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PROCEEDINGS

WOWONCOLOGY

WOMEN IN ONCOLOGY GLOBAL CONFERENCE & AWARDS

FEB 24-25, 2024 | DUBAI



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WOWCONGRESS



Registrations & Opening Ceremony

08:45 – 09:30

Speaker

Presentation Title

Keynote Presentations:

Dr. Maija Harrela

Consultant – Radiation Oncology,
Obstetrics, Gynecology and
Gynoncology.
Finland.

9.30 AM – 10.00 AM

Challenges in setting up a new curative treatment
in locally advanced cervical cancer: 3D MRI-
guided HDR brachytherapy with needles.

Dr. Stefano Giordani

Director – Scientific Association
Onconauti.
Oncology Clinical Medicine
Bologna, Italy.

10.00 AM – 10.25 AM

The integrative oncological Rehabilitation
model of Onconauti Association in Italy.

Dr. Ahmed Lamey

General Surgery, Bariatric and
Breast Oncoplastic Surgery.
Dubai

10.25 AM – 10.45 AM

Oncoplastic volume displacement surgical
techniques for early primary Breast Cancer: A
case series study.

Group Photo

10:45 AM – 11:15 AM

Networking & Coffee Break @ Foyer area

Oral Presentations:

Dr. Martin Muzikant

CEO CNEU MEDICAL s.r.o.
Czech Republic

11:15 AM – 11:40 AM

CarciReagent – Early warning of oncological
disease. (Quick test of tyrosine level in urine).

Dr. Rija Tariq

Consultant Clinical Hematologist
Pakistan.

11:40 AM – 12:00 PM

Synchronous Hematological Malignancies and solid tumors.

Dr. Tatevik Margaryan

Psycho-Oncologist &
Public Health Specialist.
Yerevan, Armenia.

12:00 PM – 12:20 PM

Body Image and Emotional Well-Being of Armenian Breast Cancer Patients Before and After Receiving Surgery: Research on Quality of Life.

Dr. Shilpa KS

Consultant - Dentistry &
Oral Pathology, Dubai.

12:20 PM – 12:35 PM

Enigma of Oral Cavity - Squamous cell Carcinoma of Buccal mucosa : Analysis of Clinical Presentation.

Dr. Mutlu Dogan

Prof MD. University of Health Sciences,
Dr AY Ankara Oncology Training and
Research Hospital. Turkey.

12:35 PM – 12:50 PM

Breast Cancer Risk of Hormone Replacement Treatment at Younger Age'

Dr. Diana Donatello

M.D. Radiologist
Naples, Italy.

12:50 PM – 1:05 PM

Prone 3D ABUS vs HHUS: Diagnostic accuracy and Potentialities"

Dr. Linda Haj Omar

MBBS | MD | MSc
CEO - Medlico Group
Medical Doctor, Epidemiologist

1:05 PM – 1:20 PM

The Impact of The African Herbs In Preventing Cancer.

Lunch Break

1:20 PM – 2:10 PM

Surgical Oncology Workshop

Dr. Mohanad Al Ansari

Board Certified Surgeon
Minimal Invasive GI, Robotic Surgery
Dubai.

2:10 PM – 5:00 PM

Artificial Intelligence, Metaverse and Robotic Surgery

Coffee Break

3:30 PM – 3:50 PM

Closing Remarks & Group Photo

5:00 PM – 5:15 PM

Closing Day 1

Registrations & Opening Ceremony

08:45 – 09:30

Speaker

Presentation Title

9.30 – 10.30 AM

Guest Speakers

EMPOWERING WOMANHOOD
JOURNEY AS A WOMAN
CHALLENGES & FUTURE SCOPES

Group Photo

10.30 AM – 11.00 AM

Networking & Coffee Break @ Foyer area

Talks by Award Nominees

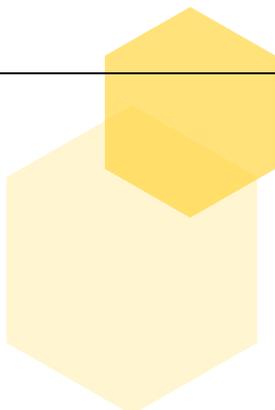
11.00 AM – 12.00 PM

Presenting Awards & Certificates

EMPOWERING WOMANHOOD
JOURNEY AS A WOMAN
CHALLENGES & FUTURE SCOPES

Lunch

12.00 PM – 1.00 PM



Closing Day 2





Keynote Speaker

Dr. Maija Harrela

Consultant - Radiation Oncology,
Obstetrics, Gynecology and Gynoncology.
Finland.

Topic: Challenges in setting up a new curative treatment in locally advanced cervical cancer: 3D MRI-guided HDR brachytherapy with needles.

How to set up a new cancer treatment service?

Cervical cancer is the 4th most common cancer type in women. Cervical cancer can be prevented and cured. Local disease can be cured with surgery, locally advanced disease (LACC) with chemoradiation and high dose brachytherapy as shown in RetroEMBRACE study 2016. *Radiother Oncol. Sep;120(3):428-433.* Image guided adaptive brachytherapy became the new paradigm in LACC. Helsinki Comprehensive Cancer Center wanted to implement it quickly.

New things cause friction. Our tactics was to be well prepared.

- 1) Strong support from the administration
- 2) MDT meeting where individual cases are discussed
- 3) Motivated radiation oncologist with interventional skills (Dr Maija)
- 4) Excellent brachy physicist (Päivi Arponen-Esteves)
- 5) MRI in the radiation department
- 6) 2 courses on HDR brachytherapy with the Vienna Group
- 7) Finding a mentor Louise Bohr in Örebro, Sweden
- 8) Setting up a team with a radiotherapist and a midwife and taking it to Sweden
- 9) Negotiating the anesthesia and department services
- 10) Doing it
- 11) Learning others (2 gynoncologists) to do it

The first implementation was made in 12.5.2017. The workflow was well prepared and still up and running. Now there has been 371 implementations and 113 patients treated 2017-2022.



