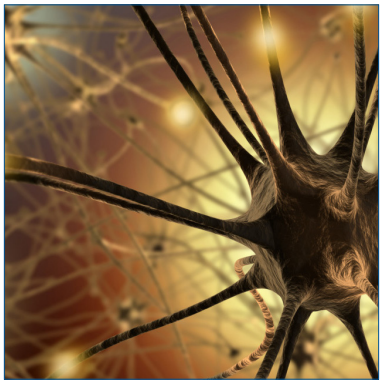
Keynote Forum
February 28, 2019

Palliative 2019
Gynecology 2019



International Conference on

Palliative Care, Obstetrics and Gynecology

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International Conference on

Stroke and Clinical Trials

February 28 - March 01, 2019 | Paris, France

Joint Event on

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David A Sine

Valley Children's Hospital, USA

Oil blending for pain & symptom management: The use of medical *Cannabis* in palliative care

Will review how we have incorporated medical *Cannabis* into palliative care in a legal/safe/effective method over the last 7 years. A multi-disciplinary team consisting of physician, nurse practitioner, RN, MA, pharmacist and biochemist synchronize and individualize this modality in a concierge type program. Will provide both outcomes and practical perspectives. With a rapidly growing patient population by which to monitor and track successful outcomes; we are uniquely qualified to share successful alternative therapy regimens applied with the highest standards to fellow practitioners and regulatory bodies alike. We have created a network of partners and resources that combine to allow us to offer application of medicinal *Cannabis* is this setting. Will demonstrate the effectiveness with actual case discussions.

Speaker Biography

David A Sine received his Doctor of Medicine in 1993 at McMaster University in Canada and immediately pursued pediatrics in San Diego, California. He was chief resident at UCSD/Rady Children's Hospital and as pediatric medical director of San Diego Hospice helped unite 3 entities in a children's program which was awarded a Circle of Life Award. He is board certified in pediatrics and became board certified in hospice and palliative care in 2002. He serves to guide both patients and their families through-out their most difficult transitions. He currently serves as the medical director of pediatric palliative care for Valley Children's Hospital, Hinds Hospice and Tulare Hospice (all in Central California). He and his interdisciplinary team provide holistic care to children with life-threatening illnesses and those who are terminally ill. He currently oversees the care of over 120 home based pediatric palliative patients in addition to the in-patient population. He also works closely with regulators in an attempt to establish best practices for the use of medical *Cannabis* in children.

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Notes:

Seongtae Bae, Res Rep Gynaecol Obstet, Volume 3
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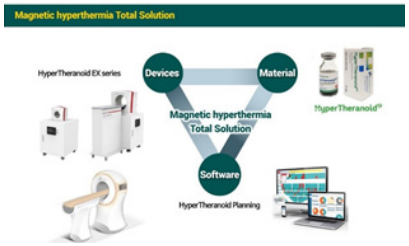
Seongtae Bae

University of South Carolina, USA

Colossal magnetic heat induction of magnesium doped γ-Fe_2O_3 nanofluids (hypertheranoid™-1) and highly efficient AC magnetic field generator system (Hypertheranoid EX™) for thermoablation of cancers

Magnetic Nanofluid Hyperthermia (MNH) has been recently paid an enormous attraction as a Renaissance of cancer treatment modality particularly, due to its prominently low side effects and high treatment efficacy compared to conventional chemotherapy and radiotherapy. However, insufficient AC magnetic induction heating power at a biological safe range of AC magnetic field (H_{appl} x f_{appl} < 3.0 ~ 5.0 x 10^9 $Am^{-1}s^{-1}$), and highly required *in-vitro* & *in-vivo* biocompatibility as well as biocleanrance with chemical suspension stability of superparamagnetic nanoparticle (SPNP) hyperthermia agents are still remained as critical challenges for successful clinical hyperthermia applications. In addition, an automatically and accurately controllable AC magnetic induction heat generator for mid or large-sized animals including human patients are essentially required for highly efficient hyperthermia in cancer clinics.



