assist the body to organically repair it. The attendee will learn the magnitude and prevalence of deadly toxins in our environment, the source of these toxins, how and why our plants and food are deficient in the essential micronutrients? How and why deficiency causes illness and disease? The physiology of obesity and the methods and behaviors to assist the bodies' process to be healthy at any age.

Speaker Biography

Joshua Dunsky has been treating peripheral neuropathy and spinal degeneration using advanced non-invasive technology for 18 years. He has focuses on the "whole person approach." This approach to wellness means looking for underlying causes of any disturbance or disruption (which may or may not be causing symptoms at the time) and make whatever interventions and lifestyle adjustments that would optimize the conditions for normal function. Using this unique approach, he is able to assist physiology to accelerate and/or maintain a journey to good health. He is a private business consultant who is highly sought after for his program and therapy implementation.

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Modification of the treatment protocol as a strategy in the control of the cholera epidemic in Haiti 2016-2017

Carlos Efraín Montúfar Salcedo
Asdrúbal de la Torre Hospital, Ecuador

Cholera is a diarrheal disease caused by the ingestion of food or water contaminated with *Vibrio cholerae*. Cholera remains a global threat. Each year there are between 1.3 and 4 million cases in the world and between 21,000 and 143,000 deaths. Haiti has a population of 11 million habitants, however, it only has 911 doctors. Despite the progress made since 2010, when an earthquake struck the country causing the death of 300,000 people, it would trigger the longest and most serious cholera epidemics ever remembered. The objective of the research was to analyze the contribution of the modification of the treatment protocol in the control of the epidemic, based on the antibiotic therapy (doxycycline / erythromycin) of all diagnosed patients, regardless of their degree of dehydration, whether mild, moderate or severe. At the end of 2016, when the protocol modification was initiated, 41,421 cases were recorded. During 2017, there were 13,681 cases, which corresponded to a decrease in the incidence of 66.9%.

Speaker Biography

Carlos Efraín Montúfar Salcedo has completed his PhD at the age of 46 years from Atlantic University. He is the director of Asdrúbal de la Torre hospital (Cotacachi - Ecuador). He has published more than 5 books and many papers in reputed journals and has been serving as an editorial board member of repute.

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Out of hospital cardiac arrest: Does age and gender affect the association between delay to treatment and 30 day survival?

Nooraldeen Al-Dury
Sahlgrenska University Hospital, Sweden

Introduction: Gender and age have been shown as independent factors for survival after OHCA. A shorter delay to call the Emergency Medical Service (EMS) and start of cardiopulmonary resuscitation (CPR), and rapid defibrillation in shock able rhythm (ventricular fibrillation or ventricular tachycardia); are well identified factors impacting survival. Women suffering from OHCA are usually older and present less frequently with shock able rhythm. Data are conflicting whether they receive by stander CPR more or less often than men. Most reports have shown that advanced age is associated with poorer survival. However, the effects of age and gender on the association between delay to treatment and survival have not been examined.

Aim: The aim of this study was to examine the effect of age and gender on the association between delay to calling for the EMS, start of CPR, defibrillation, and survival.

Methods: This is a retrospective study from the Swedish Registry of Cardiopulmonary Resuscitation. We included 15745 patients aged >18 years where CPR has been attempted between 2011-2015. Patients were divided into two age groups. Higher age was defined as being 70 years or older. Delay times where divided into 4 increasing time intervals.

Results: There was no significant interaction between either age or gender and the association between delay to call for EMS and survival. However, there was a significant interaction between gender and the association between delay to start of CPR and survival being stronger among men. Furthermore, there was a significant interaction between age and the association between delay to defibrillation and survival being stronger among the elderly.

Conclusions: There was a strong association between delay to treatment and survival after OHCA. The association between delay to start of CPR and survival was stronger in men whereas the association between delay to defibrillation and survival was stronger among the elderly.

Speaker Biography

Nooraldeen Al-Dury has obtained his Medical Degree from Charles University in Prague. Since then, He has been doing both Preclinical and Clinical Research at the Sahlgrenska Academy in Gothenburg, Sweden. He has finished Internal Medicine Residency in January 2018. He has held an Assistant Researcher post at The Mayo Clinic in Rochester, Minnesota, and is now involved with the Swedish Registry of Cardiopulmonary Resuscitation as a PhD Fellow. He plans to defend his Doctoral thesis within the next couple of years. With his presentation, he aims to share experiences from The Swedish Registry of Cardiopulmonary Resuscitation.

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Quality of healthcare for hemodialysis patients in various health sectors in Jeddah, Saudi Arabia

Marwan A Bakarman
King Abdulaziz University, Saudi Arabia

Background & Objective: We compared the adequacy of the management of hemodialysis patients in different health sectors in a major city in Saudi Arabia.

Design & Setting: Cross-sectional analytic study conducted in three different health sectors in Jeddah, Saudi Arabia.