Keynote Speaker

Dr. Stefano Giordani

Director - Scientific Association
Onconauti.
Oncology Clinical Medicine
Bologna, Italy.



Topic: The integrative oncological Rehabilitation model of Onconauti Association in Italy.

Co-Authors: Maggiore Claudia, Pirani Mattia, Maestri Antonio, Praticò Marco, Rossi, Cristina, Magno Stefano, Gaddi Antonio Vittorino.

Healthy lifestyle promotion is one of the most relevant strategies to improve quality of life (QoL) and long-term outcomes of therapies in cancer survivors.

Digital health tools (DHT) allow to provide nutritional support, yoga webinars and exercise training during and after cancer treatments by delivering personalized and flexible interventions under close supervision.

Furthermore, digital technology allows healthcare providers to monitor the course of treatment-related chronic symptoms such as pain and fatigue, in order to optimize care programs.

Aim:

The aim of this report is to evaluate the impact of the smartphone-based digital health platform Pinktrainer® on health promotion within the Onconauti Association program of rehabilitation for cancer survivors (so called "Onconauti").

Material and Methods

A total of 27 cancer survivors, among which 50% were women, were asked to use the DHT Pinktrainer®, in order to investigate different domains of QoL and to deliver personalized bodymind and physical activity (PA) programs.

At the beginning of the rehabilitation program, three questionnaires were submitted to patients using the smartphone application to assess pain (Brief Pain Inventory – BPI) fatigue (Multidimensional Fatigue Inventory, MFI-20) and lifestyle habits (Onconauti Lifestyle questionnaire, OLq).

Costumized PA programs and body-mind practice tutorials were delivered via video directly available on the app and assigned to each patient. Informative contents (videos and articles) about healthy lifestyle were also assigned to patients according to their needs and preferences.

Results

To date, 12 of the 27 patients enrolled have completed the rehabilitation program. Preliminary results show an improvement in each of the three domains of QoL investigated (Tab1), of which general ($p=0,016$)* and physical fatigue ($p=0,010$) ** scores reached a statistical significance.

LIFESTYLE	PRE (N=11)	POST (N=11)
BALANCED DIET	81,82%	100%
DAILY PHYSICAL ACTIVITY	40,70%	57,14%
SEDENTARY BEHAVIOR	45,45%	27,27%
MFI	PRE (N=12)	POST (N=12)
GENERAL FATIGUE	MODERATE (MEAN 11,95)*	MILD (MEAN 7,92)*
PHYSICAL FATIGUE	MODERATE (MEAN 11,92)**	MODERATE (MEAN 8,58)**
BPI	PRE (N=11) POST (POST (N=11)
PAIN SEVERITY	MILD (MEAN 2,72)	MILD (MEAN 2,02)
PAIN INTERFERENCE	MILD (MEAN 3,14)	MILD (MEAN 2,55)

Conclusions: Initial data provided by the digital-enhanced program of Integrative Rehabilitation of "Onconauti" Association are very promising and confirm the role of DHT in promoting healthy lifestyles in cancer survivors.

Corresponding Author's Biography: Dr. Stefano Giordani, born in Bologna, received his education at the Alma Mater University of Bologna and at the University of Parma. He is a specialist in Clinical Oncology and Occupational Medicine. Following a training period at Penn State University in the United States, he joined the Oncology Unit of the Poliniclico S.Orsola Malpighi, where he became a pioneer of Home Oncological Care in Italy, serving as the National Coordinator for the National Cancer

Association. He then led the Oncological Hospice of Ferrara for five years, and since 2000, he has been the Head of the Local Oncology Service for the AUSL Bologna. In 2012, he established the Onconauti Association, which has expanded into five Italian regions and has become a leader in Integrated Oncology and in the occupational reintegration of patients, particularly for women who have undergone breast surgery. Dr. Giordani is a prominent figure in the movement to innovate local oncological follow-up and in the humanization of cancer care in Italy, and he holds the position of National Secretary of ROPI (Oncological Patients Network Italy). He has published over a hundred scientific papers and has authored three books in the field of narrative oncology.



Dr. Ahmed Lamey

General Surgery, Bariatric and
Breast Oncoplastic Surgery.
Dubai

Topic: Oncoplastic volume displacement surgical techniques for early primary Breast Cancer: A case series study.

Oncoplastic breast surgery (OPS) is a new strategy for expanding breast-conserving surgical options, lowering mastectomies rates, and preventing deformities. OPS is based on the use of plastic surgical reconstruction after breast cancer removal.

The study aims to assess volume displacement oncoplastic procedures for early primary breast cancer in terms of recurrence and cosmeses. A case series study was done on 20 patients with early breast cancer underwent oncoplastic volume displacement techniques in the period from March 2019 to March 2021 in Kafrelsheikh University Hospital. OPS techniques included were Racquet, Benelli, batwing and Grisotti technique. One limitation of the study is small sample size and relatively short time of follow-up due to the COVID pandemic and the study cost; nevertheless, if a big sample is gathered in multicentric-study will improve the study.

The study concludes that OPS are oncologically safe (100%) and no recurrent cases with a better aesthetic outcome (90%). Keywords: Mastectomy, Breast Cancer, Plastic, Oncoplastic.



Dr. Martin Muzikant

CEO CNEU MEDICAL s.r.o.
Czech Republic



Topic: CarciReagent – Early warning of oncological disease. (Quick test of tyrosine level in urine).

Preventive examinations are very important for early detection of a serious disease such as cancer. In the covid era, people postponed visits to preventive examinations for fear of covid infection. Alarmingly, half of people neglect colon and cervical cancer screenings. However, a significant reason for not passing inspections are also certain barriers that prevent respondents from visiting (they would have to travel too far for the inspection, they cannot take time off from work, they did not have a free date for them, etc.).

