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PROCEEDINGS OF

19th Euro Congress on CANCER SCIENCE AND THERAPY

&

25th CANCER NURSING & NURSE PRACTITIONERS CONFERENCE

JULY 17-19, 2017 LISBON, PORTUGAL

Conference Series - America
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Scientific Program

Day 1 July 17, 2017

08:00-09:00 Registrations

Descobrimentos

conferenceseries.com **09:00-09:30** **Opening Ceremony**

Keynote Forum

09:30-09:35	Introduction
09:35-10:15	Title: The natural history of breast cancers **Alvaro Macieira-Coelho**, French National Institute of Health (INSERM), France
10:15-10:55	Title: Hormonal pathology of the endometrium and endometrial neoplasia **Liane Deligdisch**, Icahn School of Medicine at Mount Sinai, USA

Networking & Refreshments 10:55-11:10 @ Foyer

11:10-11:50	Title: Development of an oncology clinical research nursing consulting: A matter of safety **Tatiana Massarrah**, Gregorio Maranon Hospital, Spain
11:50-12:30	Title: Breast cancer and personalized medicine: Advances, conundrums and novel therapeutic interventions **Sherry A Bradford**, AccuTheranostics, Inc., USA
12:30-13:10	Title: Fertility sparing Surgery in Treatment of Early Stage of Cervical Cancer **Aleksandar Stefanovic**, Clinical Center of Serbia, Serbia

Group Photo

Lunch Break 13:10-14:10 @ Restaurant

Sessions: Organ Defined Cancers | Cancer Genetics | Cancer Biomarkers | Cancer Therapy & Treaments | Cancer Nursing

Session Chair: Nyla A Heerema, The Ohio State University Wexner Medical Center, USA
Session Co-chair: Audrey Claing, Montreal University, Canada

Session Introduction

14:10-14:35	Title: CpG simulated karyotypic analysis of chronic lymphocytic leukemia (CLL) is a significant prognostic factor and should be performed on all patients **Nyla A Heerema**, The Ohio State University Wexner Medical Center, USA
14:35-15:00	Title: Evolution of a system for surgical treatment of adenocarcinomas **Charles L Hitchcock**, The Ohio State University, USA
15:00-15:25	Title: Creating the best clinical and economic evidence to assist decision-making in urological cancers **Alice Dragomir**, McGill University, Canada
15:25-15:50	Title: Unraveling the full role of P-glycoprotein in multidrug resistant cancers **M Helena Vasconcelos**, University of Porto, Portugal
15:50-16:15	Title: ARF proteins as new molecular targets for the treatment of invasive breast cancer **Audrey Claing**, Montreal University, Canada

Networking & Refreshments 16:15-16:30 @ Foyer

Video Presentation

16:30-16:55	Title: Efficacy of aloe-vera-gel topical application on radiation-induced-mucositis in head-and-neck-malignancy: A double-blind, randomised clinical trial in Mumbai, India **Rita Lakhani**, Krishna University of Health Sciences, India
16:55-17:20	Title: An investigation in the role of noncoding RNA's in epithelial mesenchymal transition (EMT) in prostate cancer **Hirendra Nath Banerjee**, University of North Carolina, USA
17:20-17:45	Title: Challenges of therapeutical options in treatment of early stages of endometrial cancer **Katarina Jeremic**, University of Belgrade, Serbia

17:45-18:10	**Title: Do breast cancer units treat patients based on their own neoadjuvant protocols ?** **Vasco Fonseca,** Centro Hospitalar Lisboa Ocidental, Portugal
	Panel Discussion

Day 2 July 18, 2017

Descobrimentos

Keynote Forum

09:30-09:35	Introduction
09:35-10:15	**Title: Role of the proinflammatory cytokine IL-1b in breast cancer progression to malignancy** **Isaura Meza,** CINVESTAV, Mexico
10:15-10:55	**Title: Why is early psychosocial screening important in pediatric cancer?** **Maru Barrera,** Dept. of Psychology and Division of Hematology/Oncology, Canada
	Networking & Refreshments 10:55-11:10 @ Foyer
11:10-11:50	**Title: Preventing chemotherapy-induced onycholysis-A double blind, randomised trial of a polyphenol rich nail bed – The UK polybalm study** **Robert Thomas,** Bedford and Addenbrooke's Cambridge University Hospitals, UK

Sessions: Cancer Therapeutics | Cancer Nursing | Cancer Biology | Cancer Management & Prevention

Session Chair: Robert Thomas, Bedford and Addenbrooke's Cambridge University Hospitals, UK

Session Co-chair: Shanmugasundaram Ganapathy Kanniappan, Johns Hopkins University, USA

Session Introduction

11:50-12:15	**Title: Tumor glycolysis-The stygian link between two hallmarks of cancer and novel therapeutic opportunities** **Shanmugasundaram Ganapathy Kanniappan,** Johns Hopkins University, USA
12:15-12:40	**Title: Using 'zero-ischemia' and 'sutureless' techniques to implement laparoscopic partial nephrectomy with holmium laser** **Qi-Fei Wang,** The First Affiliated Hospital of Dalian Medical University, China

Poster Presentation 12:40-13:10 @ Infante Hall

Poster Judge: Maru Barrera, Dept. of Psychology and Division of Hematology/Oncology, Canada

CS 01	**Title: Evaluation of early treatment response using dynamic MRI of drug-eluting beads transarterial chemoembolization for hepatocellular carcinoma** **Kuniaki Arai,** Kanazawa University Hospital, Japan
CS 02	**Title: Novel strategy to cure cancer** **Adnan Yousif Rojeab,** London College UCK, UK
CS 03	**Title: New opportunities for use of novel, small-molecule PERK inhibitors** **Wioletta Rozpędek,** Medical University of Lodz, Poland
CS 04	**Title: Can P-glycoprotein (P-gp) be involved in the release of larger extracellular vesicles by multidrug resistant cells?** **M Inês Silva,** University of Porto, Portugal
CS 05	**Title: Is the dissemination of cancer multidrug resistance phenotype influenced by the shedding of extracellular vesicles by resistant tumor cells?** **Diana Sousa,** University of Porto, Portugal
CS 06	**Title: Investigating the cell growth inhibitory effect of an aqueous extract from Achillea millefolium L. in human tumor cell lines** **Joana Pereira,** University of Porto, Portugal
CS 07	**Title: SHP inhibits lung cancer progression by coordinating cellular metabolism** **Liyun Shi,** Hangzhou Normal University School of Medicine, China
CS 08	**Title: Apoptosis induced by Paclitaxel is dependent of BimEL interactome in triple negative breast cancer cells** **Gina Marcela Méndez-Callejas,** University of Applied and Environmental Sciences, Colombia

CS 09	**Title: Handling of solid health wastes and its risks: Oncology ambulatory** **Maria Isabel da G. S. Ramos,** University of Cape Verde, Africa
	Lunch Break 13:10- 14:10 @ Restaurant
14:10-14:35	**Title: Novel strategy to cure cancer** **Adnan Yousif Rojeab,** London College UCK, UK
14:35-15:00	**Title: Lifestyle after cancer to reduced toxicity and improved outcomes – What evidence based strategies should we be advising patients?** **Robert Thomas,** Bedford and Addenbrooke's Cambridge University Hospitals, UK
15:00-15:25	**Title: Communication network mediated by exosomes as a new therapeutic target for pancreatic cancer** **Sonia A Melo,** University of Porto, Portugal
	Young Researchers Forum
15:25-15:45	**Title: Protein expression profiling of sorafenib-resistant human renal cancer stem-like cells in three-dimensional *in vitro* model** **Zofia Felicja Bielecka,** Warsaw Medical University, Poland
	Networking & Refreshments 15:45-16:00 @ Foyer
16:00-16:20	**Title: Identification and functional evaluation of LRIG1-interacting proteins** **Mahmood Faraz,** Umea University, Sweden
16:20-16:40	**Title: ExoNet-Intratumor communication network mediated by exosomes in pancreatic cancer** **Carolina F Ruivo,** Institute for Research and Innovation in Health, Portugal
16:40-17:00	**Title: Intercellular communication mediated by exosomes as a new therapeutic target for pancreatic cancer** **Nuno Bastos,** University of Porto, Portugal
	Poster Presentation 17:00-17:30 @ Infante Hall
	Poster Judge: Maru Barrera, Dept. of Psychology and Division of Hematology/Oncology, Canada
CS 10	**Title: ITM2A, a frequently down-regulation in epithelial ovarian cancer, enhance anti-tumor effects and chemosensitivity of ovarian cancer** **So Young Kim,** Chungbuk National University, South Korea
CS 11	**Title: Therapeutic effect of double administration of anti-cancer drugs with carboxylesterase-engineered neural stem cells in liver cancer** **Sung S Choi,** Chung-Ang University College of Medicine, South Korea
CS 12	**Title: Influence of a multidisciplinary post-breast cancer rehabilitation program on lifestyle and behavior faced with physical activities** **Leclerc Anne-France,** University Hospital Centre of Liege, Belgium
CS 13	**Title: LRIG1-interacting proteins required for in vitro PDGFRA downregulation function** **Mahmood Faraz,** Umea University, Sweden
CS 14	**Title: Targeting tumor cells based on phosphodiesterase 3A (PDE3A) expression** **Madiha Nazir,** Uppsala University, Sweden
CS 15	**Title: Evaluation of cationic channel TRPV2 as a novel biomarker and therapeutic target in leukemia-implications concerning the resolution of pulmonary dysfunction** **Fouad Azizi,** Hamad Medical Corporation, Qatar
CS 16	**Title: The network biology of microtubule-targeting agents** **Andrés Julián Gutiérrez-Escobar,** University of Applied and Environmental Sciences, Colombia
CS 17	**Title: Blocking WNT5A-interleukin-6-loop as an effective strategy to impair the invasive migration of BRAF-inhibitor (BRAFi) resistant melanoma cells** **Purusottam Mohapatra,** Lund University, Sweden
	Panel Discussion
	Day 3 July 19, 2017
	Extended Networking & Lunch 12:30-13:30 @ Restaurant
	Closing Ceremony

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JBR Journal of Interdisciplinary Medicine and Dental Sciences	2376-032X
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Kidney Transplant	-
La Prensa Medica	0032-745X
Laser Surgery and Therapy	-
Leukemia	2329-6917
Liposuction	-
Liver	2167-0889
Liver: Disease & Transplantation	2325-9612
Lung Cancer Diagnosis & Treatment	-
Lung Diseases & Treatment	-
Malaria Control & Elimination	2090-2778
Maternal and Pediatric Nutrition	-
Medical & Surgical Pathology	-
Medical & Surgical Urology	2168-9857
Medical and Clinical Reviews	-
Medical Case Reports	-
Medical Diagnostic Methods	2168-9784
Medical Toxicology and Clinical Forensic Medicine	-
Melanoma and Skin Diseases	-
Mental Health in Family Medicine	2327-4972
Mental Illness and Treatment	-
Metabolic Syndrome	2167-0943
Molecular & Medical Histology	-
Molecular Medicine & Therapeutics	2324-8769
Neonatal Biology	2167-0897
Neonatal Studies	-
Neonatal Medicine	-
Neoplasm	-
Nephrology & Therapeutics	2161-0959
Neurobiotechnology	-
Neuroinfectious Diseases	2314-7326
Neurooncology: Open Access	-
Neurosurgery & Cardiac Surgery	-
Novel Physiotherapies	2165-7025
Nuclear Medicine & Radiation Therapy	2155-9619
Nutritional Disorders & Therapy	2161-0509
Obesity & Eating Disorders	-
Obesity & Weight Loss Therapy	2165-7904
Occupational Medicine Health Affairs	2329-6879
Omics Journal of Radiology	2167-7964
Oncology & Cancer Case Reports	-
Oncology Translational Research	-
Oral Health and Dental Management	2247-2452
Oral Health Case Reports	-
Oral Hygiene & Health	2332-0702
Orthodontics & Endodontics	-
Orthopedic & Muscular System: Current Research	2161-0533
Orthopedic Oncology	-
Osteoporosis & Physical Activity	2329-9509
Otolaryngology:Open Access	2161-119X
Otology & Rhinology	2324-8785
Pain & Relief	2167-0846
Pain Management & Medicine	-
Palliative Care & Medicine	2165-7386
Pancreatic Disorders & Therapy	2165-7092
Pediatric Care	-
Pediatric Dental Care	-
Pediatric Emergency Care and Medicine- Open Access	-
Pediatric Nephrology Practice	-
Pediatric Neurology and Medicine	-
Pediatric Nursing: Open Access	-
Pediatric Oncology: Open Access	-
Pediatric Physiotherapy	-
Pediatric Psychology and Psychiatry	-
Pediatrics & Therapeutics	2161-0665
Periodontics and Prosthodontics: Open Access	-
Pigmentary Disorders	2376-0427
Prevention Infection Control: Open Access	-
Preventive Medicine	-
Primary & Acquired Immunodeficiency Research	2324-853X
Prostate Cancer	-
Psoriasis & Rosacea Open Access	-
Psychiatry	2378-5756
Psychological Abnormalities in Children	2329-9525
Psychology & Psychotherapy	2161-0487
Pulmonary & Respiratory Medicine	2161-105x
Rare Disorders & Diseases	-
Regenerative Medicine	2325-9620
Reproductive Endocrinology & Infertility	-
Reproductive System & Sexual Disorders	2161-038x
Research & Reviews: Journal of Dental Sciences	2320-7949
Research & Reviews: Journal of Medical and Health Sciences	2319-9865
Research Journal of Biology	2322-0066
Sleep Disorders & Therapy	2167-0277
Sleep Disorders : Treatment & Care	2325-9639
Spine	2165-7939
Spine & Neurosurgery	2325-9701
Spine Research	-
Sports Medicine & Doping Studies	2161-0673
Sports Nutrition and Therapy	-
Steroids & Hormonal Science	2157-7536
Stroke Research & Therapy	-
Journal of Surgery [Jurnalul de Chirurgie]	1584-9341
Surgery: Current Research	2161-1076
The Headache Journal	-
The International Journal of Apitherapy	-
The Pancreas	1590-8577
Therapeutic Care and Physical Rehabilitation	-

Thrombosis and Circulation	-
Thyroid Disorders & Therapy	2167-7948
Translational Medicine	2161-1025
Transplant Reports : Open Access	-
Transplantation Technologies & Research	2161-0991
Trauma & Acute Care	-
Trauma & Treatment	2167-1222
Traumatic Stress Disorders & Treatment	2324-8947
Tropical Medicine & Surgery	2329-9088
Tumor Diagnostics and Reports	-
Universal Surgery	2254-6758
Vascular Medicine & Surgery	2329-6925
Vitiligo & Dermatomyositis	-
Voice Medicine & Surgery	-
Women's Health Care	2167-0420
Wound Medicine and Tissue Repair	-
Yoga & Physical Therapy	2157-7595

Microbiology

Advances in Influenza Research	-
Antimicrobial Agents	-
Antivirals & Antiretrovirals	1948-5964
Applied Microbiology: Open Access	-
Archives of Clinical Microbiology	1989-8436
Bacteriology and Parasitology	2155-9597
Clinical Infectious Diseases & Practice	-
Clinical Microbiology: Open Access	2327-5073
Colitis & Diverticulitis	-
Emerging Infectious Diseases	-
Fermentation Technology	2167-7972
Fibromyalgia: Open Access	-
Forensic Pathology	-
Hepatitis	-
Human Papillomavirus	-
Infectious Diseases and Diagnosis	-
Infectious Diseases and Therapy	2332-0877
Medical Microbiology & Diagnosis	2161-0703
Medical Mycology: Open Access	-
Meningitis	-
Mycobacterial Diseases	2161-1068
Pediatric Infectious Diseases: Open Access	-
Research & Reviews: Journal of Microbiology and Biotechnology	2320-3528
Research & Reviews: Journal of Inflammation	-
Research & Reviews: Journal of Pathology & Epidemiology	-
Virology & Mycology	2161-0517

Neuroscience

Addiction Research & Therapy	2155-6105
Alzheimers Disease & Parkinsonism	2161-0460
Autism-Open Access	2165-7890
Brain Disorders & Therapy	2168-975X
Child & Adolescent Behavior	2375-4494
Clinical & Experimental Neuroimmunology	-
Dementia & Mental Health	-
Epilepsy Journal	-
Insights in Clinical Neurology	-
International Journal of Neurorehabilitation	2376-0281
Multiple Sclerosis	2376-0389
Neurological Disorders	2329-6895
Neurology & Neurophysiology	2155-9562
Neurology and Neuroscience	2171-6625
Neuropsychiatry	-
Neuroscience & Clinical Research	-
Schizophrenia Journal	-

Health Care & Nursing

Advanced Practices in Nursing	-
Community & Public Health Nursing	-
Nursing & Care	2167-1168
Nursing & Clinical Research	-
Patient Care	-
Perioperative & Critical Intensive Care Nursing	-
Research & Reviews: Journal of Nursing and Health Sciences	-

Pharmaceutical Sciences

Advances in Pharmacoepidemiology & Drug Safety	2167-1052
Alcoholism & Drug Dependence	2329-6488
Bioanalysis & Biomedicine	1948-593X
Biochemistry & Pharmacology: Open Access Journal	2167-0501
Bioequivalence & Bioavailability	0975-0851
Biomarkers in Drug Development	2327-4441
Biomarkers Journal	-
Biomolecular Research & Therapeutics	2167-7956
Cardiovascular Pharmacology: Open Access	2329-6607
Clinical & Experimental Pharmacology	2161-1459
Clinical Pharmacology and Biopharmaceutics	2167-065X
Current Trends in Nutraceuticals	-
Developing Drugs	2329-6631
Diagnostic Techniques & Biomedical Analysis	-
Drug Designing: Open Access	2169-0138
Drug Metabolism & Toxicology	2157-7609
in Silico & in Vitro Pharmacology	-
Molecular Enzymology and Drug Targets	-
Molecular Pharmaceutics & Organic Process Research	2329-9053
Pharmaceutica Analytica Acta	2153-2435
Pharmaceutical Care & Health Systems	2376-0419
Pharmaceutical Microbiology	-
Pharmaceutical Regulatory Affairs: Open Access	2167-7689
Pharmaceutical Sciences & Emerging Drugs	-
Pharmaceutics & Drug Delivery Research	2325-9604
Pharmacoeconomics: Open Access	-
Pharmacogenomics and Pharmacoproteomics	2153-0645
Pharmacognosy & Natural Products	-
Pharmacokinetics & Experimental Therapeutics	-
Pharmacological Reports	-
Pharmacovigilance	2329-6887
Research & Reviews: Journal of Hospital and Clinical Pharmacy	-
Research & Reviews: Journal of Pharmaceutical Analysis	2320-0812
Research & Reviews: Journal of Pharmaceutical Quality Assurance	-
Research & Reviews: Journal of Pharmaceutics and Nanotechnology	2347-7857
Research & Reviews: Journal of Pharmacognosy and Phytochemistry	2321-6182
Research & Reviews: Journal of Pharmacy and Pharmaceutical Sciences	2320-1215
Virology & Antiviral Research	2324-8955

Physics

Astrophysics & Aerospace Technology	2329-6542
Research & Reviews: Journal of Pure and Applied Physics	2320-2459
Vortex Science and Technology	2090-8369

Social & Political Sciences

Anthropology	2332-0915
Arts and Social Sciences Journal	2151-6200
Civil & Legal Sciences	2169-0170
Forensic Anthropology	-
Global Media Journal	1550-7521
Intellectual Property Rights: Open Access	2375-4516
Mass Communication & Journalism	2165-7912
Political Science & Public Affairs	2332-0761
Research & Reviews: Journal of Educational Studies	-
Research & Reviews: Journal of Social Sciences	-
Socialomics	2167-0358
Sociology & Criminology	2375-4435

Veterinary Sciences

Animal Nutrition	-
Primatology	2167-6801
Research & Reviews: Journal of Veterinary Sciences	-
Research & Reviews: Journal of Zoological Sciences	2321-6190
Veterinary Science & Medical Diagnosis	2325-9590
Veterinary Science & Technology	2157-7579

Impact Factors* (IF)

Journal Name	Pubmed Short Name	Impact Factor
Biological Systems: Open Access	Biol Syst Open Access	0.76
Journal of Biotechnology & Biomaterials	J Biotechnol Biomater	1.94
Journal of Psychology & Psychotherapy	J Psychol Psychother	1.3
Advanced Techniques in Biology & Medicine	Adv Tech Biol Med	1.08
AIDS & Clinical Research	J AIDS Clin Res	2.7
Autism Open Access	Autism Open Access	3.52
Biochemistry & Physiology: Open Access	Biochem Physiol	1.03
Diversity Equality in Health & Care	Divers Equal Health Care	2.49
Drug Designing: Open Access	Drug Des	6
Fungal Genomics & Biology	Fungal Genom Biol	1.15
International Journal of Genomic Medicine	Int J Genomic Med	0.67
Journal of Addiction Research & Therapy	J Addict Res Ther	2.86
Journal of Alzheimers Disease & Parkinsonism	J Alzheimers Dis Parkinsonism	1.18
Journal of Fertilization: In Vitro	JFIV Reprod Med Genet	1
Journal of Genetic Syndromes & Gene therapy	J Genet Syndr Gene Ther	2.34
Journal of Microbial & Biochemical Technology	J Microb Biochem Technol	2.5
Journal of Nursing & Care	J Nurs Care	1.6
Journal of Osteoporosis and Physical Activity	J Osteopor Phys Act	0.66
Journal of Yoga & Physical Therapy	J Yoga Phys Ther	1.17
Molecular Biology	Mol Biol	1.85
Neurology & Neurophysiology	J Neurol Neurophysiol	0.77
Primary health care	Prim Health Care	1
Quality in Primary Care	Qual Prim Care	3.88
Tissue Science & Engineering	J Tissue Sci Eng	2.72
Biochemistry & Analytical Biochemistry	Biochem Anal Biochem	2.6
Molecular and Genetic Medicine	J Mol Genet Med	2.89
Advancements in Genetic Engineering	Adv Genet Eng	1
Enzyme Engineering	Enz Eng	2.3
Depression and Anxiety	J Depress Anxiety	1
Human Genetics & Embryology	Human Genet Embryol	1.2
Current Synthetic and Systems Biology	Curr Synthetic Sys Biol	0.8
Hereditary Genetics: Current Research	Hereditary Genet	1.2
International Journal of Emergency Mental Health and Human Resilience	Int J Emerg Ment Health	6.5
Spine	J Spine	1.9
Cloning & Transgenesis	Clon Transgen	1.5
Journal of Medical Microbiology & Diagnosis	J Med Microb Diagn	1.9
Biosensors Journal	Biosens J	0.33
Defense Management	J Def Manag	0.5
Review of Public Administration and Management	Review Pub Administration Manag	0.2
Single cell biology	Single Cell Biol	1
Gerontology & Geriatric Research	J Gerontol Geriatr Res	1
Neuroinfectious Diseases	J Neuroinfect Dis	2.4
Cell Science & Therapy	J Cell Sci Ther	1.37
Molecular Biomarkers & Diagnosis	J Mol Biomark Diagn	2.1
Brain Disorders & Therapy	Brain Disord Ther	1.6
Clinical Case Reports	J Clin Case Rep	1.2
Gene Technology	Gene Technol	0.83
Socialomics	J Socialomics	2.3
Journal of Trauma and Treatment	J Trauma Treat	0.6
Translational Biomedicine	Transl Biomed	1.06
Journal of Neurology and Neuroscience	J Neurol Neurosci	0.88
Research & Reviews: Journal of Botanical Sciences	J Bot Sci	0.33
Journal of Psychiatry	J Psychiatry	2.32
Anaplastology	Anaplastology	0.73
Tropical Medicine & Surgery	Trop Med Surg	0.4
Orthopedic & Muscular System: Current Research	Orthop Muscular Syst	0.32
Pediatrics & Therapeutics	Pediat Therapeut	1.32
Sports Medicine & Doping Studies	J Sports Med Doping Stud	1.45
Journal of Oral Hygiene & Health	J Oral Hyg Health	0.52
Emergency Medicine	Emerg Med (Los Angel)	0.875
Journal of Transplantation Technologies & Research	J Transplant Technol Res	1.39
Journal of Hypertension: Open Access	J Hypertens (Los Angel)	0.92
International Journal of Waste Resources	Int J Waste Resour	1.95
Surgery: Current research	Surgery Curr Re	0.587
Oral Health and Dental Management	Oral Health Dent Manag	1.23
International Journal of Advancement technology	Int J Adv Tech	5.08
Translational Medicine	Transl Med (Sunnyvale)	1.312
Air and Water Borne Diseases	Air Water Borne Diseases	0.6
Journal of Coastal Zone Management	J Coast Zone Manag	0.54
Biology and Medicine	Biol Med (Aligarh)	3.07
Journal of Bioterrorism and Biodefense	J Bioterror Biodef	0.38
Journal of Tropical Diseases & Public Health	J Trop Dis	0.83
Journal of Surgery	Journal of Surgery [Jurnalul de chirurgie]	0.08
Nephrology & Therapeutics	J Nephrol Ther	0.318
Journal of Fundamentals of Renewable Energy and Applications	J Fundam Renewable Energy Appl	1.41
Advances in Pharmacoepidemiology & Drug Safety	Adv Pharmacoepidemiol Drug Saf	1.37
Bioanalysis & Biomedicine	J Bioanal Biomed	1.67
Biochemistry & Pharmacology: Open Access	Biochem Pharmacol (Los Angel)	2.09
Bioequivalence & Bioavailability	J Bioequiv Availab	1.88
Biomolecular Research & Therapeutics	J Biomol Res Ther	1.67
Cardiovascular Pharmacology: Open Access	Cardiol Pharmacol	1.77
Clinical & Experimental Pharmacology	Clin Exp Pharmacol	1.83
Clinical Pharmacology & Biopharmaceutics	Clin Pharmacol Biopharm	1.69
Data Mining in Genomics & Proteomics	J Data Mining Genomics Proteomics	2
Drug Metabolism & Toxicology	J Drug Metab Toxicol	1.37
Ergonomics	J Ergonomics	1.38
Glycomics & Lipidomics	J Glycomics Lipidomics	1.82
Health & Medical Informatics	J Health Med Inform	1.98
Metabolomics: Open Access	Metabolomics (Los Angel)	3.03
Nanomedicine & Biotherapeutic Discovery	J Nanomedine Biotherapeutic Discov	2.69
OMICS Journal of Radiology	OMICS J Radiol	0.54
Pharmaceutica Analytica Acta	Pharm Anal Acta	1.83
Pharmaceutical Regulatory Affairs: Open Access	Pharm Regul Aff	1.88
Pharmacogenomics & Pharmacoproteomics	J Pharmacogenomics Pharmacoproteomics	1.69
Pharmacovigilance	J Pharmacovigil	2.65
Phylogenetics & Evolutionary Biology	J Phylogenetics Evol Biol	2.76
Proteomics & Bioinformatics	J Proteomics Bioinform	2.55
Advances in Automobile Engineering	Adv Automob Eng	1.750
Advances in Robotics & Automation	Adv Robot Autom	0.813
Arts and Social Sciences Journal	Arts Social Sci J	1.231
Bioceramics Developments and Applications	Bioceram Dev Appl	0.958
Business & Financial Affairs	J Bus & Fin Aff	2.000
Generalized Lie Theory and Applications	J Generalized Lie Theory Appl	1.750
Irrigation & Drainage Systems Engineering	Irrigat Drainage Sys Eng	4.286
Industrial Engineering & Management	Ind Eng Manage	0.474
Aeronautics & Aerospace Engineering	J Aeronaut Aerospace Eng	1.407
Applied & Computational Mathematics	J Appl Computat Math	0.581
Architectural Engineering Technology	J Archit Eng Tech	1.071
Accounting & Marketing	J Account Mark	0.500
Aquaculture Research & Development	J Aquac Res Development	1.272
Bioengineering & Biomedical Science	J Bioeng Biomed Sci	1.235
Biometrics & Biostatistics	J Biomet Biostat	1.272
Biosensors & Bioelectronics	J Biosens Bioelectron	2.137
Civil & Environmental Engineering	J Civil Environ Eng	1.294
Cytology & Histology	J Cytol Histol	0.569
Civil & Legal Sciences	J Civil Legal Sci	0.286
Ecosystem & Ecography	J Ecosyst Ecogr	1.806
Electrical & Electronic Systems	J Elec Electron Syst	0.533
Earth Science & Climatic Change	J Earth Sci Clim Change	2.082
Geography & Natural Disasters	J Geogr Nat Disast	0.800
Hotel & Business Management	J Hotel Bus Manage	1.600
Information Technology & Software Engineering	J Inform Tech Soft Engg	2.789
Molecular Imaging & Dynamics	J Mol Imaging Dynam	2.091

