



Scientific Tracks & Abstracts



The crucial role of CHI3L1 in vasculogenic mimicry formation of cervical cancer

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Statement of the problem: Over the past several decades, accumulating evidence has revealed that highly metastatic cancers are intimately associated with vessel-like formation that is primarily derived from tumor cells, independent of endothelial cell-mediated angiogenesis. This alternative microvascular formation lacking endothelial cells is known as vasculogenic mimicry (VM). VM develops tumor vascular networks that associated tumor growth, metastasis, and short survival time of cancer patients. However, the knowledge of VM in the vascularization of cervical cancer are not fully understood yet. Chitinase-3-like-1 (CHI3L1) has been reported to plays a critical role in angiogenesis of cervical cancer. Here, we explored a pathological function of CHI3L1 in tumor cell-mediated vascularization.

Methodology & Theoretical orientation: The sixty- six tissue samples of cervical cancer were collected to determine CHI3L1 expression and VM formation using immunohistochemistry and CD34-periodic acid-Schiff (PAS) dual staining.

Findings: CHI3L1 expression was significantly correlated with VM formation ($p = 0.031$). Interestingly, patients with VM positive tumors tended to have decreased overall survival (OS) compared to those with VM negative samples (43.9 versus 64.6 months, $p = 0.079$). In addition, recombinant CHI3L1 enhanced cervical cancer cell lines to form tube-like structures, supporting the notion that CHI3L1 mediates VM in cervical cancer. **Conclusion & Significance:** Our present findings suggest the crucial role of CHI3L1 by promoting the formation, which may contribute to tumor aggressiveness. Therefore, CHI3L1 may represent a novel attractive therapeutic target for the reduction of cervical cancer vascularization and metastasis.

Biography

Nipaporn Ngernyuang has completed her Ph.D. in Biomedical sciences from Khon Khan University, Thailand. Currently, she is an Assistant Professor at Chulabhorn International College of Medicine, Thammasat University, Thailand. Her program of research focuses on molecular oncology and nanotechnology for cancer treatment. She has published about 8 papers in reputed journals. She has received researcher awards for her scholarly work from Thammasat University.

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Mental Health Care System: Patient in Focus

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Mental disorders account for nearly 12% of the global burden of disease. By 2020 they will account for nearly 15% of disability-adjusted life-years lost to illness. The burden of mental disorders is maximal in young adults, the most productive section of the population. Developing countries are likely to see a disproportionately large increase in the burden attributable to mental disorders in the coming decades. People with mental disorders face stigma and discrimination in all parts of the world. Effective interventions are available but are not accessible to the majority of those who need them. These interventions can be made accessible through changes in policy and legislation, service development, adequate financing and the training of appropriate personnel. Although being one of the most vulnerable societies in the region, Bosnia and Herzegovina (B&H) has made significant progress in the area of mental health care reform, which was launched in 1996 focusing on community based mental health. The essential change of the context of service provision in mental health implies opening a network of mental health centers, a multi-disciplinary approach and teamwork, development of other community based services and improvement of inter sectoral cooperation. These processes aim to build an effective, efficient and quality mental health service focused on the user needs and accessible to as many people as possible in the context of the integrated system of service delivery. The mental health care system needs to protect human rights, ensure gender equality and efficiently respond to diverse needs of the population, especially of the most vulnerable groups. The positive effects of the reform are visible in most of the areas with CMHCs in terms of improved accessibility of services, quality of treatment, shorter length and frequency of hospitalization, increased staffing levels in mental health care. The activities of the mental health centers have contributed to a better intra-sectoral cooperation within the health care system (family medicine, hospital services) and inter-sectoral cooperation at the local level with CSWs, schools, non-governmental organizations (NGOs).

Biography

Elvira is currently working in the Health Centre of Sarajevo Canton, Community Mental Health Center Ilidza since 2009. After finishing Medical faculty in Sarajevo University 1998 Elvira was working in Family Medicine as GP. After the residency of neuropsychiatry, she was educated as part of the mental health reform in B&H, psychotherapy and now in the supervision of EMDR therapy. Have a lot of education about community mental health care. Lecturer for family medicine doctors and mentor for psychiatry residents. she was an external quality assessor of health institutions in the Federation of B&H.

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Adherent Placenta, sonographic overview

Shady Saleem

President at ASFMS, Egypt

Adherent placenta includes placenta increta, placenta excreta, and placenta accrete. Maternal morbidity and mortality can occur because of severe and sometimes life-threatening haemorrhage, which often requires blood transfusion. Although ultrasound evaluation is important, the absence of ultrasound findings does not preclude a diagnosis of adherent placenta; thus, clinical risk factors remain equally important as predictors of placenta accrete spectrum by ultrasound findings. There are several risk factors for placenta accrete spectrum. The most common is a previous caesarean delivery, with the incidence of placenta accrete spectrum increasing with the number of prior caesarean deliveries. Antenatal diagnosis of adherent placenta is highly desirable because outcomes are optimized when delivery occurs at a well-prepared hospital before the onset of delivery. So, it is very important to diagnose it before delivery. Ultrasound is a primary method for diagnose it. There are many ultrasound signs which can used to diagnose it as placental lacunea, absence of retroplacental space, thin myometrium less than 1mm and bulging of placenta inside the bladder.