Methods: Data was collected from nine hemodialysis centers, which represent three sectors: Ministry of Health, governmental (but not health ministry) hospitals, and charity centers. A simple random sampling technique was employed for gathering data from the participating centers. Medical records were reviewed, and all the relevant data were retrieved using a pre-designed form.

Results: In the 587 subjects, hypertension, diabetes mellitus and an idiopathic etiology accounted for 85.3% of end-stage renal disease. Only 25.4% of the patients had a hemoglobin level of 110-120g/L and 12.1% achieved target levels of ferritin and transferrin saturation. The percentage of patients meeting targeted levels of calcium (2.1-2.38mmol/L), phosphorous (1.13-1.78mmol/L) and albumin (≥40g/L) were 54.2%, 38.7% and 23.5%, respectively. The variation between different health sectors was statistically significant (P<0.001). Arteriovenous fistula was used for 84% of the patients and catheter for 15.7%.

Conclusion: The quality of healthcare for hemodialysis patients in Jeddah needs improvement to meet the recommendations of the kidney disease outcomes quality initiative guidelines.

Speaker Biography

Marwan A Bakarman is an Associate Professor. He has completed his MBBS from King Abdulaziz University and Postdoctoral studies from King Faisal University, School of Medicine. He is the Chairman of Family and Community Medicine Department, Rabigh Faculty of Medicine. He has published more than 32 papers in reputed journals and has been serving as an Editorial Board Member of reputed journals. His research interests lies in obesity, chronic diseases and epidemiology.

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The prognostic significance of breast cancer stem cells in patients with metastatic breast cancer

Kamel Farag
Mansoura University, Egypt

Background: Breast cancer ranks as the first malignancy affecting females, contributing 29% of all female cancers diagnosed each year. It is second only to lung cancer as a cause of cancer death in females. There is increasing evidence that this cancer is originated in and maintained by a small population of undifferentiated cells with self-renewal and proliferation capacities that called breast cancer stem cells (BCSCs).

Objective: This study is aiming to assess the prognostic value of BCSCs (CD44+ CD24) in patients with metastatic breast cancer as well as the overall survival.

Patients & Methods: The present study was conducted on 60 patients with metastatic breast cancer, presented to outpatient clinics in Oncology Center, Mansoura University from December 2010 till November 2014. All patients received treatment (surgery, chemotherapy, radiotherapy, hormonal treatment or combination of two or more lines) according to protocols and guidelines. The presence of breast cancer stem cells was evaluated by immunohistochemistry expression of CD44 and CD24 to assess its possible prognostic and predictive values via correlation with overall survival, tumor response and different clinico-pathological features of the patients. The expression patterns were analyzed according to the clinico-pathologic prognostic parameters, such as hormone receptors, Her2/neu status, grade of tumors and stage on presentation as well as overall survival.

Results: Median age was 50 (31-70) years. Twenty six patients (43.3%) were premenopausal and 34 patients (56.7%) were postmenopausal. This study classified the breast tumor tissues into four subgroups according to CD44 and CD24 expression patterns (CD44+ CD24- group that carry stem cell property were 41.7% and the remaining three groups (CD44- CD24-, CD44+ CD24+ , CD44- CD24+) were 58.3%. 64% of tumors with CD44+ CD24- BCSCs were IDC histology, 84% of cases belongs to this group were grade 3, 88% were stage III on presentation, 56% were luminal subtype, 68% of them developed both bone and visceral metastasis. Our study showed that presence of BCSCs (CD44+ CD24-) carry significantly shorter OS (19 vs. 44 months) compared to other three groups. Also, a multivariate analysis showed that presence of BCSCs (CD44+ CD24-) was significant independent prognostic factor for poor overall survival.

Conclusion: This study is a prospective trial testing the concept of detecting breast cancer stem cells in tumor tissue biopsies, according to CD44 & CD24 expression status. As such, it has demonstrated both the feasibility of this approach and its implication as a future prognostic marker, and has paved the way for future research in this field.

Speaker Biography

Kamel Farag is a Medical Oncologist with interest in Breast and GI cancers. He is Assistant Consultant of Oncology in King Faisal Specialist Hospital & Research Center, Jeddah, Saudi Arabia. He is Associate Professor of Medicine and Medical Oncology at Mansoura University, School of Medicine, Egypt, where he also earned his Medical degree. He completed his residency and got his Master's Degree at Mansoura University. He rapidly moved to National Cancer Institute, Cairo University to get his Doctorate Degree. He is a member in various oncology societies in regional area.

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Therapeutic plasma exchange in neuromuscular disorders

Fatimah Alqarni
King Abdullah bin Abdulaziz University Hospital, Saudi Arabia

Therapeutic plasma exchange (TPE) is frequently used in the treatment of neuromuscular disorders. This talk considers all the neuromuscular indications with variable degree of evidence for TPE. The neuromuscular disorders with the best data on efficacy of TPE include Guillain-Barre syndrome (GBS), chronic inflammatory demyelinating polyradiculoneuropathy (CIDP), myasthenia gravis (MG), paraproteinemic polyneuropathies (IgG/IgA) and Lambert-Eat myasthenic syndrome (LEMS). TPE is rarely indicated for multifocal motor neuropathy (MMN) and anti-MAG neuropathy. With current evidence, TPE is not indicated for amyotrophic lateral sclerosis (ALS), POEMS, inclusion body myositis (IBM), polymyositis (PM) and dermatomyositis (DM). GBS/MG is the most common neurological indications for TPE. As with any treatment, the availability, potential risk, benefits and cost must be weighed out among the prospective therapies.