Earth Science & Climatic Change	J Earth Sci Clim Change	2.082
Geography & Natural Disasters	J Geogr Nat Disast	0.800
Hotel & Business Management	J Hotel Bus Manage	1.600
Information Technology & Software Engineering	J Inform Tech Soft Engg	2.789
Molecular Imaging & Dynamics	J Mol Imaging Dynam	2.091
Petroleum & Environmental Engineering	J Pet Environ Biotechnol	2.839
Stock & Forex Trading	J Stock Forex Trad	0.300
Textile Science & Engineering	J Textile Sci Eng	0.667
Tourism & Hospitality	J Tourism Hospit	1.190
Telecommunications System & Management	J Telecommun Syst Manage	0.800
Physical Mathematics	J Phys Math	4.500
Nanomedicine & Nanotechnology	J Nanomed Nanotechnol	4.68
Arabian Journal of Business and Management Review	Arab J Bus Manage Rev	1.42
Research and Reviews: Journal of Engineering and Technology	Engineering and Technology	0.14
Journal of Material Sciences & Engineering	J Material Sci Eng	1.31
Journal of Mass Communication & Journalism	J Mass Communicat Journalism	0.62
Journal of Powder Metallurgy & Mining	J Powder Metall Min	0.71
Journal of Applied Mechanical Engineering	J Appl Mech Eng	1.65
Archives of Clinical Microbiology		0.35
Dentistry	Dentistry	1.22
Journal of Diabetes & Metabolism	J Diabetes Metab	1.77
Otolaryngology: Current Research	Otolaryngol (Sunnyvale)	0.22
Journal of Metabolic Syndrome	J Metabolic Synd	1.27
Journal of Primatology	J Primatol	0.53
Journal of Thyroid Disorders & Therapy	Thyroid Disorders Ther	0.43
Jounal of Novel Physiotherapies	J Nov Physiother	1.24
Journal of Stem Cell Research & Therapy	J Stem Cell Res Ther	2.78
Anatomy & Physiology: Current Research	Anat Physiol	1
Pancreatic Disorders & Therapy	Pancreat Disord Ther	0.54
Journal of Cancer Science & Therapy	J Cancer Sci Ther	4.203
Journal of Biomedical Sciences		0.2
Journal of Nutritional Disorders & Therapy	J Nutr Disord Ther	1.46
Medical & Surgical Urology	Med Surg Urol	0.3
Journal of Biochips & Tissue Chips	J Biochip Tissue Chip	1.7
Journal of Liver	J Liver	0.08
Journal of Family Medicine and Medical Research	Fam Med Med Sci Res	0.78
Gynecology & Obstetrics	Gynecol Obstet (Sunnyvale)	0.52
Journal of Integrative Oncology	J Integr Oncol	1.67
Journal of Neonatal Biology	J Neonatal Biol	0.55
Journal of Glycobiology	J Glycobiology	0.8
Journal of Blood & Lymph	J Blood Lymph	0.12
Journal of Arthritis	J Arthritis	1.87
Journal of Membrane Science & Technology	J Membra Sci Technol	1.18
Medicinal Chemistry	Med Chem (Los Angeles)	2.64
Journal of Physical Chemistry & Biophysics	J Phys Chem Biophys	0.75
Organic Chemistry: Current Research	Organic Chem Curr Res	1.94
Journal of Bioprocessing & Biotechniques	J Bioprocess Biotech	1.74
Journal of Environmental & Analytical Toxicology	J Environ Anal Toxicol	2.58
Journal of Chemical Engineering & Process Technology	J Chem Eng Process Technol	1.21
Journal of Computer Science & Systems Biology	J Comput Sci Syst Biol	1.62
Journal of Analytical & Bioanalytical Techniques	J Anal Bioanal Tech	2.16
Journal of Plant Biochemistry & Physiology	J Plant Biochem Physiol	2.28
Journal of Chromatography & Separation Techniques	J Chromatogr Sep Tech	1.78
Journal of Thermodynamics & Catalysis		0.91
Community Medicine & Health Education	J Community Med Health Educ	1.27
Epidemiology: Open Access	Epidemiology (Sunnyvale)	1.35
Obesity & Weight Loss Therapy	J Obes Weight Loss Ther	0.94
Pain & Relief	J Pain Relief	1.14
Palliative Care & Medicine	J Palliat Care Med	0.88
Steroids & Hormonal Science	J Steroids Horm Sci	0.65
Gastrointestinal & Digestive System	J Gastrointest Dig Syst	0.43
Hair: Therapy & Transplantation		0.6
Andrology	Andrology (Los Angel)	1.16
Endocrinology & Metabolic Syndrome	Endocrinol Metab Syndr	1.12
Internal Medicine		2.48
Sleep Disorders & Therapy	J Sleep Disord Ther	0.5
Nuclear Medicine & Radiation Therapy	J Nucl Med Radiat Ther	0.88
Alternative & Integrative Medicine	Altern Integr Med	1.11
Pulmonary & Respiratory Medicine	J Pulm Respir Med	1.01
Occupational Medicine Health Affairs	Occup Med Health Aff	0.85
Reproductive System & Sexual Disorders	Reprod Syst Sex Disord	1.25
Medical Diagnostic Methods		0.29
Blood Disorders & Transfusion	J Blood Disord Transfus	0.5
General Medicine	Gen Med (Los Angel)	0.86
Bioenergetics: Open Access	Bioenergetics	3.1
Chemotherapy: Open Access	Chemotherapy (Los Angel)	1.8
Clinical & Experimental Pathology	J Clin Exp Pathol	1.54
Carcinogenesis & Mutagenesis	J Carcinog Mutagen	1.9
Clinical Research & Bioethics	J Clinic Res Bioeth	0.95
Vaccines & Vaccination	J Vaccines Vaccin	1.8
Immunome Research	Immunome Res	7.1
Clinical & Experimental Ophthalmology	J Clin Exp Ophthalmol	1.11
Clinical & Experimental Dermotology Research	J Clin Exp Dermatol Res	0.5
Clinical & Experimental Cardiology	J Clin Exp Cardiolog	1.33
Clinical Microbiology: Open Access	Clin Microbiol	0.7
Anesthesia & Clinical research	J Anesth Clin Res	0.7
Mycobacterial Diseases	Mycobact Dis	0.9
Clinical Toxicology	J Clin Toxicol	1.39
Clinical Trials & Research	J Clin Trials	1.33
Antivirals & Antiretrovirals	J Antivir Antiretrovir	1.27
Fermentation Technology	Ferment Technol	3.44
Clinical & Cellular immunology	J Clin Cell Immunol	2.019
Allergy & Therapy	J Allergy Ther	0.762
Bacteriology & Parasitology	J Bacteriol Parasitol	2.025
Rheumatology: Current Research	Rheumatology (Sunnyvale)	1.522
Virology & Mycology	Virol Mycol	0.69
Clinics in Mother and Child Health	Clinics Mother Child Health	0.432
Womens Health Care	J Womens Health Care	0.79
Marine Science: Research & Development	J Marine Sci Res Dev	0.45
Plant Pathology & Microbiology	J Plant Pathol Microbiol	1.75
Geology & Geophysics	J Geol Geophys	0.91
FisheriesSciences	J Fisheries Sci	0.51
Fisheries and Aquaculture Journal	Fish Aquac J	0.69
Bioremediation & Biodegradation	J Bioremediat Biodegrad	2.1
Advances in Crop Science and Technology	Adv Crop Sci Tech	0.39
Journal of Remote Sensing & GIS	J Geophys Remote Sens	0.77
Biofertilizers & Biopesticides	J Biofertil Biopestic.	1.19
Hydrology: Current Research	Hydrol Current Res	1.12
Probiotics & Health	J Prob Health	0.69
Veterinary Science & Technology	J Veterinar Sci Technolo	2.5
Medicinal & Aromatic Plants	Med Aromat Plants	2.02
Forest Research	Forest Res	1.69
International Journal of Sensor Networks and Data Communications	Sensor Netw Data Commun	1.66
Innovative Energy Policies	Innov Energ Policies	0.88
Biodiversity & Endangered Species	J Biodivers Endanger Species	0.25
Biosafety	Biosafety	0.49
Agrotechnology	Agrotechnol	0.69
Journal of Traditional Medicine and Clinical Naturopathy	J Tradition Med Clin Naturopth	0.49
Nutrition & Food Sciences	J Nutr Food Sci	1.14
Entomology, Ornithology & Herpetology	Entomol Ornithol Herpetol	1.26

Impact Factor Calculation:

Impact Factor was established by dividing the number of articles published in 2012 and 2013 with the number of times they are cited in 2014 based on Google search and the Scholar Citation Index database. If 'X' is the total number of articles published in 2012 and 2013, and 'Y' is the number of times these articles were cited in indexed journals during 2014 than, impact factor = Y/X





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&

25th Cancer Nursing & Nurse Practitioners Conference

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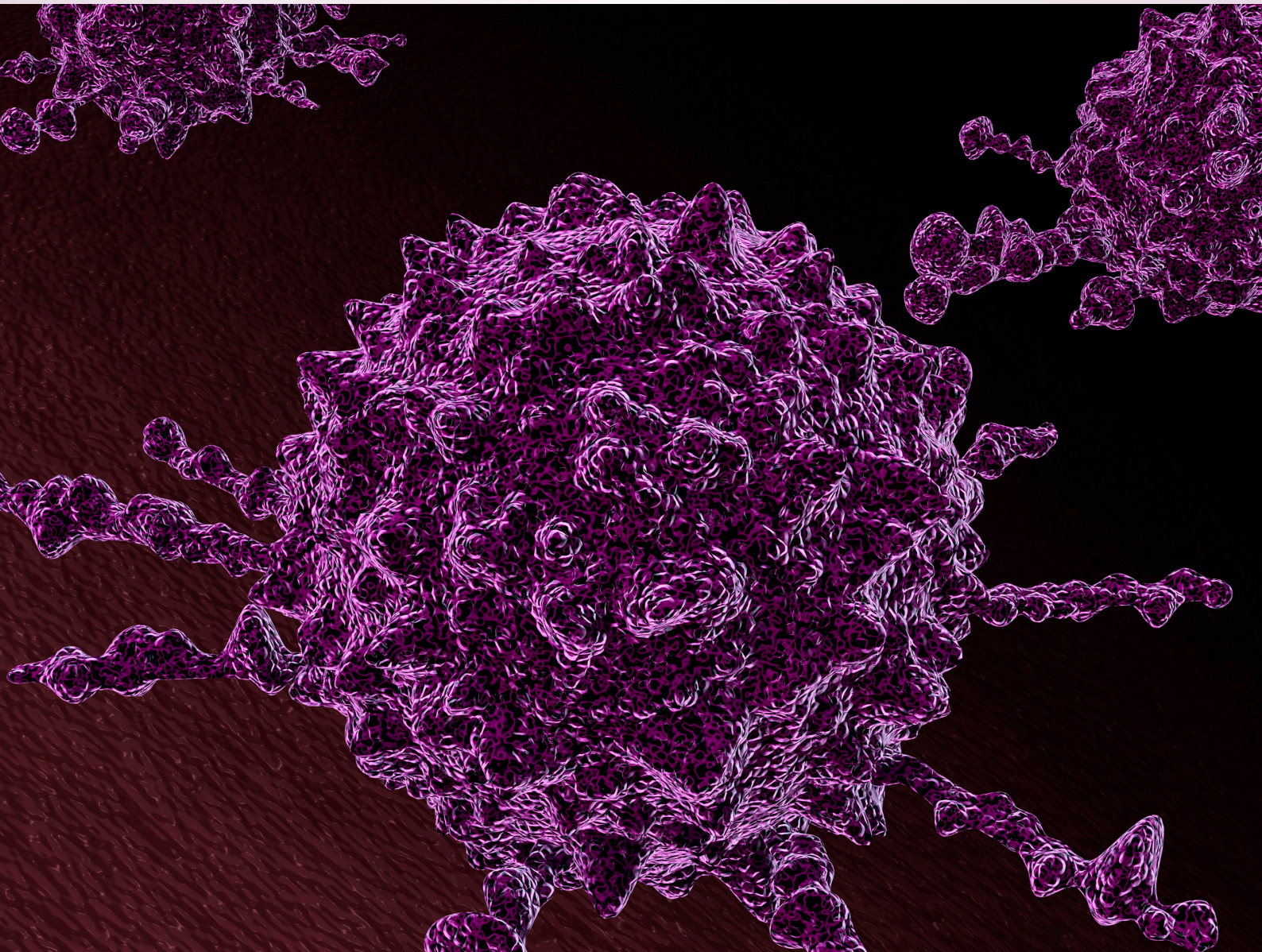
Supporting Journals

Supporting Journals

Journal of Cancer Science & Therapy
www.omicsonline.org/cancer-science-therapy.php

Journal of Nursing & Care
www.omicsgroup.org/journals/nursing-care.php

Journal of Integrative Oncology
www.omicsgroup.org/journals/integrative-oncology.php



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18th Global Summit on **Food & Beverages** Oct 02-04, 2017 Chicago, USA

8th International Conference on **Fisheries & Aquaculture** Oct 02-04, 2017 Toronto, Canada

9th Global Food Safety Conference Dec 04-06, 2017 Atlanta, USA

20th Global Food Processing & Technology Summit Dec 11-13 , 2017 Philadelphia, USA

3rd Global Summit on **Plant Science** Aug 07-09, 2017 Madrid, Spain

7th European Food Safety & Standards Conference Sep 25-26, 2017 Vienna, Austria

10th International Conference on **Agriculture & Horticulture** Oct 02-04, 2017 London, UK

7th International Conference on **Aquaculture & Fisheries** Oct 19-21, 2017 Madrid, Spain

19th International Conference on **Food Processing & Technology** Oct 23-25, 2017 Paris, France

2nd International Conference on **Food Microbiology** Nov 09-11, 2017 Madrid, Spain

9th Global Summit on **Agriculture & Horticulture** Aug 10-11, 2017 Beijing, China

World Aqua Congress Oct 23-24, 2017 Dubai, UAE

5th International Food Safety, Quality & Policy Conference Nov 27-28, 2017 Dubai, UAE

ALTERNATIVE HEALTHCARE

13th International Conference on **Connective Tissue Diseases, Systemic Conditions, Treatment & Therapies** Sep 27-28, 2017 Chicago, USA

8th International Conference on **Traditional & Alternative Medicine** Sep 04-06, 2017 Paris, France

8th International Conference and Exhibition on **Natural & Alternative Medicine** Sep 25-27, 2017 Dubai, UAE

23rd International Conference on **Herbal and Alternative Remedies for Diabetes and Endocrine Disorders** Nov 02-04, 2017 Thailand, Bangkok

BIOCHEMISTRY

2nd International Conference on **Nucleic Acids, Molecular biology & Biologics Conference** Aug 31-Sep 01, 2017 Philadelphia, USA

10th International Conference and Exhibition on **Metabolomics & Systems Biology** Oct 16-17, 2017 Baltimore, USA

3rd International Conference on **Genetic and Protein Engineering** Nov 08-09, 2017 Las Vegas, USA

9th International Conference on **Structural Biology** Sep 18-19, 2017 Zurich, Switzerland

9th International Conference and Expo on **Proteomics** Oct 23-25, 2017 Paris, France

9th International Conference on **Bioinformatics** Oct 23-24, 2017 Paris, France

3rd International Conference on **Lipid Science & Technology** Dec 11-12, 2017 Madrid, Spain

2nd International Conference on **Biochemistry** Aug 07-08, 2017 Beijing, China

3rd International Conference on **Transcriptomics** Oct 30- Nov 01, 2017 Thailand, Bangkok

CARDIOLOGY

19th Annual Cardiology Conference Aug 31-Sep 01, 2017 Philadelphia, USA

21st International Conference on **Clinical & Experimental Cardiology** Nov 06-07, 2017 Las Vegas, USA

2nd International Conference on **Hypertension & Healthcare** Sep 11-13, 2017 Amsterdam, Netherlands

2nd International Conference on **Echocardiography** Sep 11-12, 2017 Amsterdam, Netherlands

20th European Cardiology Conference Oct 16-18, 2017 Budapest, Hungery

22nd World Cardiology Conference Dec 11-12, 2017 Madrid, Spain

16th World Cardiology Congress December 08-10, 2017 Dubai, UAE

3rd Global Summit on **Heart Diseases** Nov 02-04, 2017 Thailand, Bangkok

CHEMICAL ENGINEERING

7th International Congress and Expo on **Biofuels & Bioenergy** Oct 02-04, 2017 Toronto, Canada

3rd International Conference on **Chemical Engineering** Oct 02-04, 2017 Chicago, USA

7th International Conference and Exhibition on **Biopolymers and Bioplastics** Oct 19-21, 2017 San Francisco, USA

7th World Congress on **Petrochemistry and Chemical Engineering** Nov13-15, 2017 Atlanta, USA

2nd World Biodiesel Congress & Expo Dec 04-05, 2017 Atlanta, USA

6th International Congress and Expo on **Biofuels, Bioenergy & Bioeconomy** Dec 04-06, 2017 Sao Paulo, Brazil

6th World Congress on **Biofuels and Bioenergy** Sep 05-06, 2017 London, UK

6th World Congress on **Biopolymers** Sep 07-09, 2017 Paris, France

2nd Euro Global Summit and Expo on **Biomass** Sep 21-22, 2017 Madrid, Spain

International Conference on **Renewable Energy and Resources** Oct 05-07, 2017 Kuala Lumpur, Malaysia

CHEMISTRY

3rd World Chemistry Conference Sep 11-12, 2017 Dallas, USA

5th International Conference on **Current Trends in Mass Spectrometry** Sep 25-27, 2017 Atlanta, USA

9th International Conference and Exhibition on **Analytical & Bioanalytical Techniques** Sep 28-29, 2017 Atlanta, USA

2nd International Conference on **Clinical Chemistry and Laboratory Medicine** Sep 28-29, 2017 Atlanta, USA

4th International Conference on **Past and Present Research Systems of Green Chemistry** Oct 16-18, 2017 Atlanta, USA

7th International Conference on **Medicinal Chemistry & Computer Aided Drug Designing** Nov 02-04, 2017 San Antonio, USA

2nd International Conference on **Nuclear Chemistry** Nov 06-07, 2017 Las Vegas, USA

2nd International Conference and Exhibition on **Polymer Chemistry** Nov 06-08, 2017 Las Vegas, USA

4th World Congress on **Chromatography** Aug 07-09, 2017 Madrid, Spain

5th International Conference and Exhibition on **Pain Research & Management** Sep 04-05, 2017 London, UK

5th Global Chemistry Congress Sep 04-06, 2017 London, UK

International Conference on **Physical and Theoretical Chemistry** Sep 18-19, 2017 Dublin, Ireland

2nd International Conference on **Pharmaceutical Chemistry** Oct 02-04, 2017 Barcelona, Spain

5th International Conference and Expo on **Separation Techniques** Oct 23-25, 2017 Paris, France

10th Annual Chemistry Congress Oct 18-19, 2017 Osaka, Japan

6th Global Congress on **Mass Spectrometry** Oct 18-19, 2017 Osaka, Japan

7th Global Mass Spectrometry Congress Dec 14-16, 2017 Dubai, UAE

COMPUTER SCIENCE

5th International Conference on **Big Data Analysis** Sep 07-08, 2017 Toronto, Canada

DENTISTRY

24th World Congress on **Dentistry and Oral Health** Sep 01-02, 2017 London, UK

24th Euro Congress on **Dental & Oral Health** Oct 19-20, 2017 Budapest, Hungery

3rd International Conference on **Sports Medicine and Fitness** Sep 21-23, 2017 Barcelona, Spain

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International Conference on
Dentistry & Dental Marketing
Oct 05-06, 2017 Las Vegas, USA

29th Annual World Congress on
Dental Medicine & Dentistry
Oct 16-18, 2017 NewYork, USA

37th Global Summit on
Dental Surgeons & Dental Materials
Nov 02-04, 2017 San Antonio, USA

38th Annual Congress on **World Dentistry**
Nov 06-08, 2017 San Antonio, USA

26th American Dental Congress
Dec 04-06, 2017 Atlanta, USA

39th World Dental Congress Summit
Dec 04-06, 2017 Sao Paulo, Brazil

30th Global Experts Meet on
Advanced Dentistry and Oral Health
Sep 21-22, 2017 Macau, Hong Kong

31st Annual Conference on
Dental Practice Management and Marketing
Sep 21-22, 2017 Macau, Hong Kong

37th Asia Pacific Dental and Oral Care Congress Nov 20-22, 2017 Australia, Melbourne