As a complete novelty on the EU market, the company CNEU MEDICAL s.r.o. non-invasive method of urine self-examination for increased tyrosine content. Currently, tyrosine and its content in urine often appear in scientific studies as an ideal cancer marker and plays an important role in the early detection of cancer.

Early diagnosis of cancer is very important, and any new way or method can save patients' lives. The biggest problem is when the patient presents with non-specific problems very late and unfortunately, it often happens that the patient already has a malignant tumor including metastases. For this reason, preventive examinations, self-examination of the body and especially high-quality tests for the detection of tumor markers produced by tumor cells, whether from blood, stool, or urine, are very important.



Dr. Rija Tariq

Consultant Clinical Hematologist
Pakistan.

Topic: Synchronous Hematological Malignancies and solid tumors.

Co- Authors: Dr. Rab Nawaz Maken, Dr. Hajra Syndeed Pal, Dr. Amira Shami.

The incidence of myeloid neoplasms is higher in breast cancer patients given adjuvant chemotherapy compared to general population (therapy related myeloid neoplasms). Synchronous presentation of Myelodysplastic Syndrome (MDS) with breast cancer has rarely been reported.

A 67 years old female presented with one year history of exertional dyspnea, pallor and left breast lump. Workup revealed Stage IIIB Invasive ductal carcinoma, estrogen and progesterone receptor positive and HER-2 neu negative. Blood picture showed bicytopenia. Bone marrow biopsy revealed MDS-Increased Blasts I (8% blasts). She underwent upfront surgery followed by radiation and hormonal therapy for breast disease. Venetoclax was given to control Myelodysplastic syndrome. At the end of 1 year patient had no evidence of breast disease and stable Myelodysplastic syndrome (transfusion independent, with no cytopenias but 7% blasts in bone marrow). She was further planned for hypomethylating agent Venetoclax combination chemotherapy while continuing hormonal therapy.

Bone marrow carcinomatosis is an infrequent cause of cytopenias in breast cancer patients. This case was very unusual where cytopenias were due to a concurrent Myelodysplastic syndrome and not metastasis. The management of synchronous malignancies is a challenge for treating oncologist and needs to be tailored on a case to case basis.

Corresponding Author's Biography: Dr. Rija Tariq is a Consultant Clinical Hematologist working in a specialized Cancer center in Pakistan. She has an excellent academic record and received 9 gold and 3 silver medals during her medical education. She received an extensive post graduate training which covered both the diagnostic and clinical facets of hematology. After specialization she worked with the state government for prevention of Thalassemia, the most common genetic disorder in Pakistan. Currently she is working primarily for patients suffering from different hematological malignancies.



Dr. Tatevik Margaryan

Psycho-Oncologist &
Public Health Specialist.
Yerevan, Armenia.



Topic: Body Image and Emotional Well-Being of Armenian Breast Cancer Patients Before and After Receiving Surgery: Research on Quality of Life.

Background: Armenia faces a severe issue with cancer prevalence and mortality rates, particularly with breast cancer, which is the highest among women. Cancer care provision issues and neglect of mental health worsen the situation. Stigma and fear around breast cancer also pose challenges. Cancer care improvement and awareness, addressing stigma and psychological distress, can improve patient QoL and survivorship rates.

Methods: The study sample consisted of 44 BC patients from the Mamology Department of the National Center of Oncology of Armenia.

The Functional Assessment of Cancer Therapy - Breast measured breast cancer patients' health-related quality of life.

For anxiety and depression, The Hospital Anxiety and Depression Scale was used.

Body Image Scale for BC patients was used for BC-related BI change evaluation and was used only in the post-surgery stage.

Results: The participants' health-related quality of life (HRQoL) worsened after BC surgery. However, the numbers could have been more dramatic. Emotional Well-Being had the lowest results of all five sub-scales (17/24), followed by Functional Well-Being. The total score of FACT-B was 116/148 pre-surgery and 104/148 post-surgery.

Anxiety and depression were at the average level for both stages of the study. However, anxiety rose slightly in the post-surgery stage (9/14), entering the 'moderate' level.

Body Image assessment was done in the post-surgery stage of the study to determine any BC surgery-specific BI changes that might arise. The mean numbers collected were relatively low (8/30), indicating that most participants had adequate Body Image after the surgery. The results could have been more concerning.

Conclusions

The study showed that breast cancer surgery had a negative impact on the participants' HRQoL, although the results were not dramatic. Anxiety and depression levels were relatively average, except for a slight increase in anxiety post-surgery. The study also found that most participants had adequate body image after surgery, indicating a positive outcome.

Overall, the study highlights the importance of addressing the psychological distress and HRQoL of BC patients in Armenia and improving the availability of cancer care.

Corresponding Author's Biography:

Dr. Tatevik Margaryan is a Psychologist (psycho-oncologist) and a public health specialist from Yerevan, Armenia.

Active cancer science researcher and healthcare enthusiast with leadership and communication skills.



Dr. Shilpa KS

Consultant – Dentistry & Oral Pathology,
Dubai.

Topic: Enigma of Oral Cavity – Squamous cell Carcinoma of Buccal mucosa : Analysis of Clinical Presentation.

Background :

Most cancers of the oral cavity are oral squamous cell carcinomas (OSCC). Oral and oropharyngeal cancer are the 6th most common malignancy globally. Oral cancer is among the top three types of cancers in India. The incidence rate is 12.6 per 100 000 population in India. Oral squamous cell carcinoma arises as a result of multiple molecular events that develop from the combined influences of an individual's genetic predisposition and exposure to environmental carcinogens. Tobacco, alcohol and betel use are the main risk factors for these and many potentially malignant Disorders (PMD), and chronic irritation. Some newer studies have linked HPV 16,18 and 33 with increased risk of developing the disease. The main high risk groups are older adult males who use tobacco and alcohol.