Speaker Biography

Fatimah Alqarni has completed her Clinical fellowship in Neuromuscular Disorders and Electro Diagnostic Medicine from McMaster University, Canada (2008-2010). She has completed Mitochondrial Diseases Clinical Fellowship at McMaster University, Canada (2010–2011). She has completed her American Board of Electrodiagnostic Medicine (ABEM) in April 30th, and in 2011, Master's degree in Clinical Epidemiology from University of Newcastle, Australia, graduated in 2015. She has worked as Program Director of Comprehensive Neuromuscular Disorders Program at National Neuroscience Institute in King Fahad Medical City (KFMC) from October 1st, 2011 till January 27th, 2016. She's taken the lead in Commissioning Neuromuscular Program established in-patient and out-patient neuromuscular service at KFMC. In April 2016, she has joined in King Abdullah bin Abdulaziz University Hospital in Riyadh, Saudi Arabia as Neurology Consultant. Currently, she is the Director of Medical Operations at King Abdullah bin Abdulaziz University Hospital in Riyadh, governmental organization.

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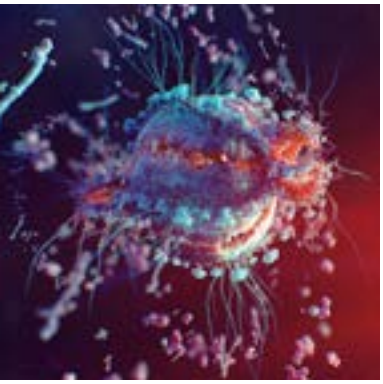

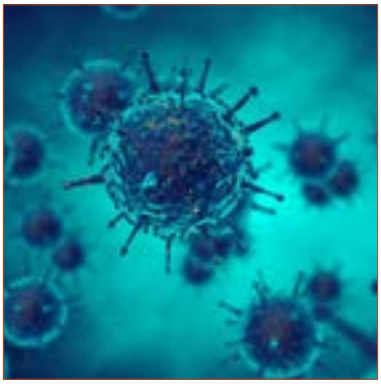

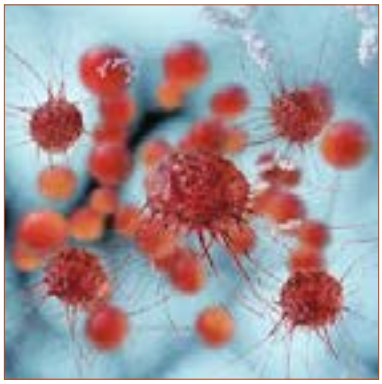

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Ayyaz M Shah

Global Dermatology Institute, USA

Cosmetic procedures for skin aging

More patients than ever are seeking skin rejuvenation and aesthetic services in order to look younger. This National Conference will aim to show which cosmetic procedures are utilized most often in the Aesthetic Physician's office. Procedures such as Botox, Dermal fillers and chemical peels will be demonstrated. Appropriate injection techniques with particular detail to understanding the anatomy and physiology of the skin will be emphasized to provide the optimum cosmetic results. Upon conclusion of this National Conference, the healthcare provider should be prepared to provide appropriate recommendations on which treatment would be most suitable for a particular patient.

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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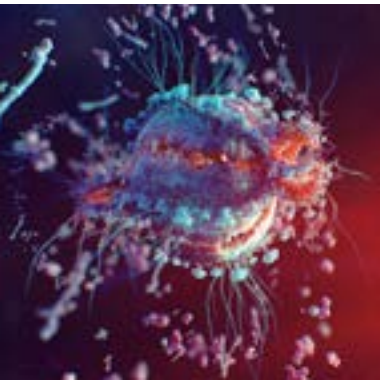

