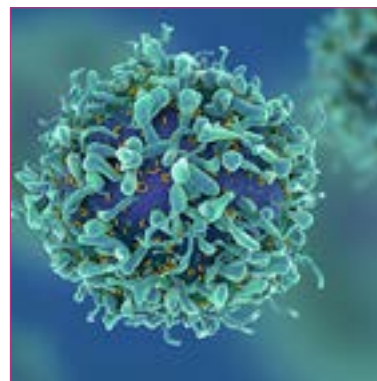
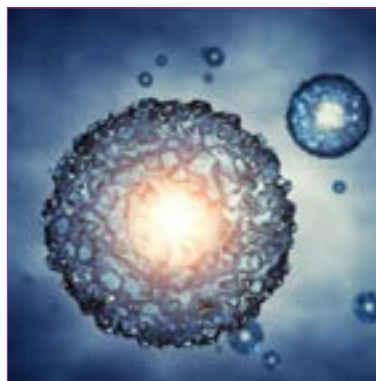

Poster Presentations

Oncology and Therapeutics 2017



International Conference on

Oncology and Cancer Therapeutics

October 30- November 01, 2017 | Chicago, USA

Predictive value of PKM2 expression in advanced non-small cell lung cancer patients (NSCLC) treated with front-line platinum-based chemotherapy

Mohamed Sheta, Omnia Abd –El-Fattah and Hanan A Alshenawy
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The aim of the study is to assess the expression of PKM2 in advanced NSCLC patients treated with front-line platinum-based chemotherapy and analyze its predictive value on both progression free and overall survival and 72 cases with histologically confirmed stage IIIB and IV NSCLC who were treated with front-line platinum-based chemotherapy. Thirty two NSCLC patients were treated with front-line non-platinum-based doublets were enrolled in this study (as control), Immunohistochemical staining for PKM2 was evaluated. in Platinum group the median OS was 7 vs. 19 months; $P < 0.001$ for those patients with high compared to those with low PKM2 expression respectively and the median PFS was 5 vs. 9 months; $P < 0.001$ for those patient with high compared to those with low PKM2 expression respectively. In control group there was no significant

difference between high and low PKM2 expression as regard median OS (9 vs. 10 months; $P = < 0.451$) and median PFS (7 vs. 8 months; $P = 0.638$). The multivariate analysis revealed that high PKM2 expression was an independent predictive factor for shorter PFS and decreased OS. Our study proved that PKM2 expression may be a predictive biomarker of platinum sensitivity in advanced NSCLC patients treated with platinum-based chemotherapy.

Speaker Biography

Mohamed Sheta is a Lecturer of Clinical Oncology and Nuclear Medicine and Consultant of Clinical Oncology at Nile Hospital for Medical Insurance, Cairo in, Tanta University. He has published his papers in reputed journals.

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 Notes:

Clinicopathological features and prediction values of HDAC1, 2, 3 and 11 in classical Hodgkin lymphoma

Xiaojian Liu¹, Renhong Huang¹, Xiaowei Zhang¹, Zhijun Min¹, Shune Yang² and Xiyan Wang²

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Histone deacetylase (HDAC) is involved in multiple physical and pathological processes in lymphoma. The aims of this study were to investigate the expression of HDAC1, 2, 3 and 11, and to evaluate the correlation of HDAC1, 2, 3, 11 expressions with survival in cHL patients. Within the 28 cHL cases investigated, HDAC1, 3 and 11 were more highly expressed in Hodgkin Reed-Sternberg (HRS) cells, while HDAC2 showed less expression. Expression of HDAC2 was correlated with pathological type ($P=0.012$). Other clinicopathological parameters showed no significant correlation with expression of HDAC2, 3 or 11 in survival ($P>0.05$). The 10-year total survival rate showed that bulky disease was a significant prognostic factor ($P=0.028$).

Higher expression of HDAC1 predicted shorter progression-free survival (PFS) and overall survival (OS) in cHL patients ($P<0.05$), and higher expression of HDAC11 is potentially correlated with lower OS ($P=0.05$). These results encourage further investigation on the role of HDACs in cHL.

Speaker Biography

Xiaojian Liu did his Bachelor's degree in Xuzhou Medical University, China. He worked as an Oncologist at Jiangsu Cancer Hospital, Nanjin, China and did his Master's degree at Suzhou Medical College, Suzhou, China. Again, he worked as an Oncologist at Shanghai Dongfang Hospital, Shanghai, China. He did his Doctoral degree at Shanghai Cancer Center, Fudan University, Shanghai, China. Now, he is working in the Department of Medical Oncology, Shanghai Cancer Center- Fudan University, Shanghai, China.