Aim : Detection of oral cancer – a clinical case study.

Methods : A complete case history is recorded, Radiographs And Histopathological investigations done.

Results : Investigations confirmed as Oral squamous cell carcinoma.

Corresponding Author's Biography:

Dr. Shilpa.K.S is a BDS, MDS (Oral Pathology and Microbiology, Forensic Odontology), Rajiv Gandhi University of Health Sciences, Karnataka, India

Clinical Experience: 15 years

Entrepreneurial Background: The Tooth Doc Dental Clinic

Previous Association: Credent Diagnostics

Certification: DHA certified Family Dentist

Current Position: Palmyra dental clinic.



Dr. Javeria Qadir

Pharm-D, Ph.D
Molecular Biology
Pakistan

Topic: Therapeutic Perspective on Circular RNA: A Novel Promising Instrument for Breast Cancer Management.

Co-authors: Nan Wu, Prof. Burton B. Yang

Background :

CircRNAs are recently uncovered to influence a variety of physiological processes and signaling cascades. The intricate molecular relationship between circRNAs and the Hippo pathway has not been sufficiently documented. In this study, ectopic stimulation of circYAP was hypothesized to require assessment in breast cancer, both in-vitro and in-vivo.

Methods : Plasmids were used to generate in-vitro circYAP overexpression models. mRNA and protein levels of YAP, TEAD, and EMT markers were analyzed in the transgenic MDA-MB-231, HTB-126 and 4T1 breast cancer cells. Next, RNA pull down was performed using specific circYAP probe followed by mass spectroscopic analysis to identify circYAP binding proteins. For in-vivo studies, a murine tumor model was used to observe tumor-forming potential of circYAP-expressing mouse breast cancer cells and determine wider applicability of circYAP. Wild type, vector transfected and circYAP-transfected stable 4T1 breast cancer cells were injected into Balb/c mice. Furthermore, IHC, H&E staining and TUNEL Assay was used to study the impact of circYAP delivery on cell proliferation, invasion and apoptosis in mice that received circYAP injection compared to the control groups, respectively.

Results : mRNA levels of both YAP1 and TEAD1 remained intact, however, their protein levels were markedly reduced in the circYAP transfected breast cancer cells. In-vitro functional capabilities of the cells such as proliferation, survival and migration were markedly impeded in circYAP overexpressing breast cancer cells, presumably due to inhibition of YAP1 and TEAD1 activity. Thus, a new putative mechanism for circYAP function was deciphered in breast cancer.

CircYAP transfected cell culture treated with circYAP specific probe pulled down the highest amounts of vimentin protein compared to the negative control and the vector control in the MDA-MB-231 cells. Moreover, 'Vimentin' was identified as a top-notch protein binding to circYAP. Circular YAP also showed binding with various isoforms of the frequently occurring cytoskeletal proteins such as actin, tropomyosin etc. Since actin has been studied to form filamentous structure that can bind to tropomyosin, these proteins may have collaborative implication in enhancing the stability of Vimentin in these breast cancer cells. The effectiveness of circYAP in relation to tumor formation demonstrated a tumor suppressive function in 4T1 tumor bearing mice compared to the wild type and vector control groups. The observation of non-uniform tumors in mice suggested that certain populations were developing significantly faster than the others. Furthermore, IHC and H&E staining revealed reduced proliferation index KI67 and diminished invasion in mice that received circYAP injection compared to the control groups, respectively. TUNEL staining showed increase in apoptotic cellular lesions in circYAP treated group of mice compared to wild type 4T1 cells and vector control. The fact that only circYAP-treated group was observed to undergo tumor regression raises the possibility that circYAP may have role in lowering the risk of metastasis by decreasing tumor growth and invasion while increasing apoptosis. To the best of our knowledge, this is the first study to date indicating circYAP involvement in the development of breast tumors.

Conclusion: Conclusively, this research provided a molecular foundation for understanding pathophysiological role of circYAP and its function by revealing a novel mechanism that plausibly modulates YAP1 and TEAD1 translation. Moreover, circYAP was examined to bind vimentin and potentially enhanced the stability of vimentin in transgenic breast cancer cells. Thus, given the pivotal function of YAP in carcinogenesis, our results might establish a basis for investigating circYAP as a possible cancer intervention instrument.

Corresponding Author's Biography:

Prof. Burton B. Yang is an extremely intellectual scientist who is engaged in working on the roles and functional involvement of circular form of RNAs in disease pathogenesis. He is a profound professor at the Department of Laboratory Medicine and Pathobiology at University of Toronto, Canada. His investigations are inclined into a whole range of cardiovascular diseases, cancers, and wound healing.



Dr. Anisa Mburu

Pharm-D, Ph.D, Molecular Biology
Pakistan

Abstract Submitted.



Topic: Palliative Care Attitude And Knowledge Of Clinicians Attending To Cervical Cancer Patients In Moi Teaching And Referral Hospital, Kenya.

Co-authors: Peter Itsura, Afrin Shaffi, Barry Rosen, Patrick J Loehrer, Susan Cu-Uvin,

Background :

Access to palliative care (PC) is an essential component of health care and is integral to Universal Health Coverage. Cervical cancer (CC) and HIV remain the harbinger of morbidity and mortality in LMICs yet less than 5% of patients receive PC. MTRH is a referral center serving a catchment area of 20 million people with 20-40 patients with advanced CC seen weekly in clinic but with few trained PC specialists. This begs the question as to the ability of these clinicians in providing this essential service. This study seeks to address this question and to further evaluate avenues for the innovative improvement of this crucial service with involvement of all clinicians in the unit.