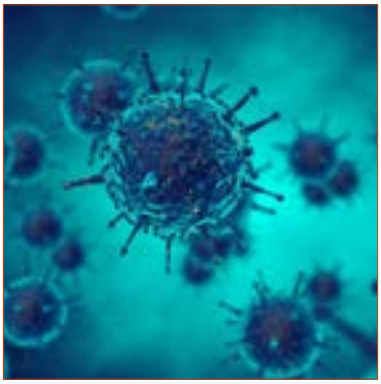

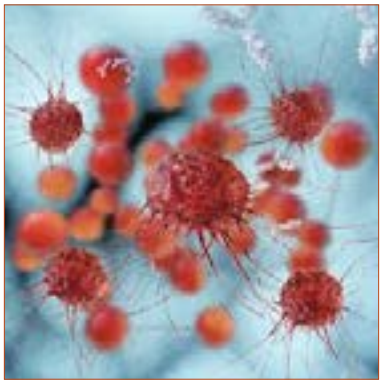

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Ayyaz M Shah

Global Dermatology Institute, USA

In office dermatology procedures for the primary care physician

Primary care physicians (PCP) frequently encounter skin lesions, growths and various dermatoses. Depending upon the dermatologic condition, various treatments or procedures may be necessary. This presentation will introduce the PCP to commonly performed procedures in a Dermatology office such as methods of performing a skin biopsy, performing an excision, electrocautery, cryosurgery and intralesional excisions. In addition, simple suturing techniques will be demonstrated. With some additional training, a PCP may incorporate these minimally invasive dermatologic procedures into their armementarium.

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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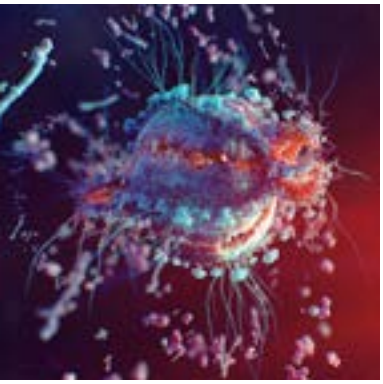

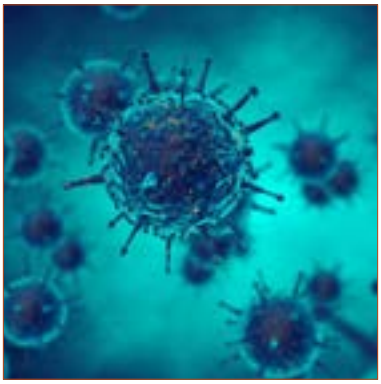

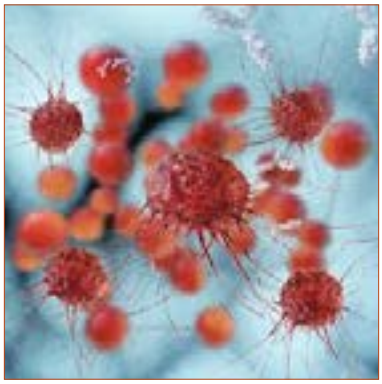

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Cancer is Hot! Normal is not. Inflammation as a clinical marker for pathology

Jeff Prystupa
Independent Research Foundation Toxicology Division, USA

TBA

Speaker Biography

TBABio:JEFFREY PRYSTUPA is a graduate of Wesleyan University in 1975. He was awarded a position at the Laboratory of Human Genetics, in the Sloan-Kettering Cancer center in NYC, where he performed Tissue Culture. A few years earlier, Dr. Prystupa had been given the task to come up with a formulation for killing algae in swimming pools. Thinking that the same methods may work on Cancer cells, he applied for and won the position in which he switched from cell assassin to cell farmer. After leaving that research position, he was unearthed, uprooted; he had no other plan. He had always wanted to be a doctor since a young boy, inspired by his family doctor. Dr. Prystupa chose Alternative Medicine due to its vitalistic philosophy. Added to a 'hands-on' form of therapy, were various disciplines and practices such as Acupuncture, Ayurveda, Biofeedback, Energy therapies such as laser, Tesla coil, and electricity in various forms. He used infrared imaging to detect inflammation and teach patients how to control inflammation at the cell level and thus avoid disease expression at the organ, gland, and tissue level. This led to the development of this breakthrough he calls-INODL. INODL is a new option in health care that has never been available before. He expects that this new concept will be met with the regular Arthur Schopenhauer response – first ridicule, then opposition. Having held his findings for two decades, he now believes it is the time to share them.

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Latrogenic bilateral renal vein thrombosis

Ahmed Elshazly
Atlantic Care Regional Hospital, USA

Inferior vena cava filter (IVCF) is widely used for patients with deep vein thrombosis (DVT) and pulmonary embolism (PE) who are not candidates for anticoagulation which is the preferred treatment. The application of IVC filters seems to have decreased over the years. Many complications are associated with IVCF including thrombosis and filter migration into the right atrium, pulmonary artery, right gonadal vein and lumbar veins. We present a case of anuric acute renal failure due to bilateral renal vein thrombosis from IVCF migration. A 68 years old male with a past medical history of DVT, PE with IVCF, 5 years ago, diabetes mellitus, hypertension, obstructive sleep apnea presented to the emergency department with severe back pain. Patient started to have severe lower back, present throughout the day, constant, non-radiating and associated with nausea and vomiting. Patient was noted to have anuria and worsening azotemia. The patient was started on hemodialysis. Further work-up revealed extensive bilateral proximal DVT on Doppler ultrasound. Computerized axial tomography (CT) abdomen showed features of bilateral renal vein thrombosis in the context of IVCF transverse migration occluding both renal veins. Heparin drip was started. The patient underwent an angiogram with thrombectomy. His kidney function and urine output started to improve, and the patient was taken off dialysis. IVCF migration is a rare complication and was reported in minimal number of case reports. A previous case report showed filter migrated to a suprarenal position inside IVC causing bilateral renal vein thrombosis causing acute renal failure. Our case showed migration of IVCF into a transverse position within the renal veins bilaterally resulting in renal shut down.