Total solution of Magnetic Nanofluid Hyperthermia (MNH) by hypertheranoid™ system to treat solid cancers with exceptionally high treatment efficacy

In this talk, I will present the newly developed highly biocompatible magnesium shallow doped γ -Fe_2O_3 nanofluids (hypertheranoid™-1) with exceptionally high intrinsic loss power (ILP) in a range of 14 nhm^2kg^{-1}, which is a ~100 times higher than that of commercial Fe_3O_4 (Feridex, ILP = 0.15 nhm^2kg^{-1}) at a H_{appl} x f_{appl} = 1.23 x 10^9 $Am^{-1}s^{-1}$, and also report our newly commercialized hyperthereanoid™-EX AC magnetic field generators, which produce automatically controlled precise AC magnetic field, for small animal pilot studies, for mid-size animal cancer treatment for veterinary clinc, and for human patients in cancer clinic. *In-vitro* and *in-vivo* magnetic hyperthermia studies using various hypertheranoid™-1 nanofluids and hyperthereanoid™-EX series are conducted to evaluate the bio-feasibility and bio-availability for preclinical and clinical applications. According to the all the bioavailability testing results, it was obviously verified that the newly developed hyperthereanoid™ system shows promising hyperthermic effects to completely kill the solid cancers.

Speaker Biography

Seongtae Bae received his Ph. D degree in Electrical and Computer Engineering from the University of Minnesota, Minneapolis, USA in 2003. He is currently working as an assistant professor and a director of "Nanobiomagnetics and Bioelectronics Laboratory (NB2L)" in the Department of Electrical Engineering at the University of South Carolina (USC), Columbia, USA. And also, he has a joint appointment with biomedical engineering program in the college of engineering and computing at USC, he was also an associate professor in department of neurosurgery at the Seoul National University (SNU) college of medicine, Seoul, Korea and National University of Singapore (NUS) (Singapore) for 9 years. His current research interests are focused on magnetic nanofluids for cancers, *in vivo* & *in-vitro* magnetic based biosensors/biomems, extremely low frequency nanomagnetic biomedical devices and medical instrumentation for neural engineering (neurodegenerative diseases/ neuromodulation). He is currently members/board member/editorial board member of IEEE Magnetics Society, IEEE Engineering in Medicine and Biology Society, American Physics Society (APS), Korean Society for Nanomedicine, International Society of Hyperthermic Oncology, and EC Ophthalmology.

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Vesna Popovska

BC Children's Hospital, Canada

Ethical challenges in pediatric neurology clinical trials

Clinical trials in the pediatric neurology patient population are very common in the last decade. There are clinical trials reflecting rare forms of epilepsy and neuromuscular diseases. Few examples are provided below:

Dravet syndrome (DS) or severe myoclonic epilepsy in infant is one of the most well-known disorders of the epileptic encephalopathies. DS is a highly treatment-resistant and refractory epilepsy syndrome. Establishment of a seizure free condition in affected children, even with anticonvulsant drug polypharmacy is extremely rare. Lennox-Gastaut Syndrome (LGS) is a rare epileptic encephalopathy. Onset of LGS usually occurs before age 11, with a peak between 3 and 5 years of age. Nearly all LGS patients have treatment-resistant, lifelong epilepsy, with a poor prognosis. Duchenne muscular dystrophy (DMD) is a disabling and life-threatening X-linked genetic disorder affecting males. Boys with DMD develop progressive proximal muscle weakness that leads to deterioration of ambulation, wheelchair dependency, and eventual respiratory and cardiac failure. Spinal muscular atrophy (SMA) is an autosomal recessive neuromuscular disease resulting in atrophy of the voluntary muscles of the limbs and trunk. It is the most common genetic cause of infant mortality, and a major cause of childhood morbidity in the U.S.

Clinical trials in pediatric neurology rare diseases are testing new investigational drugs (ids). There is still an ethical dilemma if the new treatment will be better than the standard of care. There are number of unknown risks. Patient's enrollment can be very challenging. The commitment from the families is huge. Most of the clinical trials start with the double-blind, placebo-controlled design. Families have to agree on the possibility for their child to be randomized in the placebo arm. Those clinical trials might have very frequent study visits which might cause financial burden. Lot of work needs to be done to address the ethical challenges.

Speaker Biography

Vesna Popovska has graduated from medical school in 1988 in Skopje, Macedonia. She completed her residency in obstetrics & gynaecology in 1998 in Macedonia. She moved to Canada in 1999 and joined the Division of Maternal Fetal Medicine (MFM) at BC Women's Hospital, where she built, established and lead the entire research program as a program manager. In 2005, she was recruited by the neurosciences program at BC Children's Hospital, as a senior research manager. She developed and led the program, becoming its director in 2016. She is involved in the strategic planning, implementation and evaluation of the program activities and the management of multiple complex projects. She is responsible for recruitment, supervision and evaluation of all research staff at neurosciences program. She continues to lead the program, develops collaborative relationship among universities, industry partners and Clinical Research Organizations (CROs) to support and advance patient-oriented research.