Methodology : This was a cross-sectional study carried out at the gynecologic oncology clinic in MTRH and 2 AMPATH satellite sites. Study population included all clinicians dealing with cervical cancer patients between April – June 2022. The data collection tool was the Palliative Care Attitude and Knowledge (PcAK) questionnaire.

Results : Thirty-one clinicians work in this department with only 12.9% (4/31) being qualified gynecologic oncologists discussing with more than 15 families/month on PC for advanced CC patients. Clinical officers and nurses (42%, 13/31) were the primary clinicians in contact with CC patients and thus their main source of information yet they were the least trained with less than 1-2 hours of PC training. More than 50% of the clinicians were dissatisfied with the availability of PC services due to lack of proper training, insufficient time to communicate with patients and lack of availability of necessary drugs like opioids. The agreement that PC was initiated too late was approaching unity.

Conclusion: Access to palliative care service in LMICs remains a challenge and is only initiated at the end of life. Focused training of clinical officers and nurses may improve service delivery.



Prof. Filipe Cidade de Moura

Portuguese Red Cross Health Higher School/Hospital CUF Descobertas, Portugal.

Abstract Submitted.

Topic: SGRT for optimal breast cancer precision, outcomes and safe Radiotherapy.

Abstract Description :

Optical surface detection systems have been widely used in the radiation oncology clinical practice, providing safe and reliable patient positioning and localization accuracy throughout the whole treatment. This modality, also called as Surface Guided Radiation Therapy (SGRT), is a powerful tool for treatment reproducibility with real time patient motion management. Reduction of both systematic and random errors, can be reached with this fast non-ionizing imaging modality, by providing means for positioning, intrafraction motion monitoring and gated treatments by tracking patient's breathing. Besides the precision optimization related to the system itself, it can promote a change on patient's workflow, skin marker- and tattooless and a significant reduction on ionizing radiation image guided RT.

From the perspective of precision and accuracy throughout the treatment delivery process, any treatment site could benefit from this technological development, which reveals its potential not just on free breathing but also for gated RT approaches. If taken into consideration the organs at risk sparing, left sided breast cancer patients, would be the strong candidates to use SGRT modality, which will allow for lung, heart and other sub-structures sparing.

Several treatment approaches will be covered during this lecture, on a global awareness of this fast-evolving technology for better treatment outcomes and quality of life of breast cancer patients.

Author's Biography:

Prof. Filipe Cidade de Moura has worked over 20 years at Radiation Oncology Department in Hospital CUF Descobertas, Lisbon, Portugal. with the main activities focused on patient care and QA and risk management, implementation and optimization of new technologies and techniques from treatment planning to treatment delivery and verification protocols, from 3D to 4D Radiotherapy. From 2003, Prof. Moura worked as an Associate Professor for undergraduate and postgraduate programmes at ESTeSL and recently at Portuguese Red Cross Higher Health School. Prof. Moura is Master of Sciences degree programme (2008) in Biophysics, with specialization in medical physics and biomedical engineering, at the Faculty of Sciences of Lisbon University. In 2017 became a Certified Professor with specialist degree, by the Polytechnic Institute of Lisbon, with the research focused on Error analysis in Radiotherapy: Impact of verification protocols on variability and treatment margins. Former Chairman of Radiation Therapist Committee at European Society of Radiotherapy and Oncology. Prof. Moura has delivered over 40 conference and courses presentations as an invited speaker in plenary and educational sessions both at national and international levels, with topics related to: Error analysis; off-line and on-line protocols; treatment margins; virtual simulation; image registration; contouring; 3DCRT; Intensity Modulated RT; Image Guided RT; Surface Guided RT; Stereotactic Body RT; education and training for Radiation Therapists; competences and qualifications; advanced practice; professional profile. Prof. Moura also took roles as reviewer for scientific journals (The Breast | Reports of Practical Oncology and Radiotherapy | Radiation Oncology). Since 2006, Prof. Moura have been a member of several steering groups at Portuguese Association of Radiation Therapists (ART) for Continuous professional development, Code of Ethics, Professional regulation and national Qualifications for Radiation Therapists. From 2013 became the vice-president of ART and early 2017 became officially the President of ART. In 2023 Prof. Moura enrolled in the Doctoral Programme (PhD) from University of Vigo, with research focus on best practice, clinical implementation and global awareness of SGRT technology.



Gbolahan Deji Olatunji

University of Ilorin, Nigeria.

Abstract Submitted.



Topic: Harnessing Immunity Against HER2-Positive Breast Cancer: Insights from AE37 and GP2 HER2-Targeted Vaccines.

Co- Authors Full Name: Nicholas Aderinto, Emmanuel Kokori, Osadebamwen Osaghae, Ismaila Yusuf, Rosemary Komolafe, Olumide Akinmoju, Adeola Akinboade, Aminat Akinoso.

Introduction

Breast cancer remains a significant challenge, particularly among patients with HER2 overexpression. AE37 and GP2 HER2-targeted vaccines have emerged as potential strategies to prevent breast cancer recurrence. AE37 primarily elicits a CD4+ response, while GP2 elicits a CD8+ response against the HER2 antigen. This abstract provides a collective overview of research findings on these vaccines.

Methodology

Studies included randomized trials sourced from Pubmed and Google Scholar using Keywords such as "Breast cancer", "AE37", "GP2", "Vaccine" "HER-2" "Neu". The effectiveness of the vaccinations was evaluated in patients with various breast cancer subtypes, particularly those with advanced-stage, HER2 under-expression, and triple-negative breast cancer.

Results

The AE37 vaccine significantly improved 5-year disease-free survival in patients with triple-negative breast cancer and advanced-stage HER2 under-expression, despite no significant difference in the primary study. Research on the GP2 vaccination suggested safety and potential clinical advantages, notably in patients with tumors that express low levels of the HER2 protein, particularly in the context of triple-negative breast cancer. T(Reg) cell decrease was associated with stronger immunological responses, suggesting that AE37 may have clinical applications.