Speaker Biography

Ahmed Elshazly MD has graduated from medical school during 2012, and then was a research fellow for 2 years between Albert Einstein College of Medicine, Mayo Clinic and West Virginia University. He is currently doing internal medicine residency at Atlantic Care Regional Hospital, Atlantic City, NJ.

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Impact of deploying a genetic approach to stem cells opens-up new facets in the "blank slates" of our body

Jyoti Bhojwani
Devi Ahilya Vishwavidyalaya, India

Since the dawn of the Post-Genomic era (25 years back), applying a genetic approach to solving various intricate problems/issues in research has taken-off even more swiftly than ever before. Spatio-temporal cues defined for certain critical components in a particular developmental pathway (involved in causing/progression of certain disease) provide a firm basis for detecting the order, hierarchy and "switching-off or on" of genes that regulate it. The various time-points, at which genes are switched on/off, clearly determines the fate of what a cell does in terms of being functional or non-functional, due to disruption of that specific pathway. Recent research-work in this area provides strong evidence, toward identifying such components (associated with Wnt-signaling involved in Colorectal Cancer-CRC disease). These crucial elements indeed determined the genetic transformation of a "blank slate" ("cells of origin" and/or putative "cancer stem cells") or "primitive-state" epithelial cells to an intermediate adenoma/polyp (*dyspastic*), and later to a proliferative (*hyperplastic*) or cancerous (*neoplastic*) state. The idea is to re-iterate the power of genetics, in solving and filling the missing links of any developmental pathway involved in progression of a disease (in this case, CRC). A critical temporal requirement of certain molecules [*Caesin*-Kinase I (CKI) and Human-Discs large (*hDlg*)] was finally established and these proteins were identified as "early" and "late" acting molecules respectively, in a very crucial developmental event, that basically transforms "polyps" to full-fledged "carcinomas" (epithelial cancers) in COLORECTAL tumors. The detection of these genetic and developmental parameters, served as a focal-point and a prominent diagnostic feature, for detection of effects, i.e., Gain/ loss of other components involved during progression of CRC disease. Coincidentally, the chromosomes on which these genes reside have been found to be dense and rich in SNPs (hot-spots), the details of which were published in a separate report (Patidar & Bhojwani, 2013). This work harnessed the potential of Genetics, Developmental Biology and Bio-Informatics tools to solve a long-standing puzzle in pin-pointing some genetic factors that were critically involved in the progression of CRC disease. The report has created enough impact, in terms of authentically suggesting, that it is only when we deploy a combinatorial approach towards certain complicated biological problems, can we successfully unveil the underlying mechanisms in greater details. However, it is now conceived that, at the heart of every tumor lies a rare sub-population of cells (Cancer Stem Cells-CSCs), which give rise to most of the Cancers and are now the targets of investigation. Since no definitive markers or efficient labeling tools are available, this population of cells still remains elusive in both cancer and stem cell biology. Therefore, it would be critical to understand molecular differences between stem cells and cancer cells, which might be helpful in providing novel insights into the mechanism of tumorigenesis as well as potential therapeutic targets, in foreseeable future. We have come a long way in the stem cell advances over time. Very recent breakthroughs include: (a) The tuning and genetic re-programming of stem cells (iPS cells) by a handful of genetic factors. The transformation of cancerous cells to normal cells by reversing the genetic changes involved and also restricting the awry cancerous cells by using microRNAs (http://yournewswire.com/breakthrough-scientists-find-way-to-change-cancer-cells-into-healthy-cells/).

Speaker Biography

Jyoti Bhojwani is currently a Faculty of Genetics/Bioinformatics/ Principal Investigator of the MTech Research Programs (Bioinformatics) at University of Indore, India. She obtained her BSc (Bachelor's degree) in Biological Sciences/Chemistry/Physics, MSc (Master's degree) in Life-Sciences, and Doctoral degree (Ph.D.) at School of Life-Sciences, University Of Indore. She pursued her post-doctoral ventures at Max-Planck Institute for Biophysical Chemistry (FRG), University Of California-Irvine and University of Pittsburgh (USA). Currently, her projects mainly focus on translational-research and extrapolation of basic developmental mechanisms from model-systems like fruit fly (*Drosophila*) to human. Apart from this, her thrust areas of research interest include; Cancer Biology, Stem-Cell Biology and Homeotic-Gene Regulation. She is keen on studying in details the genetic factors, which presumably aid in understanding of mechanism by which "cancer stem cells" function in transforming a tissue from normal to cancerous states. Her research has a motive to further facilitate the perception of stem cell potential/mechanistic in areas of Regenerative Medicine, Translational Research and Anti-cancer therapy. Being involved in Clinical informatics, her students are also training a Cancer model and a Stem cell model, deploying Systems Biology approach and other Gene Networking Bioinformatics tools. This novel area of research will hopefully lead to further understanding the tipping of balance from a stem cell/normal cell to a transformed cancer cell. Owing to her immense interest in science journalism and writing potential, she is now on the editorial board of several International Journals. Her Specialties Include: Research/Teaching/Mentoring/ Science-Journalism.