9th Clinical Dermatology Congress
Oct 16-18, 2017 NewYork, USA

2nd International Conference on
Psoriasis and Skin Specialists Meeting
Sep 20- 21, 2017 Philadelphia, USA

12th Global Dermatologists Annual Meeting
Sep 01-02, 2017 London, UK

13th International Conference and Exhibition on
Cosmetic Dermatology and Hair care
Oct 26-27, 2017 Paris, France

23rd Asia Pacific Dermatology Conference
Oct 26-28, 2017 Osaka, Japan

International Conference on
Pigmentary Disorders
Sep 11-12, 2017 Dubai, UAE

17th World Dermatology Conference
Sep 11-12, 2017 Dubai, UAE

DIABETES AND ENDOCRINOLOGY

9th Annual Congress on
Endocrine Disorders and Therapies
Sep 11-12, 2017 Dallas, USA

International Conference on
Diabetes
Sep 20-22, 2017 Denever, USA

International Conference on
Diabetes, Metabolism & Obesity
Nov15-17, 2017 Las Vegas, USA

International Conference on
Diabetes and Endocrinology
Dec 06-08, 2017 Atlanta, USA

2nd International Conference on **Metabolic Syndrome** Aug 10-11, 2017 London, UK

21 3th International Conference on **Diabetes**
Oct 05-06, 2017 London, UK

International Conference on
Endocrinology and Diabetes Summit
Sep 13-14, 2017 Singapore

2nd International Conference on
Herbal and Alternative Remedies for Diabetes and Endocrine Disorders
Nov 02-04, 2017 Thailand, Bangkok

25th Global Diabetes and Medicare Expo
Dec 11-12, 2017 Dubai, UAE

ENVIRONMENTAL SCIENCES

International Conference on
Ecology and Ecosystems
Sep 18-20, 2017 Toronto, Canada

3rd Annual Congress on
Pollution and Global Warming
Oct 16-18, 2017 Atlanta, USA

4th International Conference on **Green Energy & Expo** Nov 06-08, 2017 Las Vegas, USA

5th International Conference on
Recycling: Reduce, Reuse and Recycle
Nov 06-08, 2017 Las Vegas, USA

3rd International Conference on
Green Energy and Expo
Sep 28-29, 2017 Berlin, Germany

2nd International Conference on
Pollution Control and Sustainable Environment
Oct 10-11, 2017 London, UK

4th World Conference on **Climate Change**
Oct 19-21, 2017 Madrid, Spain

7th World Convention on
Recycling and Waste Management
Aug 10-12, 2017 Beijing, China

2nd World Congress on
Climate Change and Global Warming
Oct 16-17, 2017 Dubai, UAE

EEE & ENGINEERING

3rd International Conference on
Data Structures and Data Mining
Aug 17-18, 2017 Toronto, Canada

International Conference on **Agricultural Engineering** Sep 11-12, 2017 San Antonio, USA

8th International Conference and Exhibition on **Biosensors and Bioelectronics Biosensors & Bioelectronics** Sep 27-28, 2017 Chicago, USA

2nd World Summit on **Bioengineering**
Sep 27-28, 2017 Chicago, USA

5th International Conference and Exhibition on
Mechanical & Aerospace Engineering
Oct 02-04, 2017 Las Vegas, USA

4th World Congress and Exhibition on
Construction and Steel Structure
Oct 16-18, 2017 Atlanta, USA

7th International Conference on **Nuclear Engineering** Oct 16-18, 2017 Atlanta, USA

International Conference on **Applied Energy**
Oct 23-24, 2017 Orlando USA

6th International Conference on
Biostatistics & Bioinformatics
Nov13-14, 2017 Atlanta, USA

2nd International Conference on
Design and Production Engineering
Aug 21-22, 2017 Birmingham, UK

4th International Conference on
BigData Analysis and Data Mining
Sep 07-08, 2017 Paris, France

4th International conference and Expo on
Computer Graphics & Animation
Sep 25-26, 2017 Berlin, Germany

3rd International Conference and Exhibition on
Automobile Engineering
Sep 28-29, 2017 Berlin, Germany

2nd Global Summit on **Fluid Dynamics & Aerodynamics** Oct 19-20, 2017 Madrid, Spain

International Conference on
Mechatronics, Automation and Intelligent Materials Oct 23-25, 2017 Paris, France

International Conference on
Steel Structures
Sep 11-12, 2017 Singapore

International Conference on
Smart Grid Technologies
Sep 11-12, 2017 Singapore

Geotechnical and Water Resource Engineering Summit
Sep 18-19, 2017 Macau, Hong Kong

3rd World Congress on
Robotics and Artificial Intelligence
Oct 23-24, 2017 Osaka, Japan

GASTROENTEROLOGY

International Conference on
Pancreatic Disorders and Treatment
Sep 13-14, 2017 Dallas, USA

2nd International Conference on
Hepatology & Gastroenterology
Nov 13-14, 2017 Las Vegas, USA

5th World Congress on
Hepatitis & Liver Diseases
Aug 10-12, 2017 London, UK

12th Euro-Global Gastroenterology Conference
Sep 11-12, 2017 Paris, France

2nd International Conference on
Digestive Diseases
Oct 16-17, 2017 London, UK

10th International Conference on
Gastroenterology
Oct 30- Nov 01, 2017 Bangkok, Thailand

GENETICS & MOLECULAR BIOLOGY

6th International Conference on
Tissue Science & Regenerative Medicine
Aug 23-24 , 2017 San Francisco, USA

3rd International Conference & Exhibition on
Tissue Preservation and Biobanking
Aug 23-24 , 2017 San Francisco, USA

3rd Annual Genomics and Toxicogenomics Conference Sep 27-28, 2017 Chicago, USA

Annual Summit on
Cell Signaling and Cancer Therapy
Sep 27-28, 2017 Chicago, USA

Annual Summit on **Cell Therapy**
Sep 27-28, 2017 Chicago, USA

13th World Biotechnology Congress
Oct 19-20, 2017 NewYork, USA

2nd World Biotechnology Congress
Dec 04-05, 2017 Sao Paulo, Brazil

13th International Conference on
Human Genetics
Sep 14-15, 2017 Edinburgh, Scotland

9th Annual Conference on
Stem Cell and Regenerative Medicine
Sep 25-26, 2017 Berlin, Germany

17th EuroBiotechnology Congress
Sep 25-27, 2017 Berlin, Germany

7th International Conference on
Tissue Engineering and Regenerative Medicine
Oct 02-04, 2017 Barcelona, Spain

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3rd Annual Congress and Expo on **Bioscience**
Aug 10-12, 2017 Beijing, China

8th International Conference on
Tissue Science and Regenarative Medicine
Sep 11-12, 2017 Singapore

10th International Convention on
Stem Cell and Biobanking
Oct 23-24, 2017 Osaka, Japan

GEOLOGY & EARTH SCIENCE

3rd World Congress on **GIS and Remote Sensing**
Sept 20-21, 2017 Charlotte, USA

2nd International Convention on
Geophysics and Geo technics
Nov 08-09, 2017 Las Vegas, USA

2nd International Convention on
Geosciences and Remote Sensing
Nov 08-09, 2017 Las Vegas, USA

Annual Congress on **Soil Sciences**
Dec 04-05, 2017 Madrid, Spain

6th International Conference on
Earth Science and Climate change
Sep 18-19, 2017 Macau, Hong Kong

5th International Conference on
Oceanography and Marine Biology
Oct 16-17, 2017 Seoul, South Korea

HEALTHCARE MANAGEMENT

3rd International Conference on
Wound Care, Tissue Repair & Regenerative Medicine Sep 11-12, 2017 Dallas, USA

13th International Conference on
Health & Medical Sociology
Sep 25-26, 2017 Atlanta, USA

5th International Conference on
Medical Informatics & Telehealth
Aug 29-30, 2017 Prague, Czech Republic

2nd International Conference on
Environmental Health & Safety
Sep 07-08, 2017 Paris, France

2nd International Conference on
General Practice & General Medicine
Sep 18-20, 2017 Zurich, Switzerland

6th International Conference on **Epidemiology & Public Health** Oct 23-25, 2017 Paris, France

2nd International Conference on
Health & Hospital Management
Nov 06-07, 2017 Vienna, Austria

International Conference on **Medical Education**
Nov 06-08, 2017 Vienna, Austria

12th World Congress on **Healthcare and Medical Tourism** Oct 16-17, 2017 Dubai, UAE

IMMUNOLOGY

3rd Antibodies and Bio Therapeutics Congress
Nov 08-09, 2017 Las Vegas, USA

5th International conference on **HIV/AIDS, STDS & STIS** Nov 13-14, 2017 Las Vegas, USA

9th World Congress and Expo on**Immunology**
Nov 02-03, 2017 Atlanta, USA

3rd International Conference on
Immunity, Inflammation and Immunotherapies
Nov 02-03, 2017 Atlanta, USA

11th International Conference on
Allergy, Asthma & Clinical Immunology
Aug 16-17, 2017 Edinburgh, Scotland

4th International Conference on **Parasitology**
Sep 01-02, 2017 Prague, Czech Republic

2nd International Conference on **Autoimmunity**
Nov 09-10, 2017 Madrid, Spain

Annual Summit on **HIV/AIDS, STDs & STIs**
Aug 07-09, 2017 Beijing, China

World Immunology Congress
Dec 14-15, 2017 Dubai, UAE

INFECTIOUS DISEASES

3rd International Conference on
Influenza and Zoonotic Diseases
Aug 21-22, 2017 Birmingham, UK

9th Euro-Global Conference on **Infectious Diseases** Sep 07-09, 2017 Paris, France

13th World Congress on
Infection Prevention and Control
Oct 26-27, 2017 Milano, Italy

3rd Annual Congress on **Infectious Diseases**
Aug 21-23 2017 San Francisco, USA

Annual Congress on
Medical Laboratory Congress & Expo
Aug 21-22, 2017 San Francisco, USA

2nd International Conference on **Infection Control**
Sep 25-26, 2017 Chicago, USA

3rd Annual Congress on
Rare Diseases and Orphan Drugs
Oct 30-Nov 01, 2017 San Antonio, USA

3rd International conference on
Flu & Emerging Infectious Diseases
Nov 06-07, 2017 Las Vegas, USA

6th Annual Bacteriology and Parasitology Meeting Sep 13-14, 2017 Singapore

7th Asia Pacific STD and Infectious Diseases Congress Oct 23-25, 2017 Osaka, Japan

MATERIALS SCIENCE

3rd International Conference on
Polymer Science and Engineering
Oct 02-04, 2017 Chicago, USA

2nd International Conference on **Applied Crystallography** Oct 16-18, 2017 Chicago, USA

13th International Conference and Exhibition on
Materials Science and Engineering
Nov13-15, 2017 Las Vegas, USA

14th International Conference on **Functional Energy Materials**
Dec 06-07, 2017 Atlanta, USA

11th International Conference on
Advanced Materials and Processing
Sep 06-07 2017 Edinburgh, Scotland

12th Annual Congress on
Materials Science and Nanotechnology
Sep 25-26, 2017 Dubai, UAE

International Conference on **Advanced Materials and Nanotechnology** Oct 26-28, 2017 Osaka, Japan

MICROBIOLOGY

2nd International conference on
Environmental & Soil Microbiology
Sep 18-20, 2017 Toronto, Canada

7th International Conference on **Clinical Microbiology** Sep 25-26, 2017 Chicago, USA

International Conference on
Water Microbiology & Novel Technologies
Aug 28-30, 2017 Philadelphia, USA

2nd International conference on
Human Papillomavirus
Nov13-14, 2017 Las Vegas, USA

International Conference and Expo on
Medical Virology
Aug 31-Sep 01, 2017 Philadelphia, USA

2nd International Congress on **Mycology**
Sep 25-26, 2017 Chicago, USA

International Conference on
Infectious Diseases & Diagnostic Microbiology
Sep 13-14, 2017 Dallas, USA

3rd World Congress on **Beneficial Microbes: Food, Pharma, Aqua & Beverages Industry**
Sep 18-20, 2017 Houston, USA

World Summit on **Microbial & Biochemical Technologies** Sep 18-20, 2017 Houston, USA

Global Veterinary Microbiology Summit & Expo
Oct 02-04, 2017 Las Vegas, USA

11th World Summit on
Medical Microbiology
Oct 02-04, 2017 Las Vegas, USA

World Summit on **Nosocomial and Healthcare Associated Infections**
Oct 02-04, 2017 Las Vegas, USA

6th Annual Conference on **Microbiology**
Oct 16-17, 2017 Baltimore, USA

11th World Congress on
Virology
Oct 16-17, 2017 Baltimore, USA

World Yeast Congress
Dec 06-07, 2017 Sao Paulo, Brazil

International Conference on
Microbial Pathogenesis & Host Response Mechanism Aug 24-25, 2017 Toronto, Canada

6th International Conference on
Microbial Physiology and Genomics
Aug 31-Sep 01, 2017 Brussels, Belgium

46th World Congress on Microbiology
Sep 18-19, 2017 Dublin, Ireland

6th Clinical Microbiology Conference
Oct 26-27, 2017 Paris, France

4th World Congress and Expo on **Applied Microbiology** Nov 09-11, 2017 Madrid, Spain

2nd International Conference and Summit on
Industrial and Pharmaceutical Microbiology
Oct 23-25, 2017 Osaka, Japan

10th International Congress on **Clinical Virology**
Dec 04-05, 2017 Dubai, UAE

Annual Congress on
Microbes and Infection
Dec 04-05, 2017 Dubai, UAE

NANOTECHNOLOGY

2nd world congres and expo on
Graphene 2D Materials
Aug 15-16, 2017 Edinburgh, Scotland

19th Nano Congress for Next Generation
Aug 31-Sep1, 2017 Brussels, Belgium

22th International Conference and Expo on
Nanoscience and Molecular Nanotechnology
Nov 13-14, 2017 Vienna, Austria

International Conference on
Nano Science and Technology
Sep 18-19, 2017 Orlando, USA

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19th International Conference on **Nanotek and Expo** Nov13-15, 2017 Atlanta, USA

17th Nanotechnology products and Summit Nov13-15, 2017 Atlanta, USA

15th World Medical Nanotechnology Congress & Expo Oct 18-19, 2017 Osaka, Japan

3rd Biomedical Engineering and Expo Nov 07-08, 2017 Barcelona, Spain

NEPHROLOGY

15th Annual Congress on **Nephrology & Therapeutics** Aug 28-30, 2017 Philadelphia, USA

2nd Annual Kidney Congress Aug 28-30, 2017 Philadelphia, USA

16th European Nephrology Conference Oct 02-04, 2017 Barcelona, Spain

17th World Nephrology Conference Oct 18-19, 2017 Dubai, UAE

NEUROSCIENCE

3rd International Conference on **Parkinson's Disease & Movement Disorders** Sep 25-26, 2017 Chicago, USA

3rd International Conference on **Spinal Surgery** Oct 16-17, 2017 Chicago, USA

8th International Conference and Exhibition on **Addiction Research & Therapy** Nov 13-15, 2017 Las Vegas, USA

3rd International Conference on **Epilepsy & Treatment** Aug 31-Sep 01, 2017 Brussels, Belgium

15th European Neurology Congress Aug 29-31, 2017 London, UK

7th World Congress on **Addictive Disorders and Addiction Therapy** Aug 29-31, 2017 Prague, Czech Republic

3rd International Conference on **Central Nervous System Disorders** Sep 25-27, 2017 Vienna, Austria

16th International Conference on **Neuro Cognitive Disorders** Oct 10-11, 2017 London, UK

9th International Conference on **Alzheimer's Disease & Dementia** Oct 16-18, 2017 Madrid, Spain

6th International Conference on **Brain Disorders and Therapeutics** Nov 06-08, 2017 Madrid, Spain

18th Global Neurologists Annual Meeting on **Neurology and Neuro Surgery** Nov 16-17, 2017 Vienna, Austria

15th International Conference on **Neuroscience** Oct 16-17, 2017 Osaka, Japan

13th Global Neurologists Annual Meeting on **Neurology and Neuro Surgery** Nov 27-28, 2017 Dubai, UAE

NURSING

4th Annual Congress & Medicare Expo on **Primary Healthcare** Aug 21-22 , 2017 San Francisco, USA

13th International Conference on **Midwifery and Women's Health** Aug 28-30, 2017 Philadelphia, USA

30th Oncology Nursing & Nurse Practitioners Conference Aug 28-30, 2017 Philadelphia, USA

32nd International Conference on Family Nursing and Healthcare Sep 11-13, 2017 San Antonio, USA

34th Clinical Nursing & Nurse Education Conference Sep 20-21, 2017 charlotte, USA

3rd International Conference on **Reproductive Health** Oct 05-06, 2017 Chicago, USA

11th Global Healthcare and Fitness Summit Oct 16-18, 2017 San Francisco, USA

46th Global Nursing and Healthcare Conference Dec 06-07, 2017 Sao Paulo, Brazil

35th Global Nursing Care and Education Conference Sep 25-27, 2017 Atlanta, USA

40th International Conference on **Nursing & Healthcare** Oct 16-18, 2017 NewYork, USA

29th World Congress on **Advanced Nursing Practicwe** Aug 14-16, 2017 Edinburgh, Scotland

37th World Nursing Education Conference Sept 01-03, 2017 Prague, Czech Republic

28th International Conference on **Pediatric Nursing and Healthcare** Sep 04-05, 2017 Edinburgh, Scotland

35th Critical Care nursing & Nurse Practitioners Conference Sep 28-29, 2017 Berlin, Germany

4th International Conference on **Gynecology & Obstetrics** Oct 02-04, 2017 Barcelona, Spain

13th International Conference on **Midwifery and Women's Health** Oct 02-04, 2017 London, UK

41st Euro Nursing & Medicare Summit Oct 26-28, 2017 Paris, France

International Conference on **Oncology Nursing and Cancer Care** Sep 13-14, 2017 Singapore

23rd World Nurse Practitioners Conference Sep 28-29 2017 Dubai, UAE

27th Surgical Nursing & Nurse Education Conference Oct 16-17, 2017 Dubai, UAE

Asia-Pacific Nursing and Medicare Summit Oct 05-07, 2017 Kuala Lumpur, Malaysia

World Congress on **Nursing Pharmacology and Nursing Education** Nov 20-21, 2017 Melbourne, Australia

NUTRITION & OBESITY

16th International conference and Exhibition on **Obesity & Weight Management** Nov16-17, 2017 Atlanta, USA

12th World Congress on **Obesity** Aug 24-25, 2017 Toronto, Canada

17th World Fitness Expo Nov 16-17, 2017 Atlanta, USA

15th World Congress on **Nutrition and Food Chemistry** Sep 18-20, 2017 Zurich, Switzerland

13th Euro Obesity and Endocrinology Congress Sep 21-23, 2017 Madrid, Spain

6th International Conference and Exhibition on **Probiotics, Functional and Baby Foods** Oct 02-03, 2017 London, UK

15th Global Obesity Meeting Oct 23-24, 2017 Dubai, UAE

18th Global Dieticians & Nutritionists Annual Meeting Oct 02-03, 2017 Kuala Lumpur, Malaysia

16th Obesity Medicine Conference Oct 30- Nov 01, 2017 Thailand, Bangkok

ONCOLOGY & CANCER

25th World Congress on **Cancer Therapy** Oct 18-20, 2017 Baltimore, USA

10th Annual World Congress on **Biomarkers & Clinical Research** Oct 18-20, 2017 Chicago, USA

5th International Conference on **Medical Imaging and Radiology** Oct 19-20, 2017 NewYork, USA

15th World Oncologists Annual Conference Oct 19-20, 2017 NewYork, USA

World Medical and Clinical Oncology Congress Nov13-15 , 2017 Las Vegas, USA

5th World Congress on **Breast Cancer** Oct 16-18, 2017 San Francisco, USA

9th International Conference on **Hematology and Hematological Oncology** Nov 08-09, 2017, Las Vegas, USA

20th International Conference on **Radiation Oncology & Anti- Cancer Therapy** Aug 28-29, 2017 Brussels, Belgium

9th International Conference and Expo on **Molecular & Cancer Biomarkers** Aug 24-25, 2017 Birmingham, UK

2nd International Congress on **Contemporary Issues in Women Cancers and Gynecologic Oncology** Aug 28-29, 2017 London, UK

2nd International conference on **Medical Imaging and Radiology** Sep 11-12, 2017 London, UK

11th International Conference on **Hematologic Oncology** Oct 05-06, 2017 London, UK

25th World Cancer Conference Oct 19-21, 2017 Madrid, Spain

International Conference on **Epigenetics** Nov 06-07, 2017 Madrid, Spain

9th International Conference on **Biomarkers** Oct 16-17, 2017 Osaka, Japan

14th Asia Pacific Oncologists Annual Meeting Oct 26-28, 2017 Osaka, Japan

World Cancer Convention Nov 27-28, 2017 Dubai, UAE

International Conference on **Cancer Diagnostics** Nov 27-28, 2017 Dubai, UAE

International Conference on **Epigenetic Research** Oct 26-28, 2017 Osaka, Japan

OPHTHALMOLOGY

20th World Ophthalmology Summit Dec 04-05, 2017 Sao Paulo, Brazil

15th Global Meeting and Expo on **Vision Science** Aug 10-11, 2017 London, UK

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5th International conference and Expo on **Optometry and Vision Science**
Sep 11-12, 2017 Paris, France

16th International Conference on **Clinical & Experimental Ophthalmology**
Sep 18-20, 2017 Zurich, Switzerland

18th European Ophthalmology Congress
Dec 07-09, 2017 Madrid, Spain

3rd International Conference on **Optometry and Vision Science**
August 7-9, 2017 Beijing, China

10th International Conference on **Clinical and Surgical Ophthalmology**
Aug 07-09, 2017 Beijing, China

2nd World Ophthalmology Conference
Oct 23-25, 2017 Osaka, Japan

17th Global Ophthalmology and Glaucoma Conference Nov 27-28, 2017 Dubai ,UAE

PALLIATIVE CARE

8th International Conference on **Geriatric Medicine & Gerontological Nursing**
Oct 30-Nov 01, 2017 San Antonio, USA

7th International Conference on **Geriatrics & Gerontological Nursing**
Sep 04-05, 2017 Edinburgh, Scotland

PATHOLOGY

2nd International Conference on **Internal Medicine**
Sep 13-14, 2017 Dallas, USA

7th International Conference on **Predictive, Preventive and Personalized Medicine & Molecular Diagnostics**
Oct 5-6, 2017 Chicago, USA

6th Experts Meeting on **Medical Case Reports**
Oct 16-18, 2017 San Francisco, USA

2nd International conference on **Digital Pathology**
Nov 02-03, 2017 San Antonio, USA

4th World Congress on **Breast Pathology**
Aug 24-25, 2017 Toronto, Canada

14th European Pathology Congress
Aug 02-03, 2017 Milan, Italy

6th European Conference on **Predictive , Preventive and Personalized Medicine & Molecular Diagnostics**
Aug 24-25, 2017 Birmingham, UK

5th European Conference on **Clinical and Medical Case Reports**
Sep 07-08, 2017 Paris, France

PEDIATRICS

2nd World Congress Pediatric Oncology & Pediatric Medicine
Oct 05-06, 2017 Las Vegas, USA

3rd Annual Summit on **Pediatric Cardiology & Pulmonology**
Sep 25-26, 2017 Chicago, USA

11th World Congress on **General Pediatrics & Adolosent medicine**
Sep 25-26, 2017 Chicago, USA

2nd Annual Congress on **Infancy, Child Nutrition & Development (ICND)**
Oct 19-21, 2017 Atlanta,USA

5th Annual Conference on **Translational Medicine**
Nov15-16, 2017 Las Vegas, USA

16th European Pediatrics Conference
Sep 01-03, 2017 Prague, Czech Republic

2nd International Conference on **Pediatric Neurology**
Sep 01-02, 2017 Prague, Czech Republic

20th International Conference on **Neonatology and Perinatology**
Dec 04-06, 2017 Madrid, Spain

10th World Pediatric Congress
Sep 28-29 2017 Dubai, UAE

PHARMACEUTICAL SCIENCES

4th International Conference and Exhibition on **Pain Medicine**
Aug 03-04, 2017 San Francisco, USA

Global Summit on **Emerging Orphan Drugs and Drug Abuse**
Aug 23-24 , 2017 San Francisco, USA

2nd International Pharmacy Conference
Sep 01-02, 2017 Las Vegas, USA

4th International Conference on **Clinical Trials**
Sep 11-13, 2017 San Antonio, USA

World Congress on **Biotherapeutics and Bioanalytical Techniques**
Sep 11-12, 2017 Dallas, USA