Conclusion

AE37 and GP2 vaccines show promise in preventing breast cancer recurrence, especially for HER2-positive subtypes. Further research is important moving forward.

Author's Biography:

Dr. Gbolahan Olatunji is a Nigerian Medical Doctor and co-founder of an emerging researchers network with over 28 publications in peer-reviewed international journals. His expertise cuts across diverse medical fields including but not limited to Infectious diseases, Cardiology and Stem cell research. He also has a special interest in public health related themes such as health policies, health insurance and others. He is ranked in the top 1% of all Researchgate users who made their debut publication in 2023.



Dr. Tabinda Sadaf

clinical oncology consultant.

Abstract Submitted.

Topic: Outcomes and Toxicity of Simultaneous Integrated Boost (SIB) in Lymph node positive Cervical Cancer.

OBJECTIVES:

The objective of this study is to assess the oncologic outcomes and toxicities in cervical cancer patients treated with definitive chemo radiotherapy with a Simultaneously Integrated Boost (SIB) to involved lymph nodes in node positive cervical cancer patients.

METHODS:

This retrospective study included all patients of cervical cancer treated with SIB from 2017 till 2022 at our institution. The patients received Concurrent chemo radiotherapy (CRT) at a dose of 53-60.76Gy in 25-28 fractions with simultaneous boost to the involved lymph nodes along with weekly cisplatin 40mg/m², followed by brachytherapy at dose of 24Gy in 4 fractions starting within last week of radiation.

RESULTS:

Total 110 patients were analyzed in this study. Mean age was 49 years (29-72). It included patients with FIGO stage IIIc1 (84%) , IIIc2 (12%) and IVA (5%) with squamous cell carcinoma in 91% of patients. Median follow up duration was 21 months (2-67). 2-year OS and DFS was 80% and 66% respectively. Median overall survival not reached. The complete response rate was 79% in primary tumor and 83% in the nodal volume receiving SIB. 18% patients had locoregional relapse after initial treatment where 19% developed distant metastasis. Most common site of metastasis was lungs followed by liver. Significant association was seen between lymph node size and response to treatment. Mean lymph node diameter of those with complete, partial, no response was 1.6, 2.5, 4.7cm respectively (p value 0.009). 7 patients (6.3%) developed grade three toxicity, 30 patients (27%) developed grade two or above acute toxicity. 5 patients developed fistula.

CONCLUSION:

Although follow up of the patients in this study is ongoing, the results of this analysis suggest that treatment with Simultaneous Integrated boost to lymph node positive cervical cancer patients has encouraging clinical outcomes and local control with acceptable toxicity.



Hamed Muhamed Hamed Abdelma'aboud Mostafa

Faculty of medicine, AlAzher University, Egypt.

Abstract Submitted.

Topic: Characteristics and Survival of Kidney Tumors; A 44-Year Analysis for over 100,000 Patients.

Co- Authors Full Names: Maha H Morsil, Saad Ashraf ALsaad 2, Belal M Fahmy 3 , Hamed Abdel-Ma'aboud Mostafa4 , Ibrahim Serag 5, Neveen Refaey6, Fatma Yasser 7 , Mohamed Abdalla8 , Ahmed Negida

Abstract Description:

We queried the Surveillance, Epidemiology and End Results SEER 17 (previously 18) registry from the National Cancer Institute for all primary kidney tumors diagnosed from 1975 to 2019. We describe primary kidney tumors histopathology and demographics, causes of death comparing characteristics and survival of these patients by method of diagnostic confirmation, histopathological type, era of diagnosis and tumor stage. From all cases of cancer in patients with known age registered in SEER (159,193,310 patients) , we identified 117830 patients with primary kidney tumours (8.7%). The percentage of primary kidney tumors diagnosis has increased over time (16.9% in 1973-1989, 31.5% n 2012-2019). Most patients were white men with median age at diagnosis of 65 years. The most common primary kidney tumours are renal cell carcinoma (37.2%) followed by clear cell adenocarcinoma and papillary adenocarcinoma NOS (34.6%). Most patients were diagnosed by Positive histology (87.3%). According to cause of death site score (COD) , 27.1% of patients died due to cause related to kidney and renal pelvis, 7.6% died due to heart disease and 40.9 were alive. . An overall median for survival time is 94 months. Survival improved from era of 1973-1989 with median of 44 months to era of 2000-2011 with median 111 months while the median of survival time dropped in era between 2012 to 2019 with median of 69 months (log-rank $P < 0.001$). Black women patients had better survival than white men (log-rank $P < 0.001$). Osseous and chondromatous neoplasms are the most lethal primary kidney tumor with median survival time of 3 months followed by epithelial neoplasms, NOS which had a median survival time of 4 months (log-rank $P < 0.001$). Patients diagnosed by positive pathology had the best survival time of median survival time of 115 months compared to patients diagnosed by other methods (log-rank $P < 0.001$).



Ouafae Chfik

Faculty of medicine, AlAzher University,
Egypt.

Abstract Submitted.



Topic: CTV to PTV margins based on CBCT method for prostate cancer of Patients treated with VMAT technique.

Abstract:

Background: patient repositioning in treatment radiotherapy is the main factor of target missing to irradiation. However additional margin is necessary to consider the uncertainties created along and around X, Y and Z axis.

Methods: set-up and random errors were calculated in translational and rotational axis for a sample of 20 prostatic patients; using daily IGRT-CBCT method. The aim of this study was to determine the additional margin that should be added from clinical target volume (CTV) to prevent toxicity and increase the irradiation precision in radiotherapy. The van Hark formula ($PTV\ margin = 2.5\Sigma + 0.7\sigma$) was used for all patients to perform PTV margin for prostatic localization.