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Denisa Priadková

in-fertility, Slovak Republic

What do women expect from modern obstetrics and gynecology?

For generations we have taught teenagers how to avoid getting pregnant or catching STDs. We have informed them that they should always plan pregnancy, which actually still means postponing and avoiding, so in essence not really planning.

Times have changed. Today women are trying to have a baby too late and know too little about their own reproductive health. The same applies to men. in-fertility network collected significant date from over 3,000 teenagers about what they know about their fertility. The results were not published yet, and Obstetrics and Gynecology Congress would be the first place to publish them.

There are other interesting first-time results to be published about online education in gynecology. We have asked hundreds of women trying to conceive and facing problems what type of information they were looking for online and what - in return - they are finding. The gap is enormous, and experts should face and change it.

Why do we mix fertility with infertility, tests with treatments and why there are ineffective add-ons, when those, who need treatment face rejection by insurance. The situation is, quite interestingly, similar in almost all developed countries and goes hand in hand with decrease of natality.

What are the factors influencing our knowledge and what do women expect from modern obstetrics and gynecology? in-fertility know the answers.

Speaker Biography

Denisa Priadková is the Founder of in-fertility, a network for education, prevention and treatment of issues in the fertility. She is also the chairperson of the Slovak Patient Association Stork and founder of Ferteen as well as the creator of stories in the fertility. A passionate author, lecturer and blogger on international issues in fertility and women's health.

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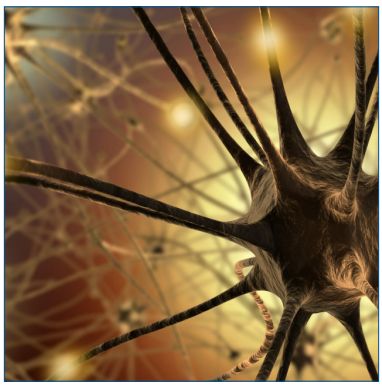

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Danielle IWANDZA

PharmaCqARE, France

How fake clinical trials impact patient safety

Clinical trials are key to advancing evidence-based medical research, one of the pillars of the evidence-based medicine widely used to treat patient. While regulation is needed to ensure the conduct of clinical trials in compliance with ethical standards, with clear scientific proof and benefit overweigh risk to protect patient, fake trials and (subsequent) wrong publications can lead to wrong or ineffective or harmful molecules being brought in the market, hence have an impact on patient health. A literature review has been performed to identify situations where omitted data, altered data, manufactured data, misinterpretation of data and provision of wrong information were reported; solutions to address these situations have been also sought.

Speaker Biography

Danielle IWANDZA is the founder and CEO of PharmaCqARE, a cabinet providing drug-related counsel, training and services for pharmaceutical companies, authorities and healthcare professionals; she has 21 years of experience in the European pharmaceutical industry. She has been an independent pharmacovigilance senior consultant for 7 years, providing her services to medium sized and big pharma companies in France, Germany, Switzerland and The Netherlands. Prior to that, she had growing pharmacovigilance responsibilities and has been head of pharmacovigilance in France for a big pharma company and pharmacovigilance head & EU-QPPV for a hospital generic company. She was previously physician clinical research for 3 years and prior to that had been a medical practitioner in hospitals and clinics in the south of France. She graduated in the specialty of dermatology from the University of Montpellier in France. She also holds a clinical research degree from Sup'Santé school in Paris and a pharmacoepidemiology degree from the Bordeaux school of Pharmacy.

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Michaela Bercovitch

Tel Aviv University, Israel

Hospice - The right to choose

Since ancient times, the obligation of the physician was to relieve suffering. Despite this fact, little attention was given to the problem of suffering and dying in medical education, research or practice. In the 21st Century life expectancy is increasing, more people live with serious effects of chronic illnesses, and they must deal with many complex issues: relief of symptoms, effect of the illness on roles and relationships, restoring or maintaining quality of life. Each of these issues creates expectations, needs, hopes and fears, which must be addressed in order for the ill person to adapt and continue living, and presents a set of public health challenges requiring the attention of policy makers.