6th International Conference on **Forensic Research & Technology**
Sep 18-20, 2017 Houston, USA

6th International Summit on **GMP, GCP & Quality Control** Sep 25-26, 2017 Chicago, USA

7th International Conference and Exhibition on **Pharmaceutical Regulatory Affairs and IPR**
Sep 25-26, 2017 Chicago, USA

10th Pharmacovigilanace Congress
Sep 21-22, 2017 Charlotte, USA

10th International Conference and Exhibition on **Biologics and Biosimilars**
Oct 16-17, 2017 Baltimore, USA

11th World Drug Delivery Summit
Oct 16-18, 2017 NewYork, USA

5th International Conference on **Clinical Pharmacy** Oct 23-24, 2017 Orlando, USA

2nd International Conference on **Generic Drugs and Biosimilars**
Aug 24-25, 2017 Birmingham, UK

14th International Conference and Exhibition on **Pharmaceutical Formulations**
Aug 28-29, 2017 Brussels, Belgium

9th World Congress on **Pharmacology**
Sep 04-06, 2017 Paris, France

3rd International Conference on **Advanced Clinical Research and Clinical Trials**
Sep 20-21, 2017 Dublin, Ireland

8th Annual Pharmaceutical Analysis Conference Sep 25-26, 2017 Vienna, Austria

International Conference on **Biotech Pharmaceuticals**
Oct 23-25, 2017 Paris, France

3rd International Conference and Expo on **Drug Discovery & Designing**
Sep 25-27, 2017 Vienna, Austria

European Biopharma Congress
Nov 16-17, 2017 Vienna, Austria

3rd Global Summits on **Herbal & Traditional Medicine**
Oct 18-20, 2017 Osaka, Japan

8th Asian Biosimilars Congress
Aug 10-12, 2017 Beijing, China

12th Annual Pharma Middle East Congress
Sep 25-27, 2017 Dubai, UAE

9th Annual Congress on **Drug Formulation & Drug Design**
Oct 19-21, 2017 Seoul, South Korea

10th International Conference on **Neuropharmacology and Neuropharmaceuticals**
Oct 23-24, 2017 Dubai, UAE

3rd World Congress on **Medicinal Plants and Natural Products Research**
Oct 02-04, 2017 Kuala Lumpur, Malaysia

6th Global Congress on **Mass Spectrometry**
Oct 18-19, 2017 Osaka, Japan

17th International Conference on **Nanomedicine and Nanotechnology in Health Care**
Nov 23-24, 2017 Melbourne, Australia

10th International Conferences on **Immunopharmacology and Immunotoxicology**
Nov 20-21, 2017 Melbourne, Australia

PHYSICAL THERAPY & REHABILITATION

5th International Conference and Exhibition on **Physical Medicine and Rehabilitation**
Sep 11-12, 2017 Antonio, USA

4th International Conference on **Novel Physiotherapies**
Aug 21-22, 2017 Birmingham, UK

6th International Conference on **Physiotherapy**
Nov 27-28, 2017 Dubai, UAE

PHYSICS

3rd International Conference on **Theoretical and Condensed Matter Physics**
Oct 19-21, 2017 NewYork, USA

2nd International Conference on **Astrophysics and Particle Physics**
Oct 30-Nov1, 2017 San Antonio, USA

8th International Conference and Exhibition on **Lasers, Optics & Photonics**
Nov 02-04, 2017 San Antonio, USA

2nd International Conference on **Atomic and Nuclear Physics**
Nov 8-9, 2017 Las Vegas, USA

2nd International Conference on **Physics**
Aug 28-30, 2017 Brussels, Belgium

2nd International Conference on **Quantum Physics and Quantum Technology**
Sep 25-26, 2017 Berlin, Germany

International Conference on **High Energy Physics**
Dec 11-12, 2017 Madrid, Spain

PSYCHIATRY

20th Euro Congress on **Psychiatrists and Psychologists** Aug 07-08, 2017 Madrid, Spain

23rd International Conference on **Adolescent Medicine & Child Psychology**
Sep 28-29, 2017 Berlin, Germany

2nd Experts Meeting on **Forensic Psychology and Criminology** Oct 02-03, 2017 London, UK

24th International Conference on **Psychiatry & Psychosomatic Medicine** Oct 02-04, 2017 London, UK

25th World Summit on **Psychology, Psychiatry & Psychotherapy** Oct 19-20, 2017 San Francisco, USA

5th International Conference on **Counseling Psychology** Oct 16-17, 2017 Osaka, Japan

International Conference on **Psychiatry and Mental Health** Nov 20-21, 2017 Melbourne, Australia

10th World Psychiatrists Meet Dec 07-08, 2017 Dubai, UAE

RESPIRATORY

5th International Conference and Exhibition on **Lung and Respiratory Care** Oct 19-20, 2017 San Francisco, USA

SURGERY

2nd International Conference on **Anesthesia and Analgesia** Sep 07-08, 2017 London, UK

6th International Conference and Exhibition on **Surgery** Sep 07-09, 2017 London, UK

2nd International Conference on **Ear, Nose and Throat Disorders** Oct 16-18, 2017 Madrid, Spain

4th International Conference and Exhibition on **Rhinology and Otology** Oct 18-20, 2017 Dubai, UAE

TOXICOLOGY

3rd Annual Genomics and Toxicogenomics Conference Sep 27-28, 2017 Chicago, USA

12th International Conference on **Environmental Toxicology and Ecological Risk Assessment** Oct 19-20, 2017 Atlanta,USA

11th International Congress on **Toxicology and Risk Management** Oct 10-12, 2017 London, UK

International Conference on **Occupational Toxicology and Industrial Health** Oct 16-17, 2017 Dubai, UAE

VACCINES

18th Global Summit and Expo on **Vaccines & Vaccination** Sep 18-19, 2017 Houston, USA

19th World Congress on **Vaccines, Therapeutics for Infectious and Emerging Diseases** Oct 02-03, 2017 Chicago, USA

17th International Conference on **Children Vaccines** Aug 21-22, 2017 Birmingham, UK

27th Asia Pacific Vaccines & Vaccination Conference Oct 05-07, 2017 Kuala Lumpur, Malaysia

29th Global Vaccines & Vaccination Summit And Expo Nov 30-Dec 1, 2017 Dubai, UAE

VETERINARY

8th International Conference on **Animal Health and Veterinary Medicine** Oct 02-04, 2017 Toronto, Canada

9th Global Veterinary Summit Nov15-16, 2017 Las Vegas, USA

7th International Veterinary Congress Sep 04-06, 2017 Paris, France





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19th Euro Congress on Cancer Science and Therapy

&

25th Cancer Nursing & Nurse Practitioners Conference

July 17-19, 2017 Lisbon, Portugal

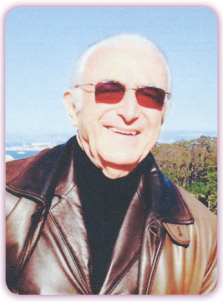
Keynote Forum

Day 1

Alvaro Macieira-Coelho, J Cancer Sci Ther 2017, 9:6(Suppl)
DOI: 10.4172/1948-5956-C1-104

19th Euro Congress on Cancer Science and Therapy
&
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Alvaro Macieira-Coelho

French National Institute of Health (INSERM), France

The natural history of breast cancers

Breast cancers have been extensively studied, which renders them quite representative of the nature of neoplastic disease. While describing the pathogenesis, one has to consider the organism as a whole, the tumor microenvironment, and the tumor cells proper. The permanent evolution of the organism from the embryonic stage up to senescence can create variable vulnerability factors for the growth of breast cancers, influenced by environmental factors. We have found that a population of fibroblasts in connective tissue has abnormal growth characteristics, which shows that the whole organism participates in the neoplastic process. This population of fibroblasts is present long before the cancer becomes apparent. Micro-environmental factors such as genes expressed and factors secreted by stromal cells also influence tumor growth. Gene expression by tumor cells shows that breast cancers are not a single disease and constitute a group of molecularly distinct neoplastic disorders. Finally, during senescence the incidence of breast cancers declines due to tissue, cellular and molecular modifications occurring in the organism during the last developmental stage of the human life span.

Biography

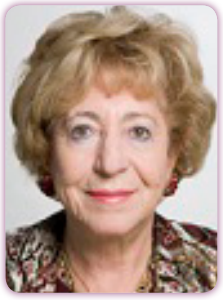
Alvaro Macieira-Coelho is a Research Director at the French National Institute of Health. He received a MD from the University of Lisbon, Portugal, and a PhD from the University of Uppsala Sweden. He did an internship at the University Hospital in Lisbon and was a Research Associate at the Wistar Institute in Philadelphia (USA) and at the Department of Cell Biology of the University of Uppsala (Sweden). He became the Head of the Department of Cell Pathology at the Cancer Institute in Villejuif (France) and was a Visiting Professor at the University of Linkoping (Sweden). He has published 150 papers in professional journals and 9 books on Cancer and Aging. He has received the following awards: Fritz Verzar Prize (University of Vienna, Austria), "Seeds of Science", Career Prize (Lisbon, Portugal), Dr. Honoris Causa (University of Linkoping, Sweden), Johananof International Visiting Professor (Institute Mario Negri, Milano, Italy).

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Liane Deligdisch, J Cancer Sci Ther 2017, 9:6(Suppl)
DOI: 10.4172/1948-5956-C1-104

19th Euro Congress on Cancer Science and Therapy
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Liane Deligdisch

Icahn School of Medicine at Mount Sinai, USA

Hormonal pathology of the endometrium and endometrial neoplasia

The endometrial tissue is exquisitely sensitive to steroid sex hormones and able to modify structures and functions with promptness and versatility. Hormonal-induced changes occur physiologically during menstrual cycles and menopause and pathologically may result in dysfunctional fertility and abnormal growth ranging from hyperplasia to carcinoma. Hormone therapy is used by women of all ages, including oral contraceptives and ovulation stimulation for premenopausal women, hormone replacement therapy for postmenopausal women and adjuvant therapy for breast and uterine cancer. The most commonly used hormones are Estrogen (E) and Progesterone (P), normally present and responsible for reproductive functions in premenopausal women. Prolonged and unopposed E may result in abnormal proliferation and neoplasms often seen in patients with metabolic abnormalities (obesity, diabetes) and polycystic ovarian disease that can be reverted with hormonal therapy. Endometrial cancer (EC), the most common gynecologic cancer in the USA and in most industrialized countries associated with hyperestrogenism ,Type I, has often a better outlook than "independent" (from hormones),Type II EC seen in older postmenopausal patients: this was seen in studies of E and P Receptor studies correlated with the the degree of severity of the EC. Tamoxifen a non-steroidal synthetic triethylene estrogene derivative is successfully used in Breast Cancer due to its antiestrogenic effect on breast tissue; on the Endometrium it can have an agonist estrogen effect in elderly patients who may develop polyps and cancer as shown by this author and team in the largest series (700 cases) published. While hormonal effect is the most common known etiologic factor in EC a possible cofactor has been recently been demonstrated by this team: Human Mammary Tumor Virus (HMTV) identified in 23,3 % of EC containing env gene sequences absent in all control benign endometrial tissue.

Biography

Liane Deligdisch has graduated from the Carol Davila University of Medicine and Pharmacy, Romania and is trained in Obstetrics-Gynecology and Pathology in Israel. She was a Resident in Pathology at the Boston Free Hospital for Women (Harvard Medical School), Visiting Professor at Magee Women's Hospital, Pittsburgh and was a Fellow in Perinatal Pathology at the Mount Sinai School of Medicine, New York. Currently, she is a Professor of Pathology and Obstetrics-Gynecology at the Mount Sinai School of Medicine, New York, USA. She founded the Division of Gynecologic Pathology and the Course of Gynecologic Pathology at the Mount Sinai School of Medicine. She is a Member of the French National Academy of Medicine, has authored 145 articles in peer-reviewed journals and has also edited 7 textbooks.

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Notes:

Tatiana Massarrah, J Cancer Sci Ther 2017, 9:6(Suppl)
DOI: 10.4172/1948-5956-C1-104

19th Euro Congress on Cancer Science and Therapy
&
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July 17-19, 2017 Lisbon, Portugal



Tatiana Massarrah

Gregorio Maranon Hospital, Spain

Development of an oncology clinical research nursing consulting: A matter of safety

Clinical research in oncology means walking through the future in cancer treatment and care. Oncology nursing has acquired over the years expertise in cancer care, detecting and helping in the management of adverse events (AE) as well as participating in the field of advisory and advocating for cancer patients. Main objectives in oncology clinical trials are safety and efficacy, accomplishing regulatory rules and principles of Good Clinical Practice (GCP). New research pathways reveal new treatments, new toxicities and new standards of care. Informing and educating patients and care givers in the environment of clinical research is the principal reason to design an Oncology Clinical Research Nurse Consulting (OCRNC). Improving treatment compliance, training patients and care givers how to report side effects or any AE and how to manage them, are target for the OCRNC. In addition, the information received from patients, description of AE and the concomitant medication registry will be necessary for medical investigators to grade events and relate them to the study drug or not. The purpose of this communication is to highlight the importance of the work of the oncology nurse in the clinical research setting and his/her role in informing and educating patients to preserve safety, adherence and compliance under the GCP rules. Oncology patients are part involved in the treatment decision making and a well-performed clinical trial is a way to honor their altruistic and voluntary contribution to the development of treatments and the progress of medicine and the society in general. Quality of data in clinical research requires not only a rigorous physical patient assessment, also a careful and empathic listening of both social and emotional issues, giving crucial information for final results of the study. Patients will be the main source of information in the clinical research context.

Biography

Tatiana Massarrah obtained her degree in Nursing at Pontifical University of Salamanca, Salus Infirmorum Nursing School in 1991. Her professional career has developed as a Clinical Nurse in Oncology department, in its various areas, Medical Oncology, Palliative Care and Oncohematology and Bone Marrow Transplantation. Currently, she coordinates the Oncology Research Unit in Medical Oncology department. Advisory and training patients in drugs side effects, adverse events management and care are the area of her job development as part of the Clinical Research Unit Team.

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Notes:

Sherry A Bradford, J Cancer Sci Ther 2017, 9:6(Suppl)
DOI: 10.4172/1948-5956-C1-104

19th Euro Congress on Cancer Science and Therapy
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July 17-19, 2017 Lisbon, Portugal



Sherry A Bradford

AccuTheranostics Inc., USA

Breast cancer and personalized medicine: Advances, conundrums and novel therapeutic interventions

Despite significant increase in the number of women surviving breast cancer, there still exist a large number of women who die each year despite treatment. It remains a challenging disease to treat, in part, due to the heterogeneity of the malady. It is widely accepted that breast cancer is a highly heterogeneous disease and that subpopulations of cells within a single tumor can exhibit distinct genomic, protein and metabolic profiles. These profound complex profiles result in perspicacious and variable phenotypic cellular portraits. Furthermore, tumor cells experience a range of microenvironmental cues, which would in turn, translate into a range of phenotypic manifestations, contributing to morphologically dissimilar cellular lineages and tissues, within the tumor milieu. Thus, interactions of tumor cells with their microenvironment mutually shape tumor behavior and phenotype. Likewise, plasticity of tumor cell phenotypes would necessarily also influence the apoptotic and autophagic responses. The clinical relevance is that this disparate and divergent heterogenicity contributes significantly to the efficacy of drug therapy and therefore imparts considerable inter-individual variation in pharmacotherapy and clinical response to a myriad of agents. Accordingly, this tumor intra-/inter- incongruence in breast cancer patients, underscores the necessity to personalize therapeutic regimens favoring more personalized patient care throughout monitoring disease progression, relapse and remission states. Our lab briefly delineates a reliable *in-vitro* test that employs a more scientific and logical approach to identify drug(s) and drug combinations that may be efficacious against a specific patient's tumor *in-vivo*. The patient's own tumor mass is fully disaggregated and as such, all cells (microenvironment) that compose the tumor are subjected to cytotoxic/cytolytic agents. The end-point is cell death (not cell-growth), which correlates to clinical outcomes of progression-free and overall survival in cancer patients. Though, the entirety our tumor studies are not shown, our studies do validate that *in-vitro* testing does qualify as a tool that can assist and guide oncologists to the most efficacious therapy(s) for their patients and the necessity to individualize chemotherapeutic regimes.

Biography

Sherry A Bradford has attended undergraduate school at SUNY at Buffalo and has done her PhD in Biochemistry from the University of Buffalo. During her clinical laboratory vocation, she was solicited by the Chief of Surgery at Millard Fillmore Hospital, Buffalo, NY, to direct the Surgical Research Laboratory. She was awarded for Excellence in Research by the American Federation for Clinical Research, and for the Excellence in Research – SUNY at Buffalo. Currently, she sits on the Editorial Board of many reputed national and international journals and has authored and co-authored a number of scientific peer-reviewed manuscripts. She is also a member of many professional organizations including: International Metabolic Cancer Group, AACR, ASCO and GLIFCA.

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Notes:

Aleksandar Stefanovic, J Cancer Sci Ther 2017, 9:6(Suppl)
DOI: 10.4172/1948-5956-C1-104

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July 17-19, 2017 Lisbon, Portugal



Aleksandar Stefanovic

Clinical Center of Serbia, Serbia

Fertility sparing surgery in treatment of early stage of cervical cancer

Standard surgical approach to invasive cervical cancer carries risks of unfulfilled reproductive plans and morbidity, which could influence quality of life to a greater extent. Radical trachelectomy is a fertility sparing procedure with the aim to preserve reproductive potential of the patient with unchanged oncologic outcome. The procedure can be performed by vaginal or abdominal approach. Abdominal trachelectomy offers greater radicality concerning the parametrial resection with an easier learning curve, although studies demonstrate slightly lower reproductive success. Vaginal radical trachelectomy is combined with minimally invasive lymphadenectomy (laparoscopic or robotic). The procedure is applied to patients with early-stages of cervical cancer, FIGO staged as Ia1, Ia2 and smaller Ib1 tumours. Since the procedure is combined with an ex-tempore hystologic analysis, organization and experience of team is of crucial importance. Oncologic outcome is excellent and comparable to standard procedure. Fertility rates are between 40 and 70%, with an increased rate of pregnancies achieved by assisted reproductive procedures (about 1/3). The rate of pregnancy complication is higher, and include increased rates of abortions, preterm deliveries, chorioamnionitis and cesarean sections. In an attempt to further decrease morbidity and to optimize reproductive outcome, some institutions perform less radical approaches – conisation or amputation of cervix, precedeed by pelvic lympadenectomy. Novel approaches include sentinel node biopsies and neoadjuvant chemotherapy followed by fertility sparing procedures. Since the oncologic safety of these procedures is yet to be determined, for now these procedures have to be considered as experimental. More studies, concerning the safety of above mentioned procedures, are needed, before they can fully be utilized in routine practice.

Biography

Aleksandar Stefanovic has completed his PhD in Medical Faculty, University of Belgrade. He is the Director of Clinic for Gynecology and Obstetrics, Clinical Center of Serbia, Belgrade, Serbia and President of Association of Gynecologist and Obstetricians of Serbia, Montenegro and Republic Srpska. He is also a Member of FIGO. He has published more than 46 papers in reputed journals and has been serving as an Editorial Board Member of repute. He was invited speaker in more than 60 international congresses.

Notes:





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Scientific Tracks & Abstracts

Day 1

Cancer Science & Cancer Nursing 2017

Sessions

Day 1 July 17, 2017

Organ Defined Cancers | Cancer Genetics | Cancer Biomarkers | Cancer Therapy & Treaments | Cancer Nursing

Session Chair
Nyla A Heerema
The Ohio State University Wexner Medical Center, USA

Session Co-chair
Audrey Claing
Montreal University, Canada

Session Introduction

Title: CpG simulated karyotypic analysis of chronic lymphocytic leukemia (CLL) is a significant prognostic factor and should be performed on all patients
Nyla A Heerema, The Ohio State University Wexner Medical Center, USA

Title: Evolution of a system for surgical treatment of adenocarcinomas
Charles L Hitchcock, The Ohio State University, USA

Title: Creating the best clinical and economic evidence to assist decision-making in urological cancers
Alice Dragomir, McGill University, Canada

Title: Unraveling the full role of P-glycoprotein in multidrug resistant cancers
M Helena Vasconcelos, University of Porto, Portugal

Title: ARF proteins as new molecular targets for the treatment of invasive breast cancer
Audrey Claing, Montreal University, Canada

Title: An investigation in the role of noncoding RNA's in epithelial mesenchymal transition (EMT) in prostate cancer
Hirendra Nath Banerjee, University of North Carolina, USA

Title: Challenges of therapeutical options in treatment of early stages of endometrial cancer
Katarina Jeremic, University of Belgrade, Serbia

Title: Do breast cancer units treat patients based on their own neoadjuvant protocols?
Vasco Fonseca, Centro Hospitalar Lisboa Ocidental, Portugal

Video Presentation

Session Introduction

Title: Efficacy of aloe-vera-gel topical application on radiation-induced-mucositis in head-and-neck-malignancy: A double-blind, randomised clinical trial in Mumbai, India
Rita Lakhani, Krishna University of Health Sciences, India

Nyla A Heerema et al., J Cancer Sci Ther 2017, 9:6(Suppl)
DOI: 10.4172/1948-5956-C1-105

CpG simulated karyotypic analysis of chronic lymphocytic leukemia (CLL) is a significant prognostic factor and should be performed on all patients

Nyla A Heerema, Cecelia R Miller, Amy S Ruppert, Qiuhong Zhao, Jennifer A Woyach, Kerry A Rogers, Farrukh T Awan, Lynne V Abruzzo, Kami Maddocks, Jeffrey A Jones, Samantha M Jaglowski, Leslie A Andritsos, Michael . Grever, Heather Breidenbach, Jadwiga Labanowska, Meixiao Long, Amber Gordon, Caitlin Coombes, Galena Salem, Deborah M Stephens, Ying Huang, Gerard Lozanski, Weiqiang Zhao, Amy J Johnson, Erin K Hertlein, John C Byrd and **Natarajan Muthusamy**

The Ohio State University Wexner Medical Center, USA

CLL has a variable clinical course and prognostic factors are vital. Metaphase cytogenetics have been minimally informative as CLL cells do not respond to traditional mitogens. CpG stimulates CLL cells to divide in <80% cases. Investigation of karyotypic abnormalities within one year of diagnosis in untreated CLL patients using CpG-stimulation identified complex karyotype (CK) (>3 unrelated abnormalities) that predicted a shorter time to first treatment (TFT) compared to non-CK (NCK, 12 months estimates 45% and 15%, respectively, p=0.0005). Despite a strong correlation of del(17p) with CK, CK predicted TFT independent of del(17p), a known poor prognosticator. Additionally, in patients with either balanced or unbalanced translocation, the good prognosis of mutated IGHV was negated (mutated IGHV translocation present vs absent, HR 3.59, p<0.001; unmutated IGHV translocation present vs absent, HR 1.03, p=0.92, interaction p=0.002). Independent of IGHV and translocation, CK (HR 1.70, p=0.037) remained statistically significant. Patients with Richter's transformation (RT), an aggressive lymphoma in some CLL patients, exhibited higher risk for death with CK (HR 2.72, p=0.025) than in patients with NCK after R-EPOCH treatment. CK was independently associated with ibrutinib discontinuation due to progression. Although a low percentage of patients treated with ibrutinib experience RT, 6/9 patients with near-tetraploidy detected prior to ibrutinib treatment developed RT. In a multivariable model, both near-tetraploidy (HR 8.66, p<0.0001) and CK (HR 4.78, p=0.01) were independent risk factors for discontinuing ibrutinib due to transformation. In conclusion, CpG-stimulated karyotypes should be performed in CLL patients to identify karyotypic abnormalities that are significant for prognostication.

Biography

Nyla A Heerema is a professor in the Department of Pathology at The Ohio State University Wexner Medical Center. She is the Director of the Cancer Cytogenetics Laboratory there, as well as conducts an active research program. Her areas of research are the cytogenetics of chronic lymphocytic leukemia (CLL) and of pediatric acute lymphoblastic leukemia. She is a member of the CLL Research Consortium, and is the Chairperson of the Cytogenetics Discipline for the Children's Oncology Group. She has published over 300 articles.