Results: the research performed for a sample of 20 consecutive patients. With respect to systematic error along the lateral axis, longitudinal and anterior-posterior was 2.32, 2.42 and 3.54 respectively. The Random error was 1.82, 2.19 and 1.76° along lateral axis, longitudinal and anterior-posterior respectively. The rotational systematic error was 1.49, 2.04 and 2.14° around lateral, longitudinal and anterior-posterior axis respectively. The Random error was 1.78, 1.75 and 1.63° around lateral, longitudinal and anterior-posterior axis respectively. The calculated safety margin to cover clinical target (CTV) volume taking the prostate variability into account measured 7.55, 8.08 and 10.79 mm for lateral, longitudinal and anterior posterior respectively and 7 mm would be enough in the posterior side. Rotational set-up errors for almost 95% of patients were between -2° and 2°.

Conclusion: The calculated safety margin in all direction was smaller than 1 cm except in anterior side that would be 1 cm or more.



Aiman Ibrahim

Kings College London.

Abstract Submitted.

Topic: Cervical smears; an uphill battle.

Co- Author: Nedah Simeen

Background:

Regular cervical screening, detects high-risk HPV, linked to over 99% of cases. The NHS England screening program reports to save 5,000 lives yearly. However, NHS data shows a decline in screening attendance, from over 72% in March 2020 to 69.9% in March 2022 for those aged 25 to 64. Regional figures in Northwest mirror this trend.

Aim(s)

This study aims to understand barriers preventing females from taking the cervical smear test. A secondary aim was to improve the rate of cervical smear update of female patients in the GP practice.

Methods

All females in a GP practice in Northwest of England with an overdue a smear test (479/1150) were phoned enquiring about their overdue smear. A subsequent follow-up gauged the impact of the intervention on screening rates. The same individual phoned everyone in the cohort with a written script to avoid risk of bias and individuals were only called once. Rush hour and school pick up times were avoided when calling.

Results

197 (41.1%) responded to the phone call of which 155 (78.6%) were accurately eligible for a smear test. 32 (17.3%) stated they were too busy with other commitments to book the test. 20 (12.9%) mentioned they were uncomfortable or anxious about the process. 18 individuals (11.2%) struggled with a language barrier during the conversation and had their family translate. Overall, 141 (91.0%) of patients agreed to receiving a booking link for the smear test. Upon review in December 2023, only 16 (11.3%) had undergone a smear test.

Conclusion

This study highlights various reasons for which women may not attend their smear test, most commonly being busy with work and children. This can be reflected nationally due to all women in the inclusion criteria being of working age and pre-menopausal. Whilst phone calls didn't appear to be a useful way to increase cervical smear uptake other interventions such as weekend and out of hours smear test services; in person consultations to address concerns and multilingual forms of communications involving local cultural communities may be tried to improve uptake.

***Corresponding Author's Biography:**

Aiman Ibrahim is a final year medical student at Kings College London, UK. She has been presented research in over 10 national and international conferences and is keenly interested in public health and global surgery. Currently being the advocacy lead of the UK global surgery group Incision she has been aiming to shed light on common barriers faced by minority groups and wants to help work towards improving equity in global surgery.



Alyaa Mohamed Juma Al Mughairy

The Royal Hospital, Oman.

Abstract Submitted.

Topic: Upfront Blinatumomab As Consolidation Bridge To Maintenance Chemotherapy In A Child with Down Syndrome and B- Cell Acute Lymphoblastic Leukemia.

Introduction:

Acute B- Cell lymphoblastic leukemia (B-ALL) is the most common childhood cancer. The survival outcome of childhood leukemia has markedly improved over the last few decades. Chemotherapy related toxicity remains a challenge particularly in children with down syndrome (DS), leading to treatment delays. Blinatumomab, a bispecific T-Cell engager. It exerts its Anti-leukemic effect by selective targeting of the CD19 antigen on B-cells. It is a standard treatment for relapsed adult and pediatric B-ALL with acceptable toxicity profile. It's role as upfront treatment is currently being studied. Here I report case with DS B-ALL who received Blinatumomab upfront as consolidation bridge to maintenance chemotherapy. To my knowledge, this is the first case with down syndrome B-ALL who sustains remission with tolerability to blinatumomab as consolidation bridge to maintenance chemotherapy following life threatening chemotherapy related toxicity.

A case summary:

A 5 years old girl with down syndrome and a diagnosis of B-ALL, she received standard ALL treatment as per UKALL regimen A. End of induction bone marrow showed sustained remission (MRD test was not available). During induction phase of treatment, she developed two episodes of septic shock requiring intensive care admission. Post induction she had prolonged bone marrow suppression & grade 3-4 mucositis. Start of consolidation phase of treatment was delayed. Upon recovery she continued consolidation treatment with multiple interruptions due to recurrence of grade three mucositis, profound myelosuppression, & fungal chest infection necessitating intensive care admission despite reduced doses of treatment.

Through compassionate access, she received one cycle of blinatumomab upfront as consolidation bridge to maintenance chemo-therapy as individualized therapeutic approach. She developed grade one cytokine release syndrome on day one of infusion treated symptomatically with antipyretics. She received monthly intravenous immunoglobulin G during maintenance chemotherapy for recurrent viral pneumonia. She is presently Six months off treatment in sustained. This patient was the first patient to receive blinatumomab in our institution and the only patient who received it upfront for chemotherapy intolerance. The introduction of Blinatumomab required training of healthcare providers & allied health. A local Blinatumomab guideline as was implemented to ensure standard practice.

Conclusion:

Upfront Blinatumomab as consolidation bridge to maintenance chemotherapy in patients intolerant to standard treatment is effective and safe option. This can be considered in children with down syndrome and B-ALL who are at increased risk of chemotherapy related toxicity. Our patient sustained remission to date. The successful introduction of immunotherapy for this patient has encouraged the utilization of blinatumomab as standard treatment for relapsed B-ALL in our local institution.