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April 04-05, 2018 | Miami, USA

Quality improvement study to decrease complications associated with the use of beta blocker with cocaine

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Introduction: Cocaine abuse causes various complications including hypertension (HTN), acute coronary syndrome, Myocardial infarction (MI), stroke, and even death. The use of β-Blockers (BB) can cause unopposed α-receptor stimulation, resulting in HTN and coronary vasospasm (CVS).

Methodology: 5123 patients who presented to our hospital between 2012-2016 and had Urine Drug Screen positive for Cocaine (UDS-C) were identified by retrospective chart review. Inclusion criteria, older than 18 years, UDS-C. The quality improvement study (QI) got institutional review board release. Cerebral-cardiovascular diseases (CCVD) were compared between the exposed and non-exposed group. MI was detected, either by the rise in troponin with and without ST-segment elevation (STEMI). Angina was detected by chest pain without troponin rise. HTN was detected by BP 180/120 or above. The cerebral complication was confined to non-traumatic brain bleed (NTBB). The use of BB in-home medication or in the hospital was reported. The Chi square test $\chi 2$ was used for statistical analysis. For the analysis, $p \geq 0.05$ and modified standardized residuals >2 or -2 were regarded as statistically significant. The analysis was done by the medical resident using SPSS.

Results: The use of BB either at home (UBBH) or hospital was associated with increased risk of CCVD, HTN, angina, and NSTEMI. Labetalol was found to increase the risk of HTN. Carvedilol was found to be associated with increased risk of CCVD and HTN. UBBH was associated with CCVD, HTN, NSTEMI, STEMI and NTBB.

Discussion: The use of BB with cocaine increases risk of CCVD. Previous data showed safe profile with of labetalol; however, higher association with HTN is shown here.

QI intervention: Our study starting a power chart intervention that pop-up when the prescriber orders BB in a patient who had a UDS-C. Another study to be done to evaluate the effectiveness of the intervention in decreasing the above-mentioned complications.

Speaker Biography

Ahmed Elshazly MD has graduated from medical school during 2012. He then was a research fellow for 2 years at Albert Einstein College of Medicine, Mayo Clinic and West Virginia University. He is currently pursuing Internal Medicine residency at Atlantic Care Regional Hospital, Atlantic City, NJ.

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Skeletal tuberculosis: Review of literature and few case reports

C Sumalata
State TB Training and Demonstration Centre, India

Extra pulmonary tuberculosis forms 15% of total tuberculosis in India. Skeletal tuberculosis which constitutes bone and joint tuberculosis, results from haematogenous spread from a pulmonary or other visceral or lymph node focus. Tuberculosis osteomyelitis was described by Nelatoo (1837); histologic morphology was given by Rokitansky (1884); tuberculosis nodule in a joint was seen by Koster (1869); and synovial tuberculosis by Volkmann (1879). Case No.1: A case of shoulder joint tuberculosis which was relatively rare was diagnosed in a middle-aged farmer after taking proper history of pain and inability to move. He was investigated appropriately with radiological images and the case eventually responded to the anti-tuberculosis treatment. Case No.2: A case of rib osteomyelitis was diagnosed when the young lady had only a complaint of pain in lower chest right side. The diagnosis of TB was reached after she had empyema and the same pus was tested for TB DNA. The decrease in pain and relieve of symptoms noticed after the initiation of treatment with anti-tuberculous treatment. She had surgical intervention for the same. Case No.3: A young lady complained of pain and swelling in left wrist for a long duration. MRI showed bone marrow oedema in distal row of carpal bones with loss of articular cartilage and small erosion noted in trapezoid, base of metacarpal and capitates and base of third metacarpal joint. The diagnosis of tuberculosis was supported with immunoglobulin releasing assay (IGRA) which was positive. Anti-tuberculous drugs were given, and she responded well. Case No.4: A middle aged man who was suffering from low back ache from three years had been diagnosed as Potts spine at L5–S1 with the help of MRI spine. He was started with anti-tuberculosis drugs and he responded well. All the cases were also worked up primary pulmonary involvement but found in none.

Speaker Biography

C Sumalata has completed her MBBS from Sri Venkateswara Medical College, Tirupathi, Andhra Pradesh, India in 2008 and MD in Pulmonary Medicine from Siddhartha Medical College in 2015. She is a qualified Medical Practitioner with specialization in treating pulmonary and chest related ailments. She was very good at academics and participated in many quiz competitions. She also has experience in teaching at National Conferences and training undergraduate residents in medical courses. Her areas of interest included Interventional Pulmonology and Tuberculosis. She volunteered in many public events. She had been a Facilitator for trainings in National programmes to Medical Officers and Field Staff working at Ground level. Her areas of interest led her to participate in many respiratory National Conferences, trainings, continuous medical education (CME) and conferences. Presently, she is working as State TB Epidemiologist, State TB Training and Demonstration Centre, Hyderabad, Telangana, India. She has publications in several journals and most of them constitute case reports.