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Notes:

Charles L Hitchcock et al., J Cancer Sci Ther 2017, 9:6(Suppl)
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Evolution of a system for surgical treatment of adenocarcinomas

Charles L Hitchcock and **Edward W Martin**
The Ohio State University, USA

Current imaging and exploration of the surgical field using inspection and palpation provides the surgeon with limited information for clinical decision making. Using colorectal adenocarcinoma as a model, we developed a "system" that incorporates currently available technologies to increase the precision of tumor imaging before and during surgery. The system has three parts: 1) a tumor-related marker, 2) a labeled molecular probe, and 3) instrumentation for imaging and/or detection of the labeled tumor. The glycoprotein TAG-72 is expressed in more than 80% of adenocarcinomas of the: colon and rectum, pancreas, lung, prostate, endometrium, and ovary. We utilized three different generations of 125I-labeled murine IgG antibodies to TAG-72. Our earlier studies used a hand-held gamma probe for the detection and excision of TAG-72 positive tissues. Follow-up studies clearly demonstrated that, independent of the pathologic stage, patient survival was significantly better if all of the TAG-positive tissue was removed. In the last 25 tears the "system" has evolved to the use of low energy labeled, small, molecular probes that allow for combined intraoperative imaging and detection. We bioengineered humanized, single chain, fragments and its "mers", to TAG-72 that minimize murine antibodies associated problems. 123I-labeling of these small molecules provides an optimal signal-to-noise ratio. The "System" now allows for preoperative SPECT/CT imaging to determine actual disease extent prior to surgery and for using a portable gamma camera for real-time intraoperative imaging while retaining hand-held-gamma probe detection of TAG-72 positive tissue. Proof-of-concept studies clearly demonstrate that the surgeon can "get it all".

Biography

Charles L Hitchcock is an Emeritus Faculty member of the Department of Pathology at The Ohio State University in Columbus, Ohio USA. For the last 35 years, he has been a member of a multidisciplinary team of physicians, engineers, chemists, and biomedical scientists whose goal is to provide physicians with the resources to optimize the treatment of patients with solid tumors. Their efforts have resulted in over 500 publications and abstracts, multiple research grants, patents, and several biotech companies.

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Notes:

Alice Dragomir, J Cancer Sci Ther 2017, 9:6(Suppl)
DOI: 10.4172/1948-5956-C1-105

Creating the best clinical and economic evidence to assist decision-making in urological cancers

Alice Dragomir
McGill University, Canada

Significant advances have been made in the field of urological cancers, including new health technologies for localized cancers and many innovative drugs for advanced cancers. These novel treatment options are generally more expensive than existing treatments which limits their implementation in current clinical practice. Particularly, several new tests have demonstrated clinical utility and benefits in the screening, diagnosis or treatment phase of prostate cancer. Unfortunately, none of these tests are currently used routinely in clinical practice in Canada or other countries. One of the reasons is the lack of evidence regarding their cost-effectiveness. Recently, the Canadian Task Force on Preventive Healthcare and other similar entities from other countries, recommended against PSA screening in all men. We believe that applying this recommendation regardless of risk- and age-stratification to all men is an extreme strategy, especially considering the lack of economic evidence. An alternative needs to be found in a more proficient way to perform prostate cancer screening, diagnosis and treatment. Identifying the new prognosis/risk-assessment tests or interventions which are cost-effective could be a first step in achieving this goal. Better prostate cancer risk assessment tools will assist the decision-making process, which would finally lead to the best therapeutic options being offered to individual patients, improve overall patient care, and reduce healthcare expenditure. This presentation presents results of several studies aimed to determine the best solutions for urological cancer screening, diagnosis and treatment for improving healthcare delivery to patients, increase access to these new advances, while uncovering better ways to optimize health services and cost allocation.

Biography

Alice Dragomir is an Assistant Professor at the McGill University, Faculty of Medicine, and Scientist in Health Economics and Outcomes Research at the Research Institute of the McGill University Health Center. She is an Economist and Biostatistician with Master's degree in Statistics and Doctoral degree in Pharmacoepidemiology and Pharmacoeconomics, from University of Montreal, Canada. She has 14 years of experience in academic research. She was involved in research projects focused on evaluation of health outcomes and health economics related to different treatment strategies, adherence to treatments, health services utilization and disease modeling. Her current research is focused on clinical and economic evaluation of different treatments strategies offered to patients with prostate cancer or other urologic cancers. She has an extended experience in analyzing administrative healthcare databases and disease modeling. Her research represents a valuable tool for decision-makers and clinician leaders while evaluating the clinical and economic impacts of innovative treatments.

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Notes:

M Helena Vasconcelos et al., J Cancer Sci Ther 2017, 9:6(Suppl)
DOI: 10.4172/1948-5956-C1-105

Unraveling the full role of P-glycoprotein in multidrug resistant cancers

M Helena Vasconcelos, Diana Sousa, Inês Castro and **Cristina P R Xavier**
University of Porto, Portugal

Multidrug resistance (MDR) is often responsible for treatment failure in cancer patients. One of the main reasons for the MDR phenotype of cancer cells is an overexpression of drug-efflux pumps such as P-glycoprotein (P-gp). Recently, my research group, together with international collaborators, compared MDR cells with their drug-sensitive counterparts and verified that MDR cells present metabolic alterations which may be further explored as molecular targets to counteract the MDR phenotype. In addition, my group observed that P-gp may be horizontally transferred by extracellular vesicles (EVs), between MDR and drug-sensitive cells, confirming results from other researchers and indicating that this protein has a stronger influence in the MDR phenotype of tumor cells than had been initially realized. Interestingly, we and collaborators had recently found that the EVs released by MDR cells are enriched in microvesicle-like EVs. However, the work indicates that drug-resistant cells without overexpression of P-gp do not present this enrichment. Thus, we are currently verifying if P-gp could be involved in the release of microvesicles by MDR cells.

Biography

M Helena Vasconcelos is an Assistant Professor at FFUP (Faculty of Pharmacy, University of Porto) and Group Leader of the Cancer Drug Resistance Group at i3S/IPATIMUP. She has done her First degree in Pharmaceutical Sciences (1991) from FFUP in Portugal, MSc (1992) and PhD (1996) from the University of Aberdeen in Scotland. Her current research focuses on the identification and validation of biomarkers and therapeutic targets to overcome drug resistance in cancer and on the activity of small molecules to counteract drug resistance. She has published more than 85 papers published in international journals and with an h-index of 23.

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Notes:

Audrey Claing, J Cancer Sci Ther 2017, 9:6(Suppl)
DOI: 10.4172/1948-5956-C1-105

ARF proteins as new molecular targets for the treatment of invasive breast cancer

Audrey Claing
Montreal University, Canada

Triple-negative breast cancers (TNBC) are a highly invasive type of breast cancer and associated with poor prognostics. Although, these tumors do not express the typical hormone receptors (ER-, PR-), nor the HER2 receptor, their proliferation and invasive capacities can be enhanced by growth factors such as the epidermal growth factor (EGF). Drugs inhibiting EGF receptor activity have however shown limited effects mainly due to the development of resistance. There is therefore an urgent need to identify new therapeutic targets for the design of therapies that would complement current approaches (surgery, chemo and radiotherapy). We and others have shown that the Ras-related ADP-ribosylation factors (ARF) are another class of small GTPases regulating key features of cancer cells. ARF1 and ARF6, two isoforms best characterized, are highly expressed in cells and tumor tissue of the most aggressive and advanced subtypes of breast cancers. Knock down of ARF1 expression, for example, impairs the ability of breast cancer cells to proliferate, migrate and degrade the extracellular matrix. Furthermore, growth of primary tumors as well as lung metastasis is reduced in a murine xenograft model when expression of the GTPase is inhibited. Our findings have demonstrated that increased levels of ARF1, in non-invasive cells lead to the epithelial-mesenchymal transition (EMT). Overall, our work has identified ARF1 as a molecular switch of cancer progression and thus suggests that limiting the expression/activation of this GTPase could help improve outcome for breast cancer patients.

Biography

Audrey Claing has completed her PhD from the University of Sherbrooke (Canada) in 1997. She has worked at the Laboratory of Dr. Robert J Lefkowitz, 2012 Nobel Laureate, for her Post-doctoral studies at Duke University (USA). She is now the Professor of Pharmacology and Physiology at the Montreal University (Canada). She has published more than 60 papers in reputed journals and has greatly advanced research in the field of G Protein Signaling.

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Notes:

Hirendra Banerjee et al., J Cancer Sci Ther 2017, 9:6(Suppl)
DOI: 10.4172/1948-5956-C1-105

An investigation in the role of noncoding RNA's in epithelial mesenchymal transition (EMT) in prostate cancer

Hirendra Banerjee, William Kahan, Monet Stevention, Christopher Krauss, Preema Sarkar, Arghya Das, Mark Messmer, Brianna Morris, Ray Shawn Walker, Sasha Hodges, Narendra Banerjee, Alia Wofford and **Myla Worthington**
University of North Carolina, USA

The recurrence and the metastasis of prostate cancer PCa are tightly linked with the biology of prostate cancer stem cells or cancer-initiating cells that is reminiscent of the acquisition of epithelial to mesenchymal transition (EMT) phenotype. Increasing evidence suggests that EMT-type cells share many biological characteristics with cancer stem-like cells (CSCs). In earlier studies it has been shown that there are certain genes and miRNA that are involved in this process. The genes and the miRNA have altered functionality causing this problem. We collected several prostate cancer samples from African American (AA) and Caucasian (CA) patients from Karmanos Cancer Center, Detroit, MI and compared the differential expression of those previously mentioned CSC related miRNA in these samples searching for biomarkers with clinicopathological variables, including race (AA vs. CA), to develop a clinically relevant algorithm for PCa aggressiveness. We identified that the over expression of genes Lin28B and EZH2 leads to the acquisition of the invasive characteristics of the Pca cells with EMT phenotype due to down regulation of miR200 and let7c, there by maintaining the stem cell like characteristics in PCa which in turn causes more aggressive PCa in AA than CA along with up regulation of the PRC2 (polycomb) protein complex expression. Work proposed in this application, will contribute to development of a novel theranostics approach involving the noncoding RNA's that may translate into an effective treatment regimen against not only PCa but other cancers as well.

Biography

Hirendra Nath Banerjee completed his undergraduate degree in Biology & Chemistry and Bachelor of Medicine and Surgery degree from Calcutta University, India. His M.S. in Molecular Biology is from LIU at NY, USA and Ph.D. from Howard University Cancer Center in Washington, D.C. Dr. Banerjee did his post-doctoral training at Yale University and Medical University of South Carolina, USA. As a tenured Professor at Elizabeth City State University under the University of North Carolina system, Dr. Banerjee is involved in cancer research for more than two decades training many talented under graduate and graduate students in the process.

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Notes:

Katarina Jeremić, J Cancer Sci Ther 2017, 9:6(Suppl)
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Challenges of therapeutic options in treatment of early stages of endometrial cancer

Katarina Jeremić
Clinical Center of Serbia, Serbia

Conservative approaches of early-stage endometrial carcinoma includes hormonal therapy, in selected group of young patients with endometrial carcinoma with age less than 45 years and wishes to preserve fertility, that shows low grade 1 endometrioid adenocarcinomas limited to the endometrium with MRI excluded myomaterial invasion, without evidence of limphovascular space involvement or extrauterine disease (cervical, ovarian, lymphnodal or any other extra-uterine disease). The diagnosis is proven by two experienced gynoncology pathologists review of analyzed endometrial samples. It could be collected by biopsy, hysteroscopy or dilatation & curatage and if it possible PgR analysis should be done. Invasive procedures for collecting endometrial samples are hysteroscopy that permits evaluation of endometrial cavity and biopsy of suspicious lesion. The accuracy of hysteroscopy is high with sensitivity rate of 86.4% and specific rate of 99.2%, even higher in the diagnosis, than in excluding it. The possible dissemination of malignant cells through fallopian tubes during hysteroscopy, has not been proven in meta-analysis in early stage of the disease. Obligate pretreatment assessments include biopsy, hysteroscopy or dilatation & curatage, radiologic imaging, contrast MRI (to exclude myometrial invasion, exclude extrauterine spread of disease, ovarian, lymphonodal, cervical involvement) even laparoscopy and assessment of ovaries, peritoneum and PW + SLN, as also CA 125, X ray for chests examination. The results according to many studies are that almost a two third of patients (50-75% of patients) that are treated with gestagen therapy have complete response, but 20-45% patients will have recurrence even after initial response and 25% would not answer on the therapy. Follow up is repeating of endometrial biopsies by hysteroscopy every 3 months which is recommended, until there is a complete response or achieving pregnancy. Surgery is recommended if there is no response after 6 months of medication treatment. Hormonal therapy that could be applied is progestins that inhibits the estrogenic effect and suppresses cell proliferation (medroxy progesterone acetate, megestrl acetate), GnRh analogues, but also local gestagens (IUD), oral natural progesterons, aromatase inhibitors - antiestrogens as also three step endoscopic (hysteroscopic) resection - remove tumour, surrounding endometrium, myometrium.

Biography

Katarina Jeremić attended Medical School, University of Belgrade in 1996, MD in 2000, PhD in 2006 and Academic Special Studies in Gynecology and Obstetrics. She has 19 years of Clinical Experience, working as Gynecologist at Clinic for Gynecology & Obstetrics Clinical Centre of Serbia, which is the biggest one in whole region. She is currently the Head of Gynecologic Oncology Department and also member of many scientific projects on Cancer and Pregnancy. She worked at the Medical Faculty, University Belgrade as Lecturer and Associate Professor of Gynecology and Obstetrics. She has 50 publications in CC/SCI expanded and JCR indexed, and participated in more than 50 international congresses, with a total number of 150 publications. She is a member of FIGO, ESGO, and other societies.

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Notes:

Vasco Fonseca et al., J Cancer Sci Ther 2017, 9:6(Suppl)
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Do breast cancer units treat patients based on their own neoadjuvant protocols?

Vasco Fonseca and **Zacharoula Sidiropoulou**
Centro Hospitalar Lisboa Ocidental, Portugal

In the CHLO Breast Unit, which incorporates 4 hospitals, we treat almost 300 new breast cancer patients per year. In most cases, the international guidelines are very clear regarding locally advanced breast cancer, allowing a vast number of options in the grey area that concerns the Unit's experience. We consider that the Unit's experience and tumor staging, but also tumor biology, patient's preference, individual risk factors and relative contraindications should be the principal considerations for the neoadjuvant treatment decision (according to international data). For this reason, we have formulated an internal protocol which allows us, not only to include all the indicated patients, but also to compile a database for their follow-up. In our protocol, triple negative, Her2 positive tumors and luminal B-like with high proliferative index, equal or above 2 cm (cT2N0), are proposed for neoadjuvant treatment. Patients with hormone dependent tumors that refuse surgical treatment, older patients, or patients with severe comorbidities, as well as selected luminal-A-like patients, are included in neoadjuvant hormonal treatment, which in some cases is extended over 8 months.

Biography

Vasco Fonseca has a degree in Medicine from the University of Lisbon in 2000. He is trained as a Medical Oncologist at the IPO of Lisbon and is currently working at the CHLO, in "Maria José Nogueira Pinto" Centre, as well as for the Portuguese National Military Forces. He is currently developing clinical trials in the area of breast cancer. He is the author of clinical protocol for Breast Cancer of the CHLO and has publications in reputed journals.

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Video Presentation

Day 1

Rita Lakhani, J Cancer Sci Ther 2017, 9:6(Suppl)
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Efficacy of *Aloe vera* gel topical application on radiation-induced-mucositis in head-and-neck-malignancy: A double-blind, randomized clinical trial in Mumbai, India

Rita Lakhani
Krishna University of Medical Sciences, India

Radiotherapy, (RT) is associated with high rates of mucotoxicity with no consensus on its care. *Aloe vera* is FDA-approved and is therapeutically used. Studies to-date has different dimensions. In one study, the researcher used aloe-vera as mouth-wash (P=0.004) where its effect got limited over a few minutes and in the other research, the researcher used it in oral form (P>0.05) where it acted as a systemic agent than a local agent. Precisely, robust studies and use of *Aloe vera* in the form of an oral gel is a significant omission. The objective of this paper is to discuss the effectiveness of oral *Aloe vera* gel in reducing the magnitude of increasing RIM during the progress of RT in head and neck malignancy (HNM) patients. An evaluative, double-blind, control group design was adopted. 100 eligible respondents with HNM scheduled to receive conventional RT were block randomized between group A and group B and PIS was implemented. Standardized tools were applied to assess the respondents weekly for mucositis, pain, weight, and use of supportive drugs. QOL-questionnaires were also administered. Respondents in the two groups were statistically identical in baseline characteristics (P>0.05). RIM grades were significantly less for experimental group as compared to control group (P<0.05). By the end of treatment, the two groups were statistically different in maximal grade of toxicity (Z=1.7, P<0.05), use of drugs, QOL scores, percentage of weight loss and nutritional status. *Aloe vera* gel was effective in slowing down the progression of RIM.

Biography

Rita Lakhani is a PhD (Nursing) scholar at KIMS, Karad University. She was awarded the Gold Medal (1999) for securing the first place during her MSc in Nursing from SNDT Women's University. She is the Principal at Fortis Institute of Nursing, a premier college under the brand name Fortis Healthcare Ltd. She has published more than 15 papers in reputed journals. She was conferred the Best Paper Presenter on three occasions (twice at Maharashtra University of Health Sciences, Maharashtra and International conference, Maharashtra). She has been serving as the Vice-President of Oncology Nurses Association of India and the Editorial Board Member of its journal.

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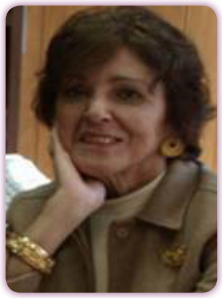
Keynote Forum

Day 2

Isaura Meza, J Cancer Sci Ther 2017, 9:6(Suppl)
DOI: 10.4172/1948-5956-C1-104

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Isaura Meza

CINVESTAV, Mexico

Role of the proinflammatory cytokine IL-1β in breast cancer progression to malignancy

In the tumor inflammatory microenvironment, interleukin-1β (IL-1β) has been associated with tumor development, invasiveness, metastasis and initiation of the epithelial to mesenchymal transition (EMT). Using a model of breast cancer non-invasive cells, we have recently demonstrated that IL-1β triggers the activation of a signaling pattern, not previously described, named as *IL-1β/IL-1RI/β-catenin* that induces accumulation of β-catenin in the nucleus and GSK1 inactivation by AKT phosphorylation. Translocation of β-catenin to the nucleus and formation of the TCF/Lef/β-catenin complex causes sequential expression of genes that leads to up-regulation of cell proliferation, migration and invasion. By the activation of these processes, the IL-1β-stimulated cells enter the transition program, from a non-invading to an invading phenotype, known as EMT. Initial results on a selected MCF-7 cell clone (6D) highly sensitive to IL-1β showed that IL-1β up-regulated *SNAIL, c-MYC* and *MMP2*, genes involved in replication and invasion. Subsequent RNA-seq showed direct correlation between up-regulation of cell survival and drug resistance genes such as *BIRC3, CDKN1A, TP63* and *BCL2*. Our results with this 6D cell model, in which EMT has been induced by IL-1β, showed that methylation of the ESR1 promoter occurred as consequence of the up-regulation of TWIST1 through the cytokine activated pathway, leading to decreased levels of the oestrogen receptor ERα, as observed in aggressive breast cancer tumors classified as triple negative. We hope that our results showing some of the mechanisms by which an inflammatory environment influences malignancy will draw attention to this aspect of cancer pathology and the possibility for using new therapeutic schemes in its treatment.

Biography

Isaura Meza graduated from the University of California, Berkeley and has always been interested in cell motility mechanisms. She has done her Post-doctoral studies from the University of Geneva. She works as a Professor at CINVESTAV in Mexico City.

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Maru Barrera, J Cancer Sci Ther 2017, 9:6(Suppl)
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Maru Barrera

Dept. of Psychology and Division of Hematology/ Oncology, Canada

Why is early psychosocial screening important in pediatric cancer?

Diagnosis of childhood cancer and its aggressive treatment can have a devastating psychosocial impact on the whole family. The child undergoing cancer treatment encounters a host of negative experiences which may result in fear, anxiety and pain and severe psychosocial distress. Parents of children with cancer also face devastating situations and disruption of daily life that can result in severe psychosocial distress and symptoms of anxiety and depression. Parents' behavior and anxiety during their child's medical procedures predicts their child's distress reaction and child and parent adjustment after diagnosis is the best predictor of adjustment two years later. Although the majority of families adjust well over time significant number experience long-term psychosocial difficulties. In this presentation, the author will describe some of his research evaluating the impact of providing early psychosocial risk information to the treating team, based on the psychosocial assessment tool (PAT) completed by parents shortly after diagnosis. Compared to a randomized control group (no information to treating team), results will describe reduced distress and improved quality of life (QOL) in the child with cancer and his/her parents and siblings six months from baseline. Additional findings from a more recent and larger study will also be presented describing mental health outcomes in the child with cancer, one parent and one sibling. Implications for patient care will be discussed.

Biography

Maru Barrera completed her MA from the University of North Carolina in USA and PhD at McMaster University in Canada. She is a Psychologist and Senior Associate Scientist in Hematology/Oncology and Department of Psychology at Hospital for Sick Children, Toronto, ON; and an Associate Professor at University of Toronto in Medical Sciences and Education. Her research includes: Development and RCT assessment of group intervention programs for children treated for brain tumors and for siblings and investigating early psychosocial screening for improved psychosocial outcomes. She has published over 115 scientific articles in high impact scientific journals.

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Notes:

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Robert Thomas

Bedford and Addenbrooke's Cambridge University Hospitals, UK

Preventing chemotherapy-induced onycholysis - A double blind, randomised trial of a polyphenol rich nail bed – The UK polybalm study

Background: Distressing nail damage is common amongst patients receiving chemotherapy, especially taxanes, causing disfigurement, secondary infection and interference with activities of daily living. Cooling the nails beds has some success and moisturising nail balms are often advised popular but there has been little published evidence for their effectiveness. This investigation evaluated whether a topical balm containing bioactive polyphenolic rich herbs and oils could protected the nail beds via their reported anti-inflammatory, analgesic, anti-oxidant and anti-microbial properties.

Methods: 61 patients (23M, 38F) were randomized to apply to their nail beds (2-3/day) the natural balmor a petroleum balm, scented for a placebo control. Demographics, type and number of cycles did not differ between the two groups, recruited between Sept 2015-Sept 2016. At baseline and at the end of chemotherapy both patients and physicians recorded outcomes of nail health based on symptoms, clinical examination and photographs. Differences were analyzed using an unpaired t-test.

Results: In all but 2 of the 30 patients in the polybalm cohort, there was virtually no nail damage compared to more than half suffering significant damage and distress in the placebo group. The patients in the polybalm group who still had moderate damage also suffered from other severe chemotherapy complications including neutropenic sepsis, diarrhoea and peripheral neuropathy. There were no reported balm related adverse toxicities. The precise mean fall in nail health over the course of chemotherapy were:

A. Patient reported:

1. Dermatology Life Quality questionnaire: Placebo (-6.10); Polybalm (-0.034); difference 6.062; confidence intervals (CI) 4.17 to 7.95 ($p<0.0001$).
2. Linear severity Scale Placebo (-64.1); polybalm (2.63) difference (66.72; CI: 52.97 to 80.47; ($p<0.0001$).

B. Physician reported:

1. Nail Psoriasis Index: Placebo (-5.71); Polybalm (0.0); difference 5.71; CI 4.29 to 7.12; ($p<0.0001$)
2. Linear severity Scale: Placebo (-66.1); Polybalm (-5.79); difference 60.30; CI 45.29 to 75.32 ($p=<0.0001$).

Conclusion: The polyphenolics rich essential oils and plant-based waxes in this nail bed balm profoundly reduced chemotherapy related nail damage and improved nail related quality of life compared to a petroleum-based balm.

Biography

Robert Thomas is a Professor of Biological and Exercise Science at Coventry University and a Clinical Teacher at Cambridge University. He leads a research team of oncology nurses and doctors at the Primrose Unit Bedford Hospital, which has an academic interest in the evaluation of nutritional, lifestyle and self-help strategies after cancer. The team has over 50 studies including the world's largest randomized evaluation of a polyphenol rich nutritional supplement. He is an Editor of the lifestyle and cancer website (cancernet.co.uk) and the general heath website (keep-healthy.com) and designed the 1st UK approved course and qualification in cancer exercise rehabilitation. For his efforts to improve the long term wellbeing of patients, he was awarded the British Oncology Association Oncologist of the Year and Hospital Doctor Magazine UK Doctor of the Year.