Traditionally end of life care in the form of palliative care has been offered mostly to cancer patients. For some years this kind of care has been offered for a wider range of serious illnesses and was integrated more broadly across care services.

Hospice was created as a coordinated program providing palliative care to terminally ill patients and supportive services to patients, families, 24 hours a day seven days a week. Services are comprehensive, case managed based on physical, social, spiritual and emotional needs during the dying process by medically directed interdisciplinary team consisting of patients, families, health care professionals and volunteers (WHO).

Hospice treatment is the most personalized way to care, by recognizing a patient not only like a body part, but as a unique being, with soul and psyche. Each patient means a new book to be read and understood by the team.

Accordingly, hospice care is flexible, and aggressive palliative interventions have to answer some questions: What is the goal of intervention?, does the intervention has a chance of high efficacy?, what is the impact on the patient (side effects, complications, discomfort)? what is the life expectancy? and what does the patient want?

Hospice program is limited for those patients diagnosed with terminal illness with a limited life spam and it is not a must in health care system. Hospice is a choice and any individual have the right, in conformity with the law, to decide how to be treated when facing a terminal illness. Those patients refusing to accept the imminence of death and want to continue to fight they are not eligible for hospice. Those prefer to concentrate on living as comfortably as they can until their last day prefer the hospice care.

Speaker Biography

Michaela Bercovitch is the director of the Oncological Hospice in Sheba hospital, Tel HaShomer, Israel and a lecturer at Tel Aviv University Sackler School of Medicine. In 1998 she initiated a 2-year comprehensive postgraduate course of Palliative Medicine for doctors. She is involved in the education of medical students, nurses and doctors across Israel. Her research fields include pain control, impact of high dose opioids on patients' survival, development of clinical auditing tools and a hospice oriented clinical database. She is the author of the chapter discussing treatment of pain with TENS (Oxford Textbook of Palliative Medicine), and other chapters addressing euthanasia, non-pharmacological treatments for chronic pain, the role of the physician near death, and the effect of patient-setting on the work of the team. She was a member of the Directory of European Association for Palliative Care (2007-2016); Served as the Chairperson of Israeli Palliative Medicine Society (2002-2016) focusing on the recognition of Palliative Medicine as a sub-specialty and its inclusion as a government fundsssed treatment. Along the years she has actively participated in the conception and promulgation of the first Israeli law regarding the dying patient.

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allied academies

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Nazli Hameed

Muhammad A

Shalamar Medical & Dental College, Pakistan

Urogynaecology services at Lahore, Pakistan: 2019 update

This presentation would aim to cover the struggle to establish urogynaecology services in an under resourced country, where maternal and perinatal mortality are still the staggering issues. The quality of women's life is still not a priority.

I shall start from how we started creating awareness amongst the community, primary health care physicians, secondary and tertiary health care providers. The work presented will include the workshops and conferences conducted and papers presented at national and international forum and Urdu translation of commonly used IUGA patient information leaflets. The range of urogynaecology problems seen in the last 18 months with a referral centre at Lahore, the work done to help out those patients including fistula victims, Pelvic organ prolapse, interstitial cystitis, stress urinary incontinence and it's surgical managements, Live videos of surgeries performed will be presented, especially for the patients who have had repeated failed attempts at surgical correction by the ill trained people and the difficulty in winning their confidence for a facility as attractive as a free fistula camp conducted by a highly skilled group at our Lahore centre.

Speaker Biography

Nazli Hameed earned various Gold medals in academic performances and COAS Gold Medal as best graduate year 1989, FCPS (CPSP), FRCOG (UK), Diploma in Minimal Access surgery (University Avergune, France), Clinical fellowship in Urogynaecology and MAS (NUH Sg), Clinical fellowship in Assisted conception (UCLH, UK). She established urogynaecology services in Army followed by Shalamar hospital, Lahore. In the last one year She has participated in 3 international conferences, one as a speaker, 2nd as a workshop organizer and 3rd as a participant. She has conducted 1 nationally and 2 internationally accredited workshops at Shalamar Medical College regarding urogynaecology and free fistula camp in collaboration with IUGA and Pakistan National forum on women's health and hold post for Fellow representative at International representative committee of RCOG in Pakistan. She is actively involved in Urdu translation of patient information leaflets at IUGA website and is a member editorial board of PAFM.

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