Author's Biography: Pediatrics Hematology Oncology Consultant at the Royal Hospital, Muscat, Oman. MD from Oman Medical college with honors (2010). General pediatrics Residency specialty at Oman medical specialty board (2015). Pediatrics hematology oncology fellowship at the hospital for sick children, University of Toronto (2020). Qualifications and leading clinical skills in benign Hematology and oncology. Focused clinical practice in benign Hematology & Leukemia, with specific interest and expertise in bleeding disorders and thrombosis. Participated in multiple international conferences. Introduced multiple local protocol guidelines. Introduced advanced novel therapeutic treatments in the field of hematology.



Dr Rajitha Lokadasan

Consultant Medical Oncologist,
NMC Specialty Hospital, Abu Dhabi.

Abstract Submitted.

Topic: Neoadjuvant Immunotherapy in advanced Rectal Cancer.

Abstract description :

Despite innovative advancements, the management of distal rectal carcinoma remains a challenge. The close proximity of the tumor to urogenital structures makes the surgery complicated. Most of these tumors receive neoadjuvant chemoradiation followed by surgery. As a result patients are often susceptible to complications like stoma, fecal incontinence, sexual and urinary dysfunction and pelvic pain. In March 2023, the FDA announced a groundbreaking development for locally advanced carcinoma rectum with high microsatellite instability – a novel immunotherapy drug Dostarlimab. Later the same results were demonstrated for another immunotherapy drug Pembrolizumab. Many refer these novel immunotherapeutic agents as a parachute for its transformative impact in cancer care.

A case summary:

47-year-old lady underwent evaluation for rectal bleeding and low back pain of 6 months duration. Physical examination revealed a bulky mass just above the anal verge, with an indistinct upper border. A colonoscopy conducted in May 2023 identified an ulceroproliferative growth originating from the anal verge, and subsequent biopsy confirmed moderately differentiated adenocarcinoma with high microsatellite instability. The CEA was measured at 3.68. Pelvic MRI in June 2023 the tumor situated 8.0mm from the anal verge, involving the left levator ani muscle, left external sphincter and adherent to the vaginal wall. There were multiple mesorectal nodes and non-regional nodal metastases in the external iliac region. Our patient received neoadjuvant immunotherapy with Pembrolizumab, resulting in a completed metabolic response as evidenced by a follow up PET scan and colonoscopy. She is planned for continuation of the 6 months immunotherapy course, followed by regular surveillance. This remarkable response has enabled our patient to avoid the toxicities of radiation, chemotherapy and the moribund surgery, offering hope for improved outcome and quality of life.

Author's Biography:

Dr. Rajitha brings over a decade of invaluable experience in Oncology to her role as a Medical Oncologist and Hemato-oncologist at NMC Specialty Hospital in Abu Dhabi. She maintains a high level of medical expertise, staying abreast of the latest advancements in research and treatment options within the dynamic field of oncology.

She completed her MBBS and MD (General Medicine) at Government Medical College, Kerala, India. She pursued advanced training, obtaining a DM (Medical Oncology) from the Regional Cancer Centre, Kerala, India. Her early professional contributions were at the Regional Cancer Centre, where she served as a Consultant in Medical Oncology. In addition to her clinical role, she actively engaged in training DM students. Later, she brought her expertise to the tertiary care institute KIMS, Trivandrum. There she played a pivotal role in the care of solid tumors and hematological malignancies. Notably, she contributed significantly to the success of a bone marrow transplantation unit at KIMS. Her role as a physician clinical supervisor to MRCP trainees showcased her commitment to mentorship.

At present she works as medical Oncologist in NMC specialty hospital, Abu Dhabi where her professional profile reflects not only her clinical expertise but also her dedication to effective communication, patient-centered care, and a holistic approach to oncology.



Iman Aldybiat

CAP-Paris Tech., INSERM U1275, Paris University,
Lariboisière Hospital, Paris France.

Abstract Submitted.



Topic: Interruption of cancer cells attachment to the fibrin deposits on the peritoneum surface through Icodextrin anti-adherence molecule.

Background:

Recurrence and intra-abdominal tumor cell spread are major concerns for abdominal peritoneal metastasis in ovarian, colon or gastric cancer. Previous studies established an increase of recurrence risk and any tissue traction or peritoneal damage.

Aim of the study : Evaluation of the role of Icodextrin molecule on cancer cell implantation at injured peritoneum.

Material and method: Thirty Balb /C mice were divided into three groups. All three groups had a tumor graft by 10⁵ CT26 murine colon cancer cells intraperitoneally injection. The second also had peeling on the peritoneal wall and the third had injury induction and anti-adhesion injection (icodextrin 4%). Mice were sacrificed after three weeks and the peritoneal membranes were fixed using 4% formaldehyde or by critical point drying (CPD). Samples were observed using an SEM FEG ZEISS. The interaction between CT26 cancer cells and generated fibrin were profoundly investigated.

Results: In the scarred area, induced by incision during surgery or by ell peeling, the fibrin network is a major identified element by electron microscopy. We demonstrated that a fiber network was deposited on the peritoneal wall and the cancer cells were adhering to fibrin deposits on the cicatrice zone. In addition, the tumor nodule can be seen on the peritoneal surface surrounded by fibrin deposition as well as inside the nodules which means that the fibrin is an element of the nodule matrix. To cross the fibrin net, cancer cells showed an fibrinolytic activity. Icodextrin had decreased the fibrin - cancer cell interaction and adhesion to the peritoneum.

Conclusion: These results suggest that the scarred areas are associated with fibrin deposits where cancer cells adhere and proliferate. Given the limitation of using anti-thrombin or plasminogen to inhibit fibrin formation, the application of icodextrin to disrupt the interaction between cancer cells and fibrin may offer a potential avenue for reducing cancer cell metastasis.