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Scientific Tracks & Abstracts

Day 2

Sessions

Cancer Therapeutics | Cancer Nursing | Cancer Biology | Cancer Management & Prevention

Session Chair
Robert Thomas
Bedford and Addenbrooke's Cambridge University Hospitals, UK

Session Co-chair
Shanmugasundaram Ganapathy Kanniappan
Johns Hopkins University, USA

Session Introduction

Title: Tumor glycolysis - The stygian link between two hallmarks of cancer and novel therapeutic opportunities
Shanmugasundaram Ganapathy Kanniappan, Johns Hopkins University, USA

Title: Using 'zero-ischemia' and 'sutureless' techniques to implement laparoscopic partial nephrectomy with holmium laser
Qi-Fei Wang, The First Affiliated Hospital of Dalian Medical University, China

Title: Novel strategy to cure cancer
Adnan Yousif Rojeab, London College UCK, UK

Title: Lifestyle after cancer to reduced toxicity and improved outcomes – What evidence based strategies should we be advising patients?
Robert Thomas, Bedford and Addenbrooke's Cambridge University Hospitals, UK

Title: Communication network mediated by exosomes as a new therapeutic target for pancreatic cancer
Sonia A Melo, University of Porto, Portugal

Young Researchers Forum

Session Introduction

Title: Protein expression profiling of sorafenib-resistant human renal cancer stem-like cells in three-dimensional *in vitro* model
Zofia Felicja Bielecka, Warsaw Medical University, Poland

Title: Identification and functional evaluation of LRIG1-interacting proteins
Mahmood Faraz, Umea University, Sweden

Title: ExoNet - Intratumor communication network mediated by exosomes in pancreatic cancer
Carolina F Ruivo, Institute for Research and Innovation in Health, Portugal

Title: Intercellular communication mediated by exosomes as a new therapeutic target for pancreatic cancer
Nuno Bastos, University of Porto, Portugal

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Tumor glycolysis - The stygian link between two hallmarks of cancer and novel therapeutic opportunities

Shanmugasundaram Ganapathy Kanniappan
Johns Hopkins University, USA

Our understanding of aerobic glycolysis or tumor glycolysis popularly known as the Warburg effect has significantly advanced in the past two decades. Besides facilitating tumor growth and survival under unfavorable conditions, aerobic glycolysis also plays a pivotal role in therapeutic resistance. For example, the extracellular accumulation of lactate, a product of glycolysis impacts the tumor microenvironment (TME) and contributes to its low-pH and acidity. Noteworthy, TME acts as a barrier that blocks the efficacy of anticancer agents including chemotherapeutics and immune therapeutics. Furthermore, aerobic glycolysis has also been ascribed to support the immune-evasion of cancer. Thus, tumor glycolysis which is an integral component of the metabolic reprogramming (hallmark of cancer) is linked with immune-evasion (another hallmark of cancer). Using preclinical models, we demonstrated that deregulation of tumor glycolysis and/or the induction of metabolic stress sensitizes cancer cells to natural killer (NK) cell-cytotoxicity. Mechanistically, metabolic perturbation up-regulated the stress-inducible ligands that are recognized by specific NK cell receptors for further elimination. Notably, our recent data also show that sub-lethal, metronomic treatment with current, clinically relevant chemotherapeutics may also up-regulate such stress-inducible ligands indicating their sensitivity to NK cell mediated cytotoxicity. Taken together, these findings reiterate that cancer metabolism remains a viable therapeutic target which could be exploited for both chemo- and immunotherapies.

Biography

Shanmugasundaram Ganapathy Kanniappan obtained his PhD degree from the University of Madras, India and underwent Post-doctoral training at the National Institute of Immunology (NII, New Delhi), University of California at Los Angeles (UCLA) and Johns Hopkins University (USA). Currently, he is an Assistant Professor at the Johns Hopkins University School of Medicine. He has been a recipient of Research Fellowship/Lectureship, (CSIR-UGC, India), a Concept Award (Department of Defense (DoD), USA), and a Pilot Research Grant (SIR, USA). He has several publications, and serving as an active Editorial Board Member and reviewer for prestigious journals.

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Notes:

Qi-Fei Wang, J Cancer Sci Ther 2017, 9:6(Suppl)
DOI: 10.4172/1948-5956-C1-105

Using 'zero-ischemia' and 'sutureless' techniques to implement laparoscopic partial nephrectomy with holmium laser

Qi-Fei Wang
The First Affiliated Hospital of Dalian Medical University, China

Objective: The aim of this study was to evaluate application of "zero-ischemia" and "sutureless" techniques in laparoscopic partial nephrectomy (LPN) with holmium laser, and to question this technique in terms of reduction of warm ischemia time (WIT) and reduced renal tissue damage.

Methods: According to our experience of LPN, we want to explore a novel choice of operation that could avoid ischemia of kidney and reduced renal tissue damage. "Zero-ischemia" means don't clamp the renal artery in operation; "sutureless" means that don't stitch up the wound of kidney to hemostasis with surgical suture, but singe it using holmium laser.

Results: On the basis of our preliminary work about "zero-ischemia" and "sutureless" techniques in LPN with holmium laser, and combined with domestic and foreign literature reports. "Zero-ischemia" could reduce WIT to the greatest extent, avoid the damage of renal function, "sutureless" would reduce renal tissue damage region, The purpose of holmium laser, on the one hand it can stop bleeding instead of stitching up would with surgical suture, on the other hand it can reduce renal tissue damage region compare to traditional suture method.

Conclusions: Combined zero-ischemia and sutureless with holmium laser, this promising technique could avoid the damage of renal function as much as possible, and reduce renal tissue damage region to the greatest extent. The technique is feasible and secure under the premise of compatible indication, it can reduce renal tissue damage region and shorten operation time, and WIT will be reduced or even eliminated.

Biography

Qi-Fei Wang has completed his Master's degree from Dalian Medical University and is a PhD candidate at Tianjin Medical University. He is the Supervisor of Post-graduate students at the Dalian Medical University. He is a member of Rehabilitation Medical Association of Liaoning province China. He has published more than 12 papers in reputed journals.

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Adnan Yousif Rojeab, J Cancer Sci Ther 2017, 9:6(Suppl)
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Novel strategy to cure cancer

Adnan Yousif Rojeab
London College UCK, UK

Cancer is a phenomenon of special reaction mechanism, which is functioning against the threat of severely acted tissues in the body. It is only created to eliminate severe damages and dangers that occur in the cells of the body, when the immune system fails to cure the damages. The effect of the cancer could only be ended when a direct, right and simple treatment method should be applied to cure the previous diseases that have caused the cancer, but not to attempt to treat the cancer itself. For the telomere matter, cancer cells have similar lengthening characteristics to those of germ cells. While in somatic cells, the telomere is shortening in every DNA replication. By applying a suitable amount and direction of a magnetic action on opposing the cancer cells, the lengthening of the telomere of the cancer could be inhibited, towards the somatic cells characteristics, and this application could be accepted as a method to treat cancer

Biography

Adnan Yousif Rojeab has done his Doctorate in Electrical Engineering; he is a University Lecturer and Researcher. He has also worked at the Queen Mary University of London, University of West London. He is currently working at the London College. His research interests include action of electromagnetic fields on human system.

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Lifestyle after cancer to reduce toxicity and improve outcomes – What evidence based strategies should we advise patients?

Robert Thomas
Bedford and Addenbrooke's Cambridge University Hospitals, UK

As the chance of surviving, or achieving long term control, after cancer is improving, the number of people living with the consequence of cancer treatments at any one time is dramatically increasing. In the UK alone, this number has increased from two-three million in just five years. As consequences, the case for developing effective, self-help initiatives has never been stronger. This talk summarizes the international evidence, which proves that physical activity, nutrition and other lifestyle strategies can substantially reduce the risk of developing cancer, improve outcomes and ameliorate many of the long toxicities of consequences of biological therapies, chemotherapy and hormones and radiotherapy. These include fatigue, hot flushes, weight gain, arthritis, osteoporosis and mood disorders. This talk also highlights the underlying biological processes that take place in the body after a healthy lifestyle, which can have direct and indirect anti-cancer effects. By looking only at the scientific evidence, it breaks down the myths behind which foods to avoid and which to eat more of including nutritional interventions. It highlights the results of the world's largest double blind randomized study of the National Cancer Research Network (NCRN) evaluation of a polyphenol rich nutritional intervention (The Pomi-T study). It emphasizes the potential risks and benefits of mineral and vitamin supplements to boost a healthy diet.

Biography

Robert Thomas is a Professor of Biological and Exercise Science at Coventry University and a Clinical Teacher at Cambridge University. He leads a research team of oncology nurses and doctors at the Primrose Unit Bedford Hospital, which has an academic interest in the evaluation of nutritional, lifestyle and self-help strategies after cancer. The team has over 50 studies including the world's largest randomized evaluation of a polyphenol rich nutritional supplement. He is an Editor of the lifestyle and cancer website (cancernet.co.uk) and the general heath website (keep-healthy.com) and designed the 1st UK approved course and qualification in cancer exercise rehabilitation. For his efforts to improve the long term wellbeing of patients, he was awarded the British Oncology Association Oncologist of the Year and Hospital Doctor Magazine UK Doctor of the Year.

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Notes:

Sonia A Melo, J Cancer Sci Ther 2017, 9:6(Suppl)
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Communication network mediated by exosomes as a new therapeutic target for pancreatic cancer

Sonia A Melo
University of Porto, Portugal

Cancer treatment experienced significant advance over the last years. This has been mainly due to therapy targeting of key biological mechanisms such as cell survival, proliferation, apoptosis, angiogenesis and, more recently, tumor immune response. Cell communication, however, despite playing a fundamental role in all steps of tumor progression, up to metastasis and therapy resistance, is still off the cancer therapy landscape. Hence, the major challenge of our work is to bring cell communication into the realm of cancer therapy. Exosomes, extracellular vesicles secreted by all cells, are key mediators of cell-to-cell communication in cancer. We have identified a network of communication mediated by cancer exosomes *in vivo*, through the identification of their recipient cells. Additionally we show that targeting the most frequent pancreatic cancer exosomes communication route can be an effective target for pancreatic cancer therapy. Our strategy includes unique genetically engineered mouse models (GEMMs), which allow for the first time to trace exosomes *in vivo* and model therapeutic targeting of exosomes biogenesis. Our work demonstrates the *in vivo* significance of pancreatic cancer exosomes and opens a new avenue for groundbreaking discoveries in the treatment of pancreatic cancer and, eventually, other cancers.

Biography

Sonia A Melo has completed her PhD from the Faculty of Medicine of University of Porto and Post-doctoral studies from Harvard Medical School and MD Anderson Cancer Center. She is a Principal Investigator at I3S - Institute of Research and Innovation of the University of Porto and Institute of Molecular Pathology and Immunology of Porto University. Her career is fully committed to cancer research and has published more than 20 papers in reputed journals.

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Young Researchers Forum

Day 2

Zofia F Bielecka et al., J Cancer Sci Ther 2017, 9:6(Suppl)
DOI: 10.4172/1948-5956-C1-105

Protein expression profiling of sorafenib-resistant human renal cancer stem-like cells in three-dimensional *in vitro* model

Zofia F Bielecka[1, 2], **Agata Malinowska**[3], **Paweł Krasowski**[1], **Claudine Kieda**[1, 4] and **Cezary Szczylik**[1]
[1]Military Institute of Medicine, Poland
[2]Warsaw Medical University, Poland
[3]Institute of Biochemistry and Biophysics, Polish Academy of Sciences, Poland
[4]Centre for Molecular Biophysics, Cell Recognition and Glycobiology, France

Primary-like resistance phenomenon to sorafenib (TKI) was previously observed in hypoxic conditions in two 3D models as well as in one 2D model in HKCSCs (human kidney cancer stem-like cells) cell line (Celprogen, cat no. 36117-44). Herein, we investigated the molecular background behind this phenomenon in 12 hypoxic total protein samples (each in triplicate) of renal cancer cells: primary HKCSCs resistant to sorafenib in hypoxia and other cell lines sensitive to sorafenib treatment in the same conditions: parental HKCSCs cell line, primary and metastatic renal cell carcinoma (RCC) cells from Memorial Sloan Kettering Cancer Centre (SK-RC-44 and SK-RC-45), metastatic RCC cell line (pleural effusion) ACHN cell line and HEK-293 cell line as a control. Additional control condition was untreated adequate cell lines in hypoxia. The acquired MS/MS data were pre-processed with Mascot Distiller software (v. 2.5, Matrix Science), and a database search was performed using the Mascot Search Engine (Matrix Science, Mascot Server 2.4.1) against the Swiss-Prot database restricted to human proteins. The results revealed potential candidates as elements of molecular mechanisms of primary resistance to sorafenib in renal cell carcinoma; those results will be further confirmed using Western blot analysis, possible confirming that apart from impact of hypoxia, the addition of targeted therapies alter signaling pathways in renal cancer cells, which means that mechanisms other than those involving hypoxia-inducible factors (HIFs) may be responsible for TKI-resistance.

Biography

Zofia F Bielecka is a Medical Biotechnologist, currently working on tyrosine kinase inhibitors resistance in renal cell carcinoma. She is a PhD student at Warsaw Medical University, Poland (International School of Molecular Medicine). She is also a Research Assistant at Military Institute of Medicine in Warsaw, Poland and works in Laboratory of Molecular Oncology. She has gained considerable experience at the University of York, England and at the Lund University, Sweden. She has published 7 papers in reputed journals and has been serving a Reviewer in Elsevier journals. She is also a co-author of one patent application.

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Notes:

Mahmood Faraz, J Cancer Sci Ther 2017, 9:6(Suppl)
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Identification and functional evaluation of LRIG1-interacting proteins

Mahmood Faraz
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Leucine-rich repeats and immunoglobulin-like domains 1 (LRIG1) is a tumor suppressor and a negative regulator of different receptor tyrosine kinases (RTKs). The molecular mechanisms whereby LRIG1 mediates tumor suppression and regulates RTKs remain incompletely understood. Here, we performed a yeast two-hybrid screen to identify novel LRIG1-interacting proteins and data-mined the BioPlex protein interaction data repository. All the putative LRIG1-interactors identified were functionally evaluated in a triple co-transfection system where HEK293 cells were co-transfected with platelet-derived growth factor receptor alpha (PDGFRA) and LRIG1 together with shRNAs against the identified LRIG1-interactors.We took advantage of the ability of LRIG1 to down-regulate the PDGFRA expression levels and evaluated the effects of the shRNAs against different LRIG1-interactors on the resulting PDGFRA levels. Based on the protein interaction data and our functional results, we propose a functional LRIG1 protein interaction network that contained mostly novel and unanticipated components. The network contained the functionally important LRIG1-interacting proteins RAB4A, PON2, GLRX3, GAL3ST1, TUBB8, ZBTB16, LRIG2, CNPY3, HLA-DRA, GML, CNPY4, LRRC40, and LRIG3, together with PTPRK and other proteins. *In silico* analyses of the cancer genome atlas (TCGA) data sets revealed consistent correlations between the expression of the transcripts for LRIG1 and its inter-actors ZBTB16 and PTPRK, and inverse correlations between the transcripts for LRIG1 and GLRX3. PON2 was further experimentally studied and found to co-localize with LRIG1 in LRIG1 transfected cells. We suggest that the proposed LRIG1 protein interaction network will provide important novel leads for future studies aiming at understanding the molecular functions of LRIG1 and its tumor suppressive functions.

Biography

Mahmood Faraz is a PhD student in Umea University, Sweden.

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Notes:

Carolina F Ruivo, J Cancer Sci Ther 2017, 9:6(Suppl)
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ExoNet - Intratumor communication network mediated by exosomes in pancreatic cancer

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Tumors are known to be heterogeneous, containing different cell types with distinct genetic and phenotypic features. Pancreatic cancer is a well-known example of tumor heterogeneity, showing a hierarchical organization of subpopulations with different tumorigenic potential. Intercommunication between tumor subpopulations is the key to development, progression and metastasis processes. Recent evidence shows that exosomes are important mediators of intercellular communication both at local and distant sites. If and how exosomes play a role in subpopulation communication is still unknown. In our work we have identified five subpopulations of pancreatic cancer cells based on cell surface markers which discriminate cells with different tumorigenic and self-renewal capacity. Using stable clones of cancer cells that express exosomes markers fused with fluorescent reporter proteins and secrete color-coded exosomes, we have studied the flow of exosomes between distinct subpopulations of cancer cells. Here we show that subpopulations of cancer cells communicate with each other via exosomes through an organized dynamic communication network (ExoNet). The presence of multicolor positive cells showed that exosomes are exchanged between different cancer cell subpopulations forming distinct routes of communication. The ExoNet reshapes in the presence of therapy to allow the tumor to respond and overcome the challenge. We have demonstrated that subpopulations of cancer cells communicate between them in a non-random manner using exosomes, and form a dynamic network of communication, which conveys the tumor with plastic properties that allows it to adapt in response to therapy.

Biography

Carolina F Ruivo has completed her Master's in Biomedical Engineering from IST, Lisbon in collaboration with University of Twente, Netherlands. Currently, she is working on a pre-doctoral project about the role of exosomes in tumor heterogeneity at Professor Sonia Melo's Lab, Genetic Dynamics of Cancer Cells Group at University of Porto, Portugal.

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Nuno Bastos, J Cancer Sci Ther 2017, 9:6(Suppl)
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Intercellular communication mediated by exosomes as a new therapeutic target for pancreatic cancer

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Pancreatic cancer (PDAC) represents one of the most lethal cancers mainly due to a lack of reliable therapeutic options. Cell communication, in spite of playing a major role in tumor progression, is still off the cancer therapy landscape. Exosomes, extracellular vesicles derived from the endocytic pathway, are an important cell-to-cell communication system with neighbor/distant cells. Our main aim is to study the role of exosomes biogenesis during PDAC progression and understand if cancer exosomes biogenesis could be a new therapeutic target in PDAC. Rab GTPases are crucial proteins in exosomes biogenesis and are involved in all stages of the endocytic pathway. We show that during PDAC progression Rab-5, -7, -27a and -27b are differently expressed. Increased expression of Rab-27a and -27b correlates with an increase in exosomes number, and these features are associated with a more aggressive phenotype. Additionally, when treated with, the standard care chemotherapeutic for PDAC, cancer cells change their exosomes biogenesis pattern, increasing exosomes release. Finally, we are using an inducible and conditional genetically engineered Rab27a knockout mouse model that spontaneously develops PDAC, to study the role of exosomes and its biogenesis in disease progression and therapy response, evaluating exosomes-mediated communication as a new therapeutic option in PDAC.

Biography

Nuno Bastos has completed his BSc in Biochemistry in 2014 and MSc studies in Medicine and Molecular Oncology, last year, both in Porto University. During the BSc and MSc studies he was in Porto´s IPO researching the role of microRNAs in therapy response and resistance in renal cell carcinoma and its aplicability as biomarkers. Recently, he joined the Genetic Dynamics of Cancer Cells at I3S aiming to perform a PhD under the supervision of Professor Sónia Melo.

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Kuniaki Arai et al., J Cancer Sci Ther 2017, 9:6(Suppl)
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Evaluation of early treatment response using dynamic MRI of drug-eluting beads transarterial chemoembolization for hepatocellular carcinoma

Kuniaki Arai, Richa Horii, Tatsuya Yamashita, Eishiro Mizukoshi and **Shuichi Kaneko**
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Purpose: The purpose of this study is to evaluate the early treatment response of drug-eluting beads transarterial chemoembolization (DEB-TACE) for hepatocellular carcinoma (HCC) using dynamic MRI.

Method: A total of 16 cases (28 nodules) receiving DEB-TACE were included in this study. All patients underwent DEB-TACE and they received both dynamic MRI and CT within one week after treatment. RECICL (the response evaluation criteria in cancer of the liver) was used to assess local tumor response for HCC. We also evaluated the correlation the recurrence and the following three MRI findings after treatment; low intensity in T1-WI, low intensity in DWI and dual structure in T2-WI.

Results: TACE success rate (TE 3 and 4) were 78.6% using CT and 71.4% using MRI. Early recurrence rate of TE 2/3/4 were 100/38/50% (CT) and 100/44/36% (MRI), respectively. Recurrence rate were 38/91% in low or non-low intensity in T1-WI, and 29/100/75% in low, high or hetero intensity in DWI, respectively. Recurrence rate were 0/90% in dual or non-dual structure in T2-WI after treatment.

Conclusion: Assessment of treatment response of DEB-TACE using dynamic MRI was tend to superior to dynamic CT in respect of diagnosis for early recurrence. MRI also provided other useful findings in addition to hemodynamic change.

Biography

Kuniaki Arai is a Clinical Hepatologist at Kanazawa University, Japan. He has major research interests in diagnosis and treatment of liver disease, especially hepatocellular carcinoma and viral hepatitis. He has 15 years of experience working with radiofrequency ablation for liver tumors and has done around thousand treatments using RFA. He also has experience of over 30 clinical trials regarding hepatocellular carcinoma and viral hepatitis as an investigator. He is an advisory member of clinical practice guideline for hepatocellular carcinoma, published by the Japan Society of Hepatology, in all versions in 2005.

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Adnan Yousif Rojeab, J Cancer Sci Ther 2017, 9:6(Suppl)
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Novel strategy to cure cancer

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Cancer is a phenomenon of special reaction mechanism, which is functioning against the threat of severely acted tissues in the body. It is only created to eliminate severe damages and dangers that occur in the cells of the body, when the immune system fails to cure the damages. The effect of the cancer could only be ended when a direct, right and simple treatment method should be applied to cure the previous diseases that have caused the cancer, but not to attempt to treat the cancer itself. For the telomere matter, cancer cells have similar lengthening characteristics to those of germ cells. While in somatic cells, the telomere is shortening in every DNA replication. By applying a suitable amount and direction of a magnetic action on opposing the cancer cells, the lengthening of the telomere of the cancer could be inhibited, towards the somatic cells characteristics, and this application could be accepted as a method to treat cancer

Biography

Adnan Yousif Rojeab has done his Doctorate in Electrical Engineering; he is a University Lecturer and Researcher. He has also worked at the Queen Mary University of London, University of West London. He is currently working at the London College. His research interests include action of electromagnetic fields on human system.

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Wioletta Rozpędek et al., J Cancer Sci Ther 2017, 9:6(Suppl)
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New opportunities for use of novel, small-molecule PERK inhibitors

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The newest data reported that PERK/eIF2α/ATF4/CHOP signaling pathway, that has a dual pro-adaptive or pro-apoptotic role, has a significant impact on development and progression human diseases e.g. cancer, neurodegenerative diseases, diabetes mellitus type 2. We selected set of potential PERK inhibitors included 150,000 compounds by utilizing docking software. To evaluate their biological activity the time resolved fluorescence test was utilized. We obtained 209 compounds and their specific ability for the inhibition PERK was measured by evaluating PERK phosphorylation at a concentration range of 250 nM to 5000 nM of each inhibitor using the radioactive kinase assay. We selected 9 compounds that inhibited PERK at 1000 nM and higher concentrations and were the most suitable inhibitors for subsequent *in vitro* analysis. We utilized human neuroblastoma cell line SH-SY5Y that was treated with selected inhibitors at a concentrations range of 0.15 μM to 50 μM and with thapsigargin to evoke endoplasmic reticulum stress. Moreover, we had two positive controls: SH-SY5Y without inhibitors and without thapsigargin, and the second one without inhibitors, but treated with thapsigargin. Then, we extracted total cell proteins and measured PERK activity by evaluating the level of PERK substrate eIF2α phosphorylation using the Western blot technique. As a result, inhibitor marked number 8 had the highest biological activity and significant inhibition of eIF2α phosphorylation was noted at 25 μM and higher concentrations. In conclusion, our results suggest that use of small-molecule PERK inhibitors, as a multifunctional drug, may contribute to the development of groundbreaking anti-cancer therapy leading to apoptotic cell death of cancer cells.

Biography

Wioletta Rozpędek studied Biology at the University of Lodz, Poland. She is specialized in the field of Neurophysiology and Cell Biology. Currently, she is a PhD student in the Department of Clinical Chemistry and Biochemistry of Medical University of Lodz, Poland. She is working on molecular basis of cancer and neurodegenerative diseases associated with endoplasmic reticulum stress ad activation of PERK-dependent signaling pathways. Her area of focus includes use of small-molecule inhibitors as a novel therapy against Alzheimer's disease and cancer.

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M Inês Silva et al., J Cancer Sci Ther 2017, 9:6(Suppl)
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Can P-glycoprotein (P-gp) be involved in the release of larger extracellular vesicles by multidrug resistant cells?