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Immune forecast of sepsis: Immunological treatment and prevention

Zemskov V M
Professor, Vishnevsky Surgery Institute, Russia

When studying the pathogenesis of burn sepsis, it is necessary to identify those changes in the parameters of the immune system that contribute to the development of a septic complication and are characteristic of it. We first studied for sepsis in 85 patients with burns and 16 volunteers (reference group) a large panel of phenotypic constitutive and activation cell markers and established a quantitative formula for its prognosis, determining a deep deficit of lymphocytes (<9.3%), natural killers (<5%), HLA-DR+monocytes (<50%), IgG (<6g/L) and a sharp increase in rod-nuclear neutrophils (> 21%), endogenous intoxication index (>4 units) and CD64+granulocytes (90-100%), which allowed predicting sepsis in 33.3% of patients for 1-2 days, in 41.7% for 3-4 days, for 16.7% for 5-7 days and for 8.3% for 2 weeks before the clinical diagnosis was made. The coincidence of the clinical and immune diagnosis in patients with sepsis and without it was 100%. We examined 61 patients with burn disease in the stage of burn toxemia and burn septicotoxemia (burn area >30% body surface). Patients with sepsis received 10 days of gabriglobin (Russian IgG) for 2.5g/day, in order to prevent generalization of infection, a 5-days course of the drug. In the control groups with burns, patients with gabriglobin did not receive. The drug reduced the hyperactivation of the immune system (O2-metabolism of phagocytes, CD70+ lymphocytes , neutrophils, monocytes, CD64+ granulocytes, HLA-DR+T-Lph, endogenous intoxication), eliminated the deficit of immune markers (lymphocytes, B cells, T-Lph, natural killers, cytotoxic T-Lph, IgG). Those immunoglobulin G normalized not only IgG deficiency but had a powerful immunomodulatory effect. It was also clinically effective (reducing the severity of the clinical condition, temperature, respiration rate and pulse, leukocytosis, proteinuria, procalcitonin and increasing blood pressure, proteinemia, and thrombocytopenia) with sepsis at 78.75% (traditional therapy without IgG had efficacy in 32% of patients), in the prevention of generalization of infection in 72.34% (traditional therapy without IgG had efficacy in 37%).

Speaker Biography

Zemskov V M has completed his PhD from Academy of Medical Sciences and MD Postdoctoral studies from Second Moscow Medical Institute. He is the Chief of Clinical Immunology group of Vishnevsky Institute of Surgery. He has published more than 200 papers in reputed journals, 42 monographs and textbooks for medical students and has been serving as an Editorial Board Member of three Russian and six foreign journals. He is an Academician of Russian Academy of Natural Sciences, Russian Academy of Medical and Technical Sciences, honored Scientist of Russia, winner of the Russia Government Prize. He is a Professor of Immunology and Allergology.

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Novel herbal drugs enhanced radiotoxicity of breast cancer lines with relevance to improving cancer radiotherapy

K P Mishra
Society For Radiation Research, India

Cancer incidence and mortality have been rapidly increasing in the industrialized world. Breast cancer in women is one of the major diseases in both developed and developing countries. Apart from surgery and chemotherapy, radiotherapy is a most prevalent treatment modality but frequently observed problems of general toxicity, exorbitant cost and non-specific action pose profound limitations in treatment of cancer patients. While considerable technical improvement has been made in delivering the radiation to the target tissue but technical limitations yet pose many daunting challenges. The search for new drugs for cancer treatment has been a challenging task for pharmaceutical companies. A predicament is faced in the clinic because anticancer drug as well as radiation kills equally both cancer and normal cells of the patients producing undesirable side effects compelling discontinuation of the treatment. Research is, therefore, warranted to develop non-toxic and affordable drugs for effective treatment of cancer patients. To meet these objectives, our laboratory has actively been investigating to develop novel drugs from plant kingdom and targeted approaches to selectively kill the cancer cells while sparing the normal cells. The results of our studies on MCF 7 and T40D breast cancer lines have shown great promise of enhancing radio sensitivity of these cell lines to gamma radiation in vitro. A developing strategy that holds promise in treatment of cancer patients consists in searching for natural compounds which can selectively enhance tumor cell toxicity to radiation but spare normal cells as desired in clinical settings. Recent research from screening studies has found some potent phytodrugs from plant kingdom which display unique ability to cause no or minimal toxicity to normal cells but remarkably sensitize tumor cells to ionizing radiation. The mechanism involves the radiation generated reactive oxygen species (ROS) which trigger induction of apoptosis (cellular suicide) in tumor cells because of the high oxidative stress status in these cells. This talk is designed to present a brief highlight of developing plant based herbal drugs for improving chemo and radiotherapy of cancer patients. This talk is based on the recent research results from our laboratory. A few examples of notable herbals such as triphala, ellagic acid and silibinin will be given for the observed increased tumor cytotoxicity in tumor cells by compounds from plant sources which hold promise of improving cancer radiotherapy.