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 Notes:

Bioinformatics visualization: A review on a novel technique used in the interactorium

Nihal Babu

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The emerging field of bioinformatics visualization addresses the design of visual metaphors and implementation of effective software tools that provide insight into complex biological data. Visualization tools for protein interactions is not an in-mint concept with Cytoscape and VisANT (2D viewer), GEOMI and Arena 3D (3D viewer) etc. However, 3D navigability using Java based platforms wasn't fast and powerful enough. Interactorium, on the other hand, a novel 3D platform is built on Skyrails visualization engine (originally intended for social networking), permitting multi-level viewing of the molecular biology of the cell. The Interactorium, which can be used in most systems with a 3D graphics card, has two views- "the Complex Viewer" (which shows interactome without localization data) and "the Virtual Cell" (with localization data). The modus operandi allows visualizing the cell from 3 different levels: from the cell, to protein complexes and interactions, and into the protein structure. This new approach, as used by the Interactorium, is powered by a sophisticated database compiled by its makers and the strong point is that none of the data is hard

coded. An additional exciting application of the "Virtual 3D Cell" approach, is the ability to get better understanding of the inner cellular workings as in the static and dynamic nature of elements, along with real-time manipulation of networks and display control; also the prediction of the unknown bio-molecular interactions in a network, is in itself, a pro function of this form of visualization practice. These applications, in turn, bolsters the image of Interactorium, not just as a mere collection of amazing visuals (a relief from staring at monotonous tables of data), but also as a powerful tool for prediction in the field of cancer treatment and drug discovery.

Speaker Biography

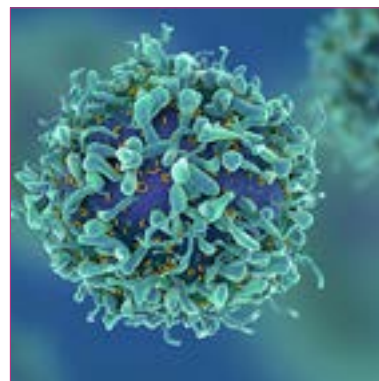
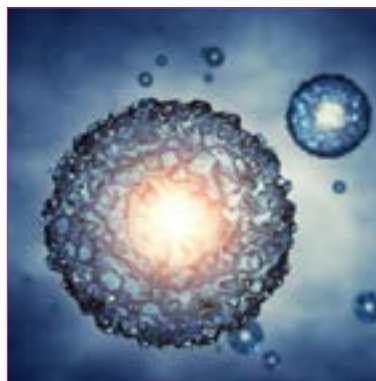
Nihal Babu has his expertise in Protein Modelling from the Sathyabama University. He is pursuing his Master's degree at University of Skovde. He also has his expertise in evaluation and passion in improving the health and wellbeing. His open and contextual evaluation model based on responsive constructivists creates new pathways for improving healthcare.

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 Notes:

Accepted Abstracts

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Preliminary results of continuation maintenance treatment with pemetrexedin advanced non-squamous non-small cell lung cancer (NSCLC) patients after prior induction chemotherapy– single-arm phase II study

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Statement of the Problem: Lung cancer remains one of the leading causes of cancer-related death worldwide. Extending the duration of treatment with the initial platinum based chemotherapy beyond four to six cycles has been evaluated. The aim of this study is to investigate efficacy and toxicity of continuation maintenance treatment with pemetrexed (Alimta) in patients displaying disease control after four cycles of induction with cisplatin plus pemetrexed in advanced non squamous (NSCLC).

Methodology & Theoretical Orientation: Between April 2013 and April 2015, 16 patients with pathologically proven stage III/IV, non-squamous NSCLC, in Clinical Oncology Department, Tanta University Hospital and Tanta Insurance Hospital who had received prior four cycles of induction with cisplatin (75mg/m²) plus pemetrexed (500mg/m²) every 21 days without disease progression were enrolled. Patients received continuation maintenance treatment with pemetrexed (500mg/m² for every 21 days). The primary endpoints of the study were the overall survival and progression-free survival.

Secondary end point was the safety profile.

Finding: A total of 64 chemotherapy cycles of continuation maintenance pemetrexed were administered. Patients were treated with a median number of 4 cycles (range 2-30 cycles). Two patients received no more than 2 cycles due to rapid disease progression. The estimated median PFS and OS were 7.5 and 17 months, respectively. Treatment-related adverse events were manageable with only 1 patient (6.25%) suffered from Grade 3 anemia and another 1 patient (6.25%) suffered from Grade 4 neutropenia. All patients received full doses of pemetrexed throughout the study. There was no treatment-related death.

Conclusion & Significance: Using the continuation maintenance regimen with pemetrexed preceded by four cycles of induction with cisplatin plus pemetrexed represents an obvious treatment advance with an acceptable clinical profile for patients with non-squamous NSCLC patients

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Quality-of- life scores in locally advanced laryngeal carcinoma patients as a predictive value and impact on survival

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Analysis the factors that determine quality-of-life (QOL) scores among successfully treated locally advanced laryngeal squamous cell carcinoma patients and clarify their impact on the survival. A study was conducted to determine the relationship between QOL scores (Physical and mental component of short form SF-36 questionnaire and the pain, eating, speech, and mood domains from University of Washington Quality of Life (UW-QOL) questionnaire and all-cause survival among 62 locally advanced laryngeal cancer patients. The Physical and mental component of short

form SF-36 Score and the pain, eating and mood domains from UW-QOL score were significant survival predictors. The speech domain of UW-QOL score was not associated with survival. QOL scores were valuable in predicting and detecting those patients with poor survival who had low score in order to improve survival by close follow up, early treatment of recurrence and any detected deterioration in one or more of QOL domain in those patients.

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