M Inês Silva, Cristina P R Xavier and **M H Vasconcelos**
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Cancer multidrug resistance (MDR) is a major cause of treatment failure, in which cells are resistant to various drugs, being associated with the overexpression of drug-efflux pumps such as P-glycoprotein (P-gp). It was recently discovered that the drug-resistant phenotype can be horizontally transferred from drug-resistant (DR) donor cells to drug-sensitive (DS) recipient cells, through intercellular communication mediated by extracellular vesicles (EVs). These EVs include exosomes (typically smaller, with origin in the endocytic pathway) and microvesicles (typically bigger, with origin in the plasma membrane). Previous work from our group showed that MDR cells (overexpressing P-gp) released more microvesicles than their DS counterpart cells. Nevertheless, it is not known if this phenomenon is extensive to all DR cancer cells or if it is restricted to MDR cells. In this study, we aimed to verify if two pairs of DR cells (without expression of P-gp) also produce more microvesicles than their DS counterparts. EVs shed by both DS and DR cell lines were isolated by ultracentrifugation and characterized using transmission electron microscopy (TEM) for morphology analysis, dynamic light scattering (DLS) and nanoparticle tracking analysis (NTA) for analysis of size, and Western blot for analysis of the expression of EVs markers. We confirmed that the DR cells did not express P-gp and verified that the EVs shed by these cells have similar sizes to the ones released by their DS counterparts. These findings suggest that P-gp may be associated with the release of larger EVs by MDR cells. Future work will confirm this hypothesis.

Biography

M Inês Silva is currently a Master's student in the Department of Molecular Medicine and Oncology at the Faculty of Medicine, University of Porto (FMUP) and a Visiting Researcher at University of Porto, Portugal. She obtained her First degree in Biochemistry from the Faculty of Sciences of the University of Porto (FCUP) and the Institute of Biomedical Sciences Abel Salazar (ICBAS), in July 2016. She carried out her curricular internship in the Cancer Drug Resistance Group of University of Porto, Portugal.

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Is the dissemination of cancer multidrug resistance phenotype influenced by the shedding of extracellular vesicles by resistant tumor cells?

Diana Sousa[1], **R T Lima**[1], **V Lopes-Rodrigues**[1], **Felix Royo**[2], **Juan Manuel Fálcon-Perez**[2, 3] and **M H Vasconcelos**[1]
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Cancer multidrug resistance (MDR) is a major cause of treatment failure, being defined as a phenomenon by which cancer cells develop cross-resistance to several drugs. One of the main causes of cancer MDR is the overexpression of drug-efflux pumps, such as P-glycoprotein (P-gp). Recent studies have shown that extracellular vesicles (EVs) contribute to the dissemination of cancer MDR and interestingly, P-gp is one of the mediators which is transferred by tumor drug-resistant (donor) cells to tumor drug-sensitive (recipient) cells via EVs. The present study aimed to add knowledge to the current understanding of the relevance and mechanisms of EVs-mediated dissemination of cancer MDR. Two pairs of cell lines from two different tumor models (leukemia and lung cancer) were used, consisting of a drug-sensitive cell line and its MDR (P-gp overexpressing) counterpart. The characterization of the EVs isolated from these cells was previously described by our group. The EVs released by donor cells and those captured by the recipient cells were quantified by nanoparticle tracking analysis and flow cytometry, respectively. Moreover, the ability of EVs derived from MDR cells to transfer a MDR phenotype to drug sensitive recipient cells was assessed by sulforhodamine B assay or trypan blue exclusion assay. Our results indicate that the EVs-mediated transfer of MDR phenotype seems to follow characteristic and regulated mechanisms, regarding both the release of EVs by donor cells and the uptake of EVs by recipient cells.

Biography

Diana Sousa has completed her First degree in Biochemistry from the Advanced Institute of Health Sciences North, in 2009 and Master's degree in Molecular Genetics from the School of Sciences, University of Minho, in 2011. From 2011 to 2014, she was a Research Fellow (BI) at the Cancer Drug Resistance Group of IPATIMUP. Currently, she is a PhD student at the Faculty of Pharmacy of the University of Porto carrying out her research work at IPATIMUP/i3S. She has published 16 peer reviewed publications and has presented her work in national and international meetings.

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Investigating the cell growth inhibitory effect of an aqueous extract from *Achillea millefolium* L. in human tumor cell lines

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The traditional use of plants in folk medicine has contributed to increase their significance in the pharmaceutical field. *Achillea millefolium* L., also known as yarrow, is a traditional medicinal plant that can be found in several regions of Europe, Asia, North Africa and North America. Yarrow has antitumor, antimicrobial, anti-inflammatory and antioxidant properties. Indeed, several studies indicated that this plant has antioxidant potential due to its chemical composition in phenolic acids and flavones. The aim of this project was to: (1) evaluate the cell growth inhibitory activity of the aqueous extract of *A. millefolium* in two different human tumor cell lines, non-small cell lung cancer (NCI-H460) and human colorectal adenocarcinoma (HCT-15); and (2) investigate the mechanism of action of the extract in those cell lines. Cell growth was evaluated with the sulforhodamine B assay. Cell cycle and apoptosis were analyzed by flow cytometry following incubation with propidium iodide (PI) or Annexin V FITC/PI, respectively. The expression of proteins involved in cell cycle and apoptosis was studied by Western blot. Results indicated that the aqueous extract of *A. millefolium* inhibited the growth of both cell lines. In addition, treatment with this extract induced alterations in the cell cycle profile and increased the levels of apoptosis, in both cell lines. Moreover, the extract decreased the expression of total PARP and increased the expression of p21 and pH2AX. This work highlights the significance of *A. millefolium* as a source of bioactive compounds with tumor cell growth inhibitory potential.

Biography

Joana Pereira obtained an Integrated Master's degree in Pharmaceutical Sciences from the Faculty of Pharmacy, University of Porto (FFUP). During her undergraduate studies, she worked in the Department of Biological Sciences of FFUP, initially as a student and subsequently as a volunteer training student. She has studied the antitumor potential of various plant extracts. Currently, she is a Visiting Researcher of the Cancer Drug Resistance group of i3S/IPATIMUP and her research interests consist of understanding the antitumor activity of compounds and the molecular pathways involved in cancer drug resistance.

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SHP inhibits lung cancer progression by coordinating cellular metabolism

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Tumor development is characterized by a preference of aerobic glycolysis (known as Warburg effect) and the suppressed mitochondrial metabolism. The mechanism underlying this coordinative metabolism however is largely unknown. We demonstrate here that SHP (small heterodimer partner), an orphan nuclear receptor, was inversely correlated with poor prognosis in lung cancer. Enforced expression of SHP significantly retarded cellular growth, the mesenchymal to epithelial transition (MET), the acquisition of stem-like traits and tumor-propagating potential in cancer cells. In contrast, deletion of SHP promoted cellular proliferation, EMT process, the stem-like properties and tumorigenic capability of cancer cells. Importantly, our data demonstrated that SHP potentially boosted mitochondrial metabolism while suppressing glycolic metabolism, likely through coordinating the expression of PGC-1α and glycolysis-related genes. Accordingly, inhibition of glycolysis or enforced expression of SHP greatly compromised tumorigenic potential of lung cancer. Thus, our data identify SHP as a tumor suppressor with emerging role in coordinating cancer metabolism.

Biography

Liyun Shi has completed her PhD from Zhejiang University, China and Post-doctoral studies from Harvard Medical School, US. She is the Director of Department of Science and Technology, Nanjing University of Chinese Medicine. She has published more than 35 papers in reputed journals including *Cell, J. Exp. Med.* and *Blood*.

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Gina Marcela Méndez-Callejas et al., J Cancer Sci Ther 2017, 9:6(Suppl)
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Apoptosis induced by paclitaxel is dependent of BimEL interactome in triple negative breast cancer cells

Gina Marcela Méndez-Callejas, Andrés Julián Gutiérrez-Escobar, Jeysson Sánchez-Suárez and **William González-Saldarriaga**
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Microtubule disrupting agents (MTAs) are frequently used in triple-negative cancer chemotherapy. These compounds induce cell death by regulating the function of proteins involved in mitochondrial outer membrane permeabilization, cytochrome c release and caspase activation. An *in silico* analysis of the protein interaction network associated to BimEL and MTAs (paclitaxel, vincristine and combretastatin A-4) interactome was done. The network had 153 nodes and 2760 connections, and revealed that p53; Bax, Casp-3 and Bcl-2 proteins are essential topological nodes essential nodes. *In vitro* experimental interactome validation was performed on MDA-MB-231 breast cancer cells treated with IC50 of paclitaxel. Paclitaxel induced apoptosis with a significant increase in the BimEL, p53, and Bax proteins concentration, nevertheless, the concentration of Bcl-2, cleaved -Casp-3 and pro-Casp-3 proteins remain constant during the time of treatment. The complex formation of BimEL with p53, Bax or cleaved-Casp-3 increased even at 48 hour of treatment, and a favorable decrease between Bax and Bcl-2 complex was observed. We conclude that apoptosis induced by paclitaxel in triple negative breast cancer cells involve interactions between BimEL and topological nodes, some of them non-reported before, such as BimEL/p53 and BimEL/cleaved-Casp-3. The study suggests that the effectiveness of MTAs treatments in resistant types of cancer cells could be determinate monitoring those complexes occurrence.

Biography

Gina Marcela Méndez-Callejas has completed her PhD in the Biology Applied to Human Health Section from Roma Tre University. She is a member of Biomedical and Human Applied Genetics Research Group from UDCA in Colombia. Currently, she leads the research studies about the basis of molecular interactions induced by anti-cancer drugs of natural and synthetic origin.

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Maria Isabel da Graça Silva Ramos, J Cancer Sci Ther 2017, 9:6(Suppl)
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Handling of solid health wastes and its risks: Oncology ambulatory

Maria Isabel da Graça Silva Ramos
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Objective: Aim of this study is to investigate and describe the production, collection and disposal of medical waste (MW) and characterize the exposure of oncology staff from Cape Verde Hospital.

Method: Descriptive study was conducted with quantitative and qualitative methodology, using semi-structured questionnaire, check list and observations on the spot to ascertain the situation of the handling of the MW and the risks location map. A total 50 participants were considered for this study, they are professionals from a hospital who handle solid chemotherapy waste.

Results: The data pointed lack of professional qualification of exposing them to the risk of occupational accidents and for inappropriate handling of MW in the oncology service.

Conclusion: Professionals, patients, general population and the environment are exposed to risks because of lack of training and an appropriate management plan of MW.

Biography

Maria Isabel da Graça Silva Ramos is a Nurse, completed her Master's in Public Health in Department of Science and Technology at University of Cape Verde. She is a Specialist in Public Health from the University of Cape Verde and is a Physiotherapist Universidade Estadual Paulista, Brazil. She has done her graduation in the Department of Science and Technology from the University of Cape Verde. She was a Superintendent Nurse in 2010-2012, Coordinator of Nursing Licensure in 2009 to 2011 and Head Nurse of the Pediatrics Service at the Dr. Agostinho Neto Hospital in 2002-2010.

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ITM2A, a frequently down-regulation in epithelial ovarian cancer, enhance anti-tumor effects and chemosensitivity of ovarian cancer

So Young Kim[1], **Min Ji Cho**[2], **Eun-Ju Lee**[2], **Sang Hoon Cha**[1] and **Hong J Lee**[2]
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[2]Chung-Ang University School of Medicine, South Korea

Integral membrane protein 2A (ITM2A) is a type 2 transmembrane protein of unknown biological mechanism. The ITM2A protein expression was down-regulated in ovarian cancer tissue samples and cancer cells as compared to normal cells ($p<0.0001$) using immunohistochemistry. Our study was to investigate its anti-tumor effects in epithelial ovarian cancer cells and to measure the function of ITM2A. Over-expressing ITM2A in ovarian cancer cells inhibited cell growth through the G2/M cell cycle arrest. A Matrigel invasion assay showed that ITM2A-transfected ovarian cancer cells reduced the colony formation. Moreover, over-expression of ITM2A attenuated invasiveness of ovarian cancer cells through the inhibition of MMP2, MMP7 and MMP9. To assess the chemosensitivity of ITM2A, chemo-sensitizing effects of ovarian cancer cells were measured using paclitaxel or carboplatin. ITM2A was remarkably reduced the anti-proliferative activities after chemo agent treatment. Taken together, our result showed that down-regulation of ITM2A could contribute to poor maintenance of epithelial ovarian cancer, affecting both cell growth and invasion. Furthermore, ITM2A increased chemosensitivity to chemo agent, and has therapeutic potential for ovarian cancer.

Biography

So Young Kim has completed her PhD from Chung-Ang University and is a Post-doctoral fellow at the Chungbuk University School of Medicine. She has published more than 30 papers in reputed journals.

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Sung S Choi et al., J Cancer Sci Ther 2017, 9:6(Suppl)
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Therapeutic effect of double administration of anti-cancer drugs with carboxylesterase-engineered neural stem cells in liver cancer

Sung S Choi[1], **Da H Kim**[1], **Seung Won Jeong**[2] and **Hong J Lee**[1]
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Hepatocellular carcinoma (HCC) is one of the most common cancers with a high mortality. Sorafenib is a kinase inhibitor drug to treat primary kidney, advanced primary liver and radioactive iodine resistant advanced thyroid carcinoma. There are some curative treatments in early stage cancer but not in advanced stage HCC. Thus, the effective adjuvant therapies need to treat HCC and to prevent the recurrence. Cell-based therapy led to the development of a novel strategy for delivering therapeutic genes to tumors. Human neural stem cells (NSCs) expressing rabbit carboxyl esterase (F3.CE) activates CPT-11 to inhibit the growth of various human carcinoma cells. Sorafenib and CPT-11 were also significantly inhibited the cancer cell growth and induce the apoptosis in human hepatocellular carcinoma cell line expressing CD81 (CD81.Huh7) *in vitro*. This strategy could be considered as an effective treatment regimen for hepatocellular carcinoma.

Biography

Sung S Choi has completed his PhD from Korea University in Korea and Post-doctoral studies from Chung-Ang University, College of Medicine. He is a Post-doctoral Researcher under Professor Hong J Lee.

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Leclerc Anne-France et al., J Cancer Sci Ther 2017, 9:6(Suppl)
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Influence of a multidisciplinary post-breast cancer rehabilitation program on lifestyle and behavior faced with physical activities

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University of Liege, Belgium

Some studies suggest that physical inactivity contributes to the onset or recurrence of chronic diseases, including cancer, and others demonstrate the benefits of regular physical activity on quality of life and physical and mental health. The aim of our trial was to determine the influence of a multidisciplinary post-breast cancer rehabilitation program on physical activity practices and lifestyle. 209 patients were included into a control group (n=106) and an experimental group (n=103). The control group has received no intervention unlike the experimental group that participated at a three months program which comprised three physical training sessions and one psycho-educational session every week. All participants have answered a self-administered questionnaire (FPACQ) assessing the physical activity level, and this at the beginning, at the end of the program and after six months. At the end of the experimentation, the results demonstrate a significant improvement ($p<0.0001$) of time spent in physical activities and in energy expenditure within the experimental group while no significant change occurs within the control group and these results remain after six months. At three months, 82% of participants in the experimental group practice at least one sport, compared with 58% in the control group and finally, within the two groups, the most listed physical activities are walking and gymnastics. This study demonstrates the benefits of a multidisciplinary approach in women treated for breast cancer on their behavior faced with physical activities. The trial encourages its integration in the follow-up of patients to limit the chronicity of the affection.

Biography

Leclerc Anne-France is a PhD student at the University of Liège (Belgium) for two years. In 2013, she completed her Master's degree in Physiotherapy and Rehabilitation at the University of Liège. She practices Physiotherapy in the context of Oncological Rehabilitation in the University Hospital Center of Liège and continues her research in this field in order to present her thesis during the next academic year.

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LRIG1-interacting proteins required for *in vitro* PDGFRA downregulation function

Mahmood Faraz
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Leucine-rich repeats and immunoglobulin-like domains 1 (LRIG1) is a tumor suppressor and a negative regulator of different receptor tyrosine kinases (RTKs). The molecular mechanisms whereby LRIG1 mediates tumor suppression and regulates RTKs remain incompletely understood. Here, we performed a yeast two-hybrid screen to identify novel LRIG1-interacting proteins and data-mined the BioPlex protein interaction data repository. All the putative LRIG1-interactors identified were functionally evaluated in a triple co-transfection system where HEK293 cells were co-transfected with platelet-derived growth factor receptor alpha (PDGFRA) and LRIG1 together with shRNAs against the identified LRIG1-interactors.We took advantage of the ability of LRIG1 to down-regulate the PDGFRA expression levels and evaluated the effects of the shRNAs against different LRIG1-interactors on the resulting PDGFRA levels. Based on the protein interaction data and our functional results we propose a functional LRIG1 protein interaction network that contained mostly novel and unanticipated components. The network contained the functionally important LRIG1-interacting proteins RAB4A, PON2, GLRX3, GAL3ST1, TUBB8, ZBTB16, LRIG2, CNPY3, HLA-DRA, GML, CNPY4, LRRC40, and LRIG3, together with PTPRK and other proteins. We suggest that the proposed LRIG1 protein interaction network will provide important novel leads for future studies aiming at understanding the molecular functions of LRIG1 and its tumor suppressive functions.

Biography

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Targeting tumor cells based on *phosphodiesterase 3A (PDE3A)* expression

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We and others have previously reported on a correlation between high *phosphodiesterase 3A (PDE3A)* expression and selective sensitivity to *phosphodiesterase* inhibitors. This indicates that *PDE3A* could serve both as drug target and biomarker of sensitivity to *PDE3A* inhibition. In our project, we explored publicly available gene expression data to identify cell lines, of various origins, with high *PDE3A* expression. The identified cell lines showed marked *in vitro* sensitivity to *phosphodiesterase* inhibitors (i.e. zardaverine and quazinone) when compared with cell lines with low *PDE3A* expression. Immunofluorescence and immunohistochemical staining were in agreement with *PDE3A* mRNA expression, providing suitable alternatives for biomarker analysis of clinical tissue specimens. Moreover, we have demonstrated that primary cells from patients with ovarian carcinoma show great variability in *PDE3A* protein expression and that level of *PDE3A* expression seems to be correlated with sensitivity to *PDE3A* inhibition. Finally, we have demonstrated that a number of various solid tumor samples stain positively for *PDE3A* protein, rendering *PDE3A* expression a promising drug target and biomarker of *PDE3A* inhibition sensitivity.

Biography

Madiha Nazir is currently doing her PhD in Cancer Pharmacology and Computational Medicine from Uppsala University, Sweden. Her thesis work mainly focuses on drug repositioning for cancer treatment.

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Evaluation of cationic channel TRPV2 as a novel biomarker and therapeutic target in leukemia-implications concerning the resolution of pulmonary dysfunction

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Patients treated during advanced and aggressive stages of leukemia face the risk of complications including pulmonary dysfunction and toxicity due to chemotherapy radiotherapy, and infiltration of leukemic blast cells (LBCs) into the lungs. Therefore, there is an urgent need for alternative or adjuvant therapeutic strategies. In this study, we sought to identify a molecular component of LBCs that, clinically, would serve as a reliable biomarker and can be exploited as a therapeutic target for hard to treat leukemia. The transient receptor potential vanilloid channel type 2 (TRPV2) exhibits oncogenic activity and plays a crucial role in immune inflammatory processes. Here, we found that TRPV2 mRNA levels were significantly higher in LBCs compared to normal human peripheral blood mononuclear cells (PBMCs). Alternative mRNA splicing was evidenced by upregulation of TRPV2 full length isoform ($TRPV2_{[97kDa]}$) and downregulation of its short pore-less isoform ($TRPV2_{[72kDa]}$) in LBCs. However, the opposite was found in PBMCs. Pharmacological modulation of TRPV2 by tranilast and SKF96365 inhibited LBCs proliferation through caspase-mediated apoptosis/cell cycle arrest, and involved the mitogen-activated protein (MAP) kinase pathways: extracellular signal-regulated kinases (ERKs), and the p38 group of protein kinases. Both drugs, in a dose-dependent manner, decreased and increased levels of $TRPV2_{[97kDa]}$ and $TRPV2_{[72kDa]}$ respectively, and downregulated the expression of pathogenic surface markers CD33 and CD38 in LBCs. TRPV2 siRNA mimicked tranilast and SKF96365 antiproliferative effects by triggering apoptosis/cell cycle arrest. Therefore, TRPV2 is a pharmacodynamic biomarker with pathogenesis relevance that can be targeted by anti-inflammatory drugs, and merits further exploration for potential clinical use.

Biography

Fouad Azizi earned his PhD in Biophysical Chemistry at the Center of Molecular Biophysics, National Center for Scientific Research, Orleans, France. He has a research track of over 20 years working in US universities on projects related to pulmonary diseases and blood disorders. He has published more than 12 papers in reputed journals and presented more than 15 abstracts at prestigious national and international conferences. Currently, he is a Research Scientist, Director of Electrophysiology Laboratory and Manager of Confocal Imaging Core at iTRI-HMC. His research interests are focused in the translational research of hematological cancers and pulmonary diseases.

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The network biology of microtubule-targeting agents

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Cancer causes millions of deaths annually, and the most commonly used anti-cancer drugs are microtubule-targeting agents (MTAs). However, the high MTA´s toxicity is cause for concern. We performed an analysis of the MTA interaction network in a non-cancerous human cell. Subnetworks of fourteen MTAs were reconstructed using STITCH 4.0 and Cytoscape 3.4.0. The merged network was compared against a randomized network and the functional richness level was determined using the MCODE, BINGO and KEGG database. A comparison between the paclitaxel and the doxorubicin networks was made to determine common topological properties and synergistic effects of MTAs. It was determined that 71.4% of the MTA interactome is common between drugs and consists of 363 nodes and 2327 connections. MTAs affect cellular processes such as apoptosis, cell differentiation, cell cycle control, stress response and regulation of energy metabolism. Additionally, possible secondary targets were identified as client proteins of interphase microtubules. MTAs affect apoptosis signaling pathways by interacting with client proteins of interphase microtubules, suggesting that their primary targets are not tumor cells. The paclitaxel and doxorubicin networks share essential topological axes that suggest a synergistic effects that explain the exacerbate toxicity observed when they are used together against cancer disease.

Biography

Andrés Julián Gutiérrez-Escobar is a member Biomedical and Applied Human Genetics Research Group at the University of Applied and Environmental Sciences UDCA, Colombia. Currently, he leads the research on computational and evolutionary biology of *Helicobacter pylori* and cancer.

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Blocking WNT5A-interleukin-6-loop as an effective strategy to impair the invasive migration of BRAF-inhibitor (BRAFi) resistant melanoma cells

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Metastasis is a major issue in melanoma patients with relapsing tumor resulted from acquired therapy resistance. A complete understanding on the metastatic regulators in targeted therapy-sensitive/resistant malignant melanoma and development of therapeutic molecules against these regulators will serve a crucial role in the treatment strategy for this deadly disease. The key metastatic regulators, WNT5A and interleukin-6 (IL-6) have been shown to induce melanoma progression. In the present study, we hypothesized that up-regulation of WNT5A-IL-6 feedback loop is associated with the acquired-resistance towards BRAF-targeted therapies and therefore might serve as a potential therapeutic target. We established three PLX4032-resistant melanoma cell lines with elevated IC50 for PLX4032 and ERK activity, compared with their respective parental cells. We observed increased expression of WNT5A and IL-6 along with parallel elevation in cell migration and invasion of PLX4032-resistant cells. Furthermore, we demonstrated that dual inhibition of WNT5A and IL-6 signaling (by Box5 and IL-6 neutralizing antibody) effectively impaired the migration and invasion of PLX4032-resistant cells. Overall, our results suggested that the elevated WNT5A and IL-6 levels in PLX4032-resistant melanoma cells fuels up the WNT5A-IL-6-loop thereby increasing cell migration and invasion, and combined inhibition of WNT5A and IL-6 could serve as a potential therapeutic strategy for BRAFi-resistant melanomas.

Biography

Purusottam Mohapatra has completed his PhD in Cancer Biology and is currently working as a Post-doctoral Researcher with Professor Tommy Andersson at Clinical Research Centre, Lund University, Sweden. He has published more than 20 original, and review articles on cancer causes and therapy in various reputed international journals. His current research focuses on the identification of metastatic effectors and developing anti-metastatic treatments for targeted-therapy resistant cancers.

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Laparoscopic pelvic lymphadenectomy in the staging of early carcinoma of the endo-cervix

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Laparoscopic pelvic lymphadenectomy was performed in 23 patients. Subsequently, laparoscopic surgery allowed precise dissection of external and internal iliac vessels, umbilical artery, and obturator nerve. Three to 18 (mean, 6.7) nodes were removed, and there was no significant morbidity. Sensitivity and specificity were 100% in this preliminary experience. It is thus possible to remove the first-line regional lymph nodes of the cervix for pathologic examination. Because "skip" metastases are quite rare in early cervical carcinoma, the risk of missing a positive node is low. Brachytherapy alone, vaginal surgery, or, in micro invasive carcinoma, conization alone can be applied safely without the need of a staging laparotomy in cases with negative nodes.