Speaker Biography

K P Mishra has completed his BSc from University of Allahabad in 1966 and MSc from University of Allahabad in 1968. He did his PhD from the University of Gujarat in 1979. He became Vice Chancellor at Nehru Gram Bharati University (Deemed-to-be University), Allahabad from January 2010 onwards. He served as Ex Head & Senior Scientist at Radiation Biology and Health Sciences Division, Bhabha Atomic Research Center, Mumbai and retired as scientific officer H+ and Head of RB & HS Division, BARC in 2006. He worked as Adjunct Professor at Institute of Technology, Manipal Academy of Higher Education from 2002-2006. He also worked as Adjunct Professor at Dept. of Life Sciences, Mumbai University, Mumbai from 2006-2009. He also worked as Visiting Professor in many universities.

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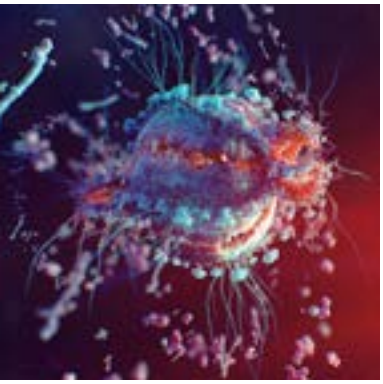

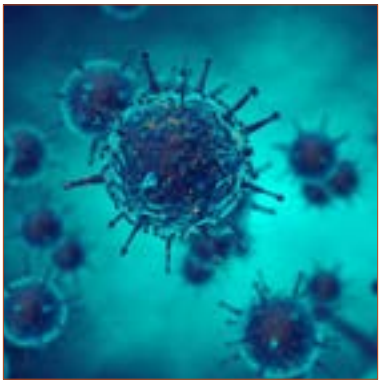

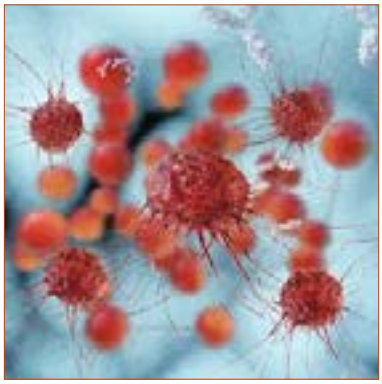

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Histopathological evaluation of carcinoma of breast in modified radical mastectomy specimens

Rakesh Pathak
Nepal Medical College Teaching Hospital, Nepal

Background & Objective: Carcinoma of breast has become the major public health problem among females in developing as well as developed countries. In Nepal, it comprises 6% of total cancer cases and often diagnosed at advanced stage. Surgical removal or modified radical mastectomy (MRM) is the most commonly used tool for disease management. The objective of this study is to identify the clinical, macroscopic and microscopic features of MRM specimens.

Materials & Methods: This prospective cross-sectional study was carried out at Department of Pathology, Bhaktapur Cancer Hospital, Bhaktapur, Nepal. Macroscopic and microscopic examination provided the tumor size, stage, grade, lymph node status, lympho-vascular invasion and perineural invasion. Data were collected and analyzed using SPSS 16.

Results: The study comprised 112 breast cancer patients of which 109 (97.3%) were females and 3 (2.7%) were males. Invasive ductal carcinoma showed no specific type and it was the most common type of breast carcinoma; 84 cases accounting 75% of total cases. Carcinoma with medullary features was second most common (6 cases) comprising 5.4% cases followed by lobular, papillary, apocrine, mucinous and NST mixed types. Grade II tumors were most frequent grade observed in 76.79% cases followed by Grade I (12.50%) and Grade III (10.71%).

Conclusions: As a conclusion invasive ductal carcinoma was the most common histological type breast cancer and the tumors were found at T2 and N3 stage i.e. maximum at grade II. Our study provides prognostic significance of histo-pathological information in breast cancer management.

Speaker Biography

Rakesh Pathak has completed his MBBS from Kathmandu Medical College, Nepal (2005) and MD Pathology from Institute of Medicine, Maharjgunj, Kathmandu, Nepal in 2011. He got various training and observer ship from Nepal, India and South Korea on Oncopathology. He has attended different conferences (more than 40) in Nepal, Malaysia, India, and South Korea. He is also a Joint Secretory of Association of Clinical Pathologist of Nepal (ACPN). Currently, he is working as Assistant Professor/ Junior Consultant at Nepal Medical College, Bhaktapur Cancer Hospital and Visiting Consultant at Dirgayu Guru Hospital, Dr Iwamura Hospital and Nepal National Hospital.

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