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Enhancement of cell cycle inhibition effect of cetuximab by using stabilized-silver solution in lung cancer cells

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This study aimed to evaluate the expression levels of topoisomerase alpha and cyclin1 and 2 in parental (P-H1299) and epirubicin resistant (R-H1299) lung cancer cells. These cells were treated with cetuximab (C225, Erbitux, a chimeric anti-epidermal growth factor receptor (EGFR) monoclonal antibody) alone and combined with stabilized-silver (St-Ag) ion solution. Total cellular RNA was isolated by RNeasy mini kit (Qiagen) after cetuximab alone and combined with St-Ag ion solution treatment for 72 hours. Total RNA was reverse-transcribed into cDNA by using Titan One Tube RT-PCR system kit. Two µl of the cDNA was used for the PCR reaction as templates. The PCR was performed in 30 cycles of denaturation at 94°C for 1 min, annealing at 55°C for 1 min and extension at 72°C for 2 min. The resulting PCR products were analyzed by 2.5% agarose gel electrophoresis. Adobe photoshop CS4 program was used for band density analyzing. Cetuximab with St-Ag ion solution treatment was found more effective than cetuximab alone treatment in decreasing topoisomerase alpha (except in R-H1299 cells) and cyclin1 and 2 expressions in both cells according to control cells. Combine treatment caused more arrest in G1-phase of the cell cycle in these cells. In this study, we demonstrated that cetuximab alone and combine with St-Ag ion solution could exhibit potent anticancer activity by arresting the cell cycle in lung cancer cells. Our study may provide a reason for future clinical investigations of cetuximab combination therapy for growth control of lung cancer.

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An exploration of support services for black African and black Caribbean female breast cancer survivors in the UK: A qualitative study

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Currently, 2.5 million people are living with cancer in UK with upto four million people predicted to live with cancer in 2030. However, breast cancer is one of the most commonly diagnosed in the UK, with over 51,000 new cases and causing over 11,000 deaths annually. Cancer survival rates have improved over the past 40 years within the UK; thereby, putting pressure on the National Health Service; to move towards self-management and Breast Cancer Care (BCC), UK, endorses this. Along with this, the UK independent Cancer Taskforce recommendations focus on reducing inequalities, improving cancer outcomes and access to health and social care. However, Cancer Support Centre (CSC) in Sheffield and the BCC have noted a significantly low uptake of their services by the Black Minority Ethnic (BME) women including the Black African and Caribbean (BAC) women who's access to a culturally sensitive service is not fully known. This study aims to explore the experiences of the BAC female breast cancer survivors in the UK and contribute to a broader understanding of how this group accesses and takes up available support services. Hence, the research questions: What are the lived experiences of BAC female breast cancer survivors in the UK regarding their accesses to available support services? Are the information and support services for this group culturally sensitive to them? This qualitative descriptive phenomenological study uses digitally recorded semi-structured interview data from approximately 10-15 BAC female breast cancer survivors of 18 years and above living in the UK. Recorded data will be transcribed and simultaneously analysed using Colaizzi (1978) descriptive phenomenology.

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Brain fitness programs and cognitive interventions for breast cancer survivors: Implications for clinical practice and research

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Cognitive impairment negatively impacts quality of life and everyday functioning of breast cancer survivors (BCS). Brain fitness programs and cognitive interventions represent a research and clinical priority. Numerous factors (e.g., depression) contribute to cognitive impairment in BCS; however, the greatest burden is attributable to chemotherapy and endocrine therapy. Within the theoretical framework of cognitive reserve and neuroplasticity, each factor can weaken cognitive (brain) reserve detrimentally affecting cognition. Fortunately, numerous brain fitness and cognitive interventions benefit BCS. These interventions are epitomized in a pilot study examining the efficacy of a brain fitness program (i.e., speed of processing training) in BCS. A systematic review of 21 cognitive intervention studies identified within PubMed was conducted. In addition, preliminary results from an on-going study examining speed of processing training in BCS are provided. Compensatory strategies and brain fitness programs were shown to improve cognitive functioning in BCS. Pharmacological interventions (i.e., methylphenidate) were also shown to improve cognition, particularly attention. Memory and speed of processing training programs were shown to be effective in improving the cognitive domain being trained; however, no brain fitness programs targeted executive functioning. Psycho-educational programs and complementary medicine interventions were also found to improve cognition. Stimulating activities such as employment have not been investigated, despite exerting strong benefit in other clinical populations. Recommendations for cognitive interventions are provided by the National Comprehensive Cancer Network. Results of this review are provided within the context of neuroplasticity and cognitive reserve. Future interventions, especially behavioral approaches, are discussed as they may improve everyday functioning.

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Cancer patients' perspectives on fall risk and fall prevention programs: A systematic search and thematic analysis

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Falls contribute to increased morbidity and quality of life among the elderly and chronically ill populations. In particular, oncology patients represent an especially vulnerable population at risk for falls due to treatment related fatigue, side effects associated with toxic medications, unrelated co-morbidities, decreased muscle tone, altered mental status, and anemia. Besides that preventing patient from injuries from falls during hospitalization has been a concern within health care organizations for many years. The purpose of the study is to explore patients' perceptions on fall prevention and identify the gaps between research and practice to improve fall prevention strategies in cancer population. This systematic review explores the perceptions of adult patients with cancer regarding the risks of accidental falls in oncology setting. The systematic review of the literature uses key terms for concepts associated with oncology/cancer, accidental falls, fear of falling, fall prevention, perception, lived experiences, meaning, view by using data bases PubMed, Embase, CINAHL, PsycInfo, JBI and Cochrane database of clinical trials. Eligible studies included all primary study types (qualitative, quantitative, mixed methods) in the English language of adults more than 18 years, with cancer diagnosis and in which accidental falls represent either the primary or secondary outcome in an oncology setting (hospital, hospice, community). A total of 1033 abstracts underwent inspection. Two reviewers examined the abstracts according to inclusion and exclusion criteria and total of 69 were identified for eligibility. Eligible research studies will be evaluated using documented tools: Qualitative data will be assessed by means of the critical appraisal skills program (CASP), quantitative data by means of McMaster University quantitative critical review form, and mixed method studies will be assessed by means of the mixed method appraisal tool (MMAT). Next, qualified studies undergo thematic analysis. This systematic review results can help to explore perception of accidental falls and can also help to develop and improve existing fall prevention strategies tailored to prevent falls in adult cancer population.

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Cancer cell targeting via surface electrical charges and instant photothermal ablation by nano-photothermal effects

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Cell targeting in cancer therapy has been a great challenge due to the heterogeneities of cancer biomarkers. The key, therefore, is to develop a new targeting strategy that does not rely on biomarkers. A general hallmark of cancer cells is the much increased level of glycolysis. The loss of the highly mobile lactate from the cytoplasm inevitably removes the labile inorganic cations to form lactic salts and acids as part of the lactate cycle, creating a net negative surface charge. This net negative charge on cancer cell surfaces distinguishes them from normal cells. In this study, cancer cells are targeted by using the negative charge to advantage via a fluorescent, superparamagnetic Fe3O4-nanocomposite, which has a positive surface charge. The positively charged Fe3O4 nanocomposite binds predominantly to cancer cells due to their negative surface charge. This simple strategy provides a new path for effective cancer cell targeting and treatment without relying on biochemical markers.

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Personality traits are important predictors of glycemic control in patients with diabetes

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Objective: Personality traits are important predictor of health behavior, correlated to patients compliance that effected to glycemic control. The aim of the present project was to explore the relationship between personality traits, and glycemic control in type two diabetes patients.

Methods: The measurements used were Chinese version Big-5 personality traits scale. 214 type two diabetes patients were middle aged to elderly, were recruited from the teaching hospital in North of Taiwan.

Result: Glucose values were associated with factor of age, diabetes duration (years), self-rated health status, level of fasting glucose and triglycemic and domain of personality traits. In analytic of poor glycemic control as HbA1C≥ show significant results related to: In additional year can increase 1.199 times; self-rated health status as poor had 40.44 times; increase in 10 mg/dl of fasting blood glucose increases 59%, and 39% of triglyceric and; neuroticism was a significant predictor (B=2.017) had 7.52 times resulting hyperglycemia.

Conclusion: Personality traits can offer new insights into variation of glycemic control among diabetes regimens. Negative affectivity as a facet of neuroticism is correlated to hyperglycemia. Thus, determining personality traits is an important cornerstone of education plan for clinical staffs and may have effectiveness in resulting the level of glucose, in addition to improve the quality of nursing care.

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Overcoming resistance to TRAIL-induced apoptosis in solid tumor cells by simultaneously targeting death receptors, c-FLIP and IAPs

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The discovery of the tumor necrosis factor-related apoptosis-inducing ligand (TRAIL) and its death receptors DR4/5 changed the horizon of cancer research because TRAIL specifically kills cancer cells. However, the validity of TRAIL-based cancer therapies has yet to be established, as most cancer cells are TRAIL-resistant. In our research, we demonstrate that TRAIL-resistance of many cancer cell lines can be overcome after siRNA- or rocaglamide-mediated downregulation of cellular Fas-associated death domain-like interleulin-1 β converting enzyme inhibitory protein (c-FLIP) expression and simultaneous inhibition of inhibitors of apoptosis protein (IAP) activity using AT406, a pan-antagonist of IAPs. Combined triple actions of the TRAIL, the IAPs inhibitor, AT406, and the c-FLIP expression inhibitor, rocaglamide (ART), markedly improve TRAIL-induced apoptotic effects in most solid cancer cell lines through the activation of an extrinsic apoptosis pathway. Furthermore, this ART combination has no harm to normal cells. Among the 18 TRAIL-resistant cancer cell lines used, 15 cell lines become sensitive or highly sensitive to ART, and two out of three glioma cell lines exhibit high resistance to ART treatment due to very low levels of procaspase-8. However, c-FLIP downregulation by c-FLIP-siRNA or rocaglamide was cytotoxic to normal cells. Therefore, it is highly desirable to develop a specific disruptor or antagonist of c-FLIP-FADD interactions to avoid the cytotoxicity caused by changes in the cellular levels of c-FLIP in normal cells. Furthermore, based on the interaction of c-FLIP with FADD, we investigated on the specific antagonist of c-FLIP. We found that one peptide containing six amino acids could bind c-FLIPs (180aa) protein strongly by affinity chromatography. This finding will help us to get the specific antagonist to c-FLIP. Our study provides a rationale for the development of TRAIL-induced apoptosis-based cancer therapies.

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Effects of clinical pilates exercises on patients developing lymphedema after breast cancer treatment

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Objective: The aim of the present study is to compare the effects of clinical pilates exercises with those of the standard lymphedema exercises on lymphedema developing after breast cancer treatment.

Materials & Methods: The study comprised 60 female patients with a mean age of 53.2±7.7 years who developed lymphedema after having breast cancer treatment. The patients were randomized into two groups: the clinical pilates exercise group (n=30) and the control group (n=30). Before and at the 8th week of the treatment, the following were measured: severity of the lymphedema, limb circumferences with a tape measure, body image with the social appearance anxiety scale, quality of life with the EORTC QLQ-BR23 and the upper extremity functions with the DASH. Both groups did one-hour exercises three days a week for 8 weeks.

Results: After the treatment, the symptoms recovered significantly in both groups. Reductions in the severity of lymphedema, improvements in the social appearance anxiety scale scores, quality of life scores and upper extremity functions scores in the clinical Pilates exercise group were further than those in the control group. Clinical pilates exercises were determined to be more effective on the symptoms of patients with lymphedema than were standard lymphedema exercises.

Conclusions: Clinical pilates exercises could be considered a safe model and would contribute to treatment programs.

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Oncological emergencies

Izabella Kovacs
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This presentation provides a practical guide for the most common oncological emergencies that are potentially life-threatening situations and are directly or indirectly associated with the patient's cancer or its treatment. This presentation aims to emphasize the significance of regular vital checks and blood tests, electrolyte levels monitoring and close patient observations, confirming that these are essential for early detection of cancer emergencies. Signs and symptoms, and the importance of urgent initiation of supportive treatment will be discussed, since this is a key element in the management of these affections. Treatment options with the aim to deliver high quality patient centre care and increase prospect for a better outcome will be presented. Information has been gathered from evidence based worldwide presentations and researches, medical practices and studies. The presented case studies have been selected from patients admitted at Princess Alexandra Hospital. Database includes publications, websites from oncologycal organizations and educational presentations.

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Why it is essential to partner information with hope for breast cancer patients

Katelyn Carey
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As providers we believe we are effectively educating breast cancer patients. Many patients do not agree. The Beauty After Breast Cancer (BABC) project examines and addresses two major problems: we need to present what both patients and practitioners consider to be essential information in a way that patients can process, we also need to provide hope as a partner to information so as not to overwhelm patients who are already in crisis. Addressing these two problems creates improved comprehension, higher patient engagement, better overall health, and more family/support involvement. In BABC, we interviewed oncologists, nurses, and surgeons then paired their information with the tips and information patients identified as most important. We also completely revised the standard photos used for education. Clinical photos can accidentally intimidate, and create confusion and unrealistic expectations of perfect outcomes every time. This results in decreased patient satisfaction with providers and with personal outcomes. BABC photos show varying results of all the most common breast cancer surgeries on a wide range of body types and ages. Most importantly we show people who are visibly present in "life beyond cancer". These photos create a sense of hope for new patients that they too can reach a place where life becomes joyful again. The stories, portraits and words of these patients are worth sharing. They offer insight into how we are failing to meet the needs of these patients, and how we can fix that.

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Combining multi-parametric MRI (mpMRI), MR-ultrasound fusion biopsy, and high intensity focused ultrasound (HIFU): A winning team in the fight against organ confined prostate cancer

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HIFU, a minimally invasive ablative therapy, has been used as an effective tool against organ confined prostate cancer for over a decade around the globe with efficacy results comparable to radical prostatectomy and radiation therapy but with the benefit to patients of much lower rates of erectile dis-function and incontinence. Due to the precise nature of HIFU, real time ultrasound imaging and the ability to modulate power for each HIFU energy pulse, the structures controlling erections and urinary continence can be avoided affording the patient better outcomes than other treatment options. Initially, HIFU was used for total gland ablation, but recently has shifted to a more focal approach due to the convergence of mpMRI and HIFU technologies. The mpMRI has excellent sensitivity in identifying clinically significant cancer tissue in the prostate with the added benefit that it is more sensitive detecting aggressive cancer tissue than clinically insignificant cancers. Exporting the information generated from the mpMRI to an MR-Ultrasound fusion biopsy device, a precisely targeted fusion biopsy can be performed with pinpoint accuracy and repeatability to sample suspicious tissue greatly reducing false negative biopsies and providing more accurate cancer staging information than that obtained from traditional sextant biopsies. With the best possible diagnostic data, the MR information can again be exported, this time to the HIFU therapeutic device, for fusion with live ultrasound images during ablative therapy to precisely target and destroy only the cancerous tissues with even less impact to the surrounding structures, generating outstanding patient outcomes equating to better post treatment quality of life. Patients today are being diagnosed with prostate cancer at earlier ages and this winning team of technologies provides good efficacy, is truly minimally, and delivers the patient an exceptional quality of life.

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Bridging the gaps in cancer care: Nursing leadership and health promotion for LGBTQ populations across the lifespan

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Bridging the gaps in cancer care is a daunting task that requires self-awareness, education, and advocacy founded in the Code of Ethics for Nurses and aligned with our Nursing's Social Policy Statement (ANA, 2010). Though ethical underpinnings of both the code and social contract with individuals, families, and communities remain constant, healthcare is constantly evolving. One of the most important roles of nurses as leaders in healthcare is to give voice to the under-served and ensure fairness and equity to all people regardless of race, creed, gender, or economic status (ANA, 2010). Now, with growing visibility of marginalized US populations, the healthcare industry and its providers are challenged to meet the needs of the LGBTQ populations in an equitable and just way. For several decades, grassroots efforts, championed by the Fenway Institute (Boston, MA) and many of our national medical and nursing organizations (IOM, ANA,), have called for an adjustments to the binary healthcare structure that has yet to address the new norms of an expanding diversity of culture. Inherent in the lack of readiness to support the LGBTQ community are deficits in provider information, ineffective communication, confusion surrounding gender and sexuality differences and conscious and unconscious biases that interfere with the ability to recognize and to deliver appropriate healthcare. Despite this trending need, pre-professional education has dedicated limited amount of time in preparing nurses, nurse practitioners and medical staff in the standards of care for LGBTQ people. For the purpose of this presentation, cancer risk assessment, screenings, healthcare practices, and health promotion for LGBTQ people, from the very young to the elderly, will be explored. Strategies to provide a compassionate, and welcoming environments to gender, non-conforming individuals will be discussed. Recommendations for nursing education and preparedness using evidence-based applications in clinical practice will be offered.

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Be alert: Can be cancer! The telehealth as early suspicion tool to the pediatric cancer

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The pediatric cancer, although rare, is the leading cause of death by disease in the age group of 1-19 years. The difficulty in early detection is due to unspecific signs and symptoms resembling common childhood diseases. Thus, telehealth can contribute significantly in the training of primary care professionals to the suspicions of these neoplasms. The objective was to evaluate the course "Be alert: Can be cancer! The telehealth as early suspicion tool to the pediatric cancer" for professionals in the primary health care in the city of Recife, Brazil. This was a community intervention and quantitative approach, performed from the analysis of the results of before and post-test which was conducted in 2015 and transmitted by web conference. The participants were 309 professionals, averaging work in this area of 11.3 years, standard deviation of 1 to 4.8 years. Of these, 79.6% (246) had no training in this subject. It was found that the course "Be alert: Can be cancer" had positive impact on knowledge of primary health care professionals about pediatrics cancer. After the course was possible to identify that the professionals were able to correctly answer questions about incidence ($p<0.001$); types, signs and symptoms; factors that influence ($p<0.001$) and network of reference and counter-reference of neoplasms in children and young ($p<0.001$). The telehealth has shown the driving force in the training of professionals, thus, contributing to the qualification from the perspective of early diagnostics, better outcomes and, consequently, the chances of cure and survival of children and adolescents.

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Cancer patient advocacy – The role of the nurse

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The cancer patient advocacy (CPA) is frequently mentioned as a way to reduce the burden of cancer. Although the responsibility of being a patient advocate is clear in the nurse's code of ethics, there is still a need to clarify it in the practice of care, and so it can be used as a strategy for quality care in an oncologic setting. Nursing patient advocacy, related with the empowerment of the patient, can be defined as an interactive process of analyzing, counseling and responding to a patient's care and self-determination preferences, but the respective activities should be promoted in the oncologic setting. Firstly, it is important to be aware that acting as a CPA cannot be left to the individual wishes of each nurse, but based on a team decision to improve their intervention as cancer patient advocates as a whole. But CPA is complex and nurses interpret this concept in different ways. With these premises, in our organization we decided to characterize the knowledge of nursing team of 60, and then improve that knowledge through a plan of continual education. Furthermore, our plan includes setting goals that communicate what we want to achieve as a result of our advocacy efforts, observe and evaluate the existing evidence based on the subject, analyze the environment in which the care is being provided, evaluate the team capacity and establish a framework for monitoring and evaluation of our advocacy project.

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Reactive oxygen species promote doxorubicin-induced P-gp expression in colon cancer cells

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Multidrug resistance (MDR) could be one of the most important problems associated to chemotherapy. P-glycoprotein (P-gp) and BCRP (breast cancer resistant protein) are ABC transporters that could be expressed in different cancer cell lines resistant to various drugs used for the treatment of cancer. Many of the anti-tumor chemotherapeutics like doxorubicin, induces reactive oxygen species (ROS) at a high level. In this study we investigated if doxorubicin-induced ROS generation could be involved on P-gp and BCRP expression promoting MDR in colon cancer cells. We analyzed ROS accumulation, Pgp and BCRP expression by qPCR and the relationship between doxorubicin uptake and ABC transporters expression by confocal microscopy using HT-29 WT and HT-29 Doxorubicin-resistant colon cancer cells (HT-29Doxo) treated with doxorubicin. We used N-acetyl cysteine (NAC) as a control of ROS and APE-1 endonuclease inhibitor E-3330 as a modulator of oxidative stress activity. We showed that doxorubicin-induced ROS generation occurs in a time-dependent manner. Increasing ROS accumulation induced a slowly increased Pgp expression in HT29-WT treated whit doxorubicin and NAC similar to cells treated whit doxorubicin alone. In contrast BCRP expression had a significant reduction whit doxorubicin use and NAC. Furthermore APE-1 inhibitor E3330 induced Pgp and BCRP downregulation and at the same time an increased on doxorubicin accumulation higher than cells no treated. Our results suggest that MDR could be modulated by a mechanism associated to oxidative stress produce by use of doxorubicin in colon cancer cells. Additionally disrupting ROS accumulation could favor cancer therapy.

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Langerhans cell histiocytosis: Review of the literature and a case study in an adult

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Langerhans cell histiocytosis (LCH) is a rare disease characterized with abnormal proliferation of histiocytes originated from bone marrow with an unknown etiology. It is usually seen in the pediatric age group and defined in three different ways as Eosinophilic Granuloma, Hand Schuller Christıan and Letterer-Siwe according to clinical and pathological characteristics. The disease can be local or systemic and involvement can be seen mostly in skin, bone, lymph nodes, lungs and central nervous systems. Men are affected more often than women. Its etiology is not yet known and it is still controversial whether it is a neoplastic process or an atypical immunological reaction. According to the studies conducted, the recent findings towards mutation of BRAF and MAP2K1 suggest that the disease has a neoplastic origin. It is reported that the diagnosis of LCH is sometimes difficult and it can be diagnosed lately or even be unnoticed in the adult population in particular. Although PET-BT application is useful in the diagnosis, it has been reported to be insufficient to establish a final diagnosis. There are not any symptoms, physical examinations or laboratory findings that are specific to the disease, and it is diagnosed by immunohistochemical analysis. The definitive diagnosis is obtained by showing the Langerhans cells stained with S-100 and CD1a antigen in the biopsy. It is reported that LCH is characterized by either a single or a large number of bone lesions and it can involve all the bones, especially the skull and it is mostly reported to be involved in pelvis and ribs. The diagnosis of Langerhans cell histiocytosis (LCH) is mostly seen in patients aged from 1 to 3, and seen as cases that are not well-diagnosed in adult patients. In this study, LCH diagnosis of a 37-years old patient, who was suffering from a severe pain in the thoracic spine for 2 years, and his treatment process is presented as a case. Although it is a rarely seen disease in adults, it should be kept in mind in the differential diagnosis of this disease and the number of cases should be increased in order to create a standard treatment procedure.

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The effect of chemotherapy-induced neuropathy symptoms on physical function and risk of falls in cancer patients received neurotoxic chemotherapy

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Objective: Chemotherapy-induced neuropathy (CIN) is a common adverse effect due to cancer treatment. Sensory and motor symptoms of CIN caused balance impairments and postural instability; however, the health outcomes of physical function and falls are not well studied. We quantified the effect of CIN symptoms on the occurrence of falls in patients received taxanes, platinum compounds or both, and compared physical function between patients with and without CIN.

Methods: The occurrence of falls, physical function, and psychological function were compared between patients with and without CIN. Adjusted logistic models were used to determine CIN symptoms that are associated with falls.

Results: Of the total 383 participants, 86.2% of participants developed CIN. For physical function, CIN patients had a lower score (33.1±6.8 vs. 35.2±6.0; p=0.02) assessed by Fullerton Advanced Balance (FAB) Scale, and a longer time (8.0±2.6 vs. 6.8±1.8; p<0.001) measured by the Timed Up and Go (TUG) test. 53.5% of patients reported falls since starting neurotoxic chemotherapy. The increased number (OR=1.74, 95% CI: 1.54-1.97) and each of CIN symptoms including numbness (OR=6.44, 95% CI: 3.42-12.14), tingling (OR=3.63, 95% CI: 2.04-6.46), sensitivity to cold temperatures (OR=2.19, 95% CI: 1.33-3.60), nerve pain (OR=2.01, 95% CI:1.25-3.26), muscle/joint aches (OR=2.95, 95% CI:1.79-4.87), muscle weakness (OR=7.72, 95% CI: 4.52-13.16) were significantly associated with falls (p<0.001).

Conclusion: Patients received neurotoxic chemotherapy in this cohort had normal physical function assessed by clinical measurements. But CIN symptoms were significantly associated with a higher risk of falls, which addresses the importance of assessing CIN and other cancer-related symptoms early to prevent falls and ensure patients' safety.

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