Biography

Dr. Shady Saleem is currently working as President of Arabic Society of Fetal Medicine and Surgery. Fellowship of Fetal Medicine from lean Donald University. Research fellow of Fetal Medicine at Fetal Medicine Unit, Cairo University from 2011 till now. His academic background includes Consultant of Obs. & Gyn. at Ministry of Health Hospitals, Lecturer at many international Universities. He Participated and organized many ultrasound and fetal medicine courses as a trainer at Egyptian medical syndicate and Fetal Medicine Unit, Cairo University, Iraq ministry of health, Suadia ministry of health and Moritanea Ministry of health. Instructor for many courses at Arabic Society of Fetal Medicine and Surgery as Fetal abnormalities course, 3D and 4D in Obs. & Gyn. course, Fetal Echocardiography course and IVF course.

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Falls prevention: Gains and challenges in primary care

Jonathan Joseph Zulueta

Central London Community Healthcare NHS Trust, UK

Evidence based research in falls prevention is robust in targeting preventive work amongst community dwellers. More than a third of people aged 60 and above living in the community will fall each year, 10% of those falls will result in a serious injury requiring hospitalisation or living in a long term facility - placing an increasing demand on the institution. Across the world, falls prevention strategies including individualise exercise programme for improving strength and balance are effective in preventing falls injuries in the primary care setting but face challenges with limited resources.

This presentation depicts models, with distinct methodology, and implementation of strength and balance programme in a developed and emerging country with unique gains and challenges during the process. The Central London Community Healthcare (CLCH) strength and balance programme based in the Inner Boroughs of London has steadily shown great outcome measures. The service's 2012 review showed the number of falls reported had fallen by 47 percent, with A&E admissions fell by 25 per cent, and GP visits were cut by 28 per cent. On the other hand, Balance Exercises Activities Training (BEAT), a 12-week programme, with the help of a biokinetic wearable sensing device called Simple Wave, has been piloted in the Philippines which showed encouraging results but lacks sample size with ongoing challenges from stakeholders. However, it has tangible potential to tap as a primary prevention pathway as it has been linked with their Department of Health with no existing formal strategies and national programme yet established.

Fundamentally every country in the world is experiencing growth in the number of older persons in their population with increasing demand to Public Health resources. However, evidence showed that falls preventive services and initiatives can be successful in preventing falls and avoiding admission to secondary care.

Biography

Jonathan Zulueta has an active physiotherapy practice in Central London spanning 17 years with a focus on older patients. He holds the distinction of being the only Advanced Specialist Physiotherapist in Falls, Vestibular and Balance in Greater London at Central London Community Healthcare NHS and a consultant at the Balance Performance Clinic. He is an expert and a key player in the development of Falls Prevention in CLCH. Jonathan's passion lies in extending health span and empowering patients and the health care industry. This is why he remains committed to seeing patients daily while sharing his experience to improve patient care.

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Dealing with workplace bullying in the Australian health context: - A health management trainees' perspective

Sharlene A Chadwick
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Statement of the Problem: Studies demonstrate workplace bullying is a significant issue, and one which warrants an increased research focus. Workplace bullying is increasingly an issue in the health sector. One identified means of addressing workplace bullying is changing organisational culture through education and awareness raising. There is a sparse literature regarding the perceptions of health management trainees in Australia. Given their role as future leaders in this sector, this is a significant gap. Current literature explores the causes of workplace bullying but does not investigate how health management trainees feel about this behaviour, particularly in an Australian context.

Methodology & Theoretical Orientation: Focus Group and Individual semi- structured interviews were conducted with a range of health management trainees over a one-month period. Open ended questions explored participants' views on definitions; perceptions and attitudes; types of behaviours; effects and impacts and organisational responses to workplace bullying incidents. This two-phase mixed method study design employed a literature review and a focus groups to collect data. An international expert reference group (ERG) was formed to review a customised designed learning module and provide feedback on key components and concepts. Participants included international researchers and academics in both Australia and internationally in the field of health and/or workplace bullying.

Conclusion & Significance: Investigating health management trainees' perceptions of workplace bullying identified gaps in the literature particularly from an Australian context. The findings lead to the development of a professional learning module. Assisting organisations to change attitudes towards workplace bullying is vital if we are to deal effectively with the increase in, and the impact of, workplace bullying in Australia.

Biography

Sharlene A Chadwick is an experienced educator, speaker and author and has been involved in professional education and training for over 30 years focusing on workplace bullying, cyberbullying, resilience, emotional intelligence, wellbeing and leadership. She is currently a PhD candidate at the University of Technology Sydney Australia investigating workplace bullying in an Australian health context. She has had several articles published in educational and health journals and various print media with anti-bullying being the key expertise. Sharlene has authored and published books based on her research, they can't hurt me - a peer-led approach to bullying and Impacts of Cyberbullying: Building Social and Emotional Resilience for Schools for Springer Education. She is a member of the International Association for Workplace Bullying and Harassment.

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New Immunomodulatory Targets and Next Generation Active Immune Checkpoint Control Immunotherapy

Jian Ni

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Challenges remain in expanding the target space, developing next-generation active immune immunotherapy with improved efficacy and safety. This presentation focuses the leading immunomodulatory pathways as well as therapeutic targets we have identified in B7 superfamily members : B7-H1 (PD-L1) B7-H2, B7-H3 and B7-H4, TNF ligands and receptor superfamily : Blys, DR3, DR4, DR5, DR6, GITR, GITRL, TR2, LIGHT, TR6, TLI, RANK, TNFRSF19, RELT, TR1, DcR1 and DcR2, Siglecs family: Siglec 5, 7, 8, 9, 10, 11 and Galectin family: Galectin 9, 10, 11, 12. The abnormal expression of galectins is known to be linked to the development, progression and metastasis of cancers. tumor-derived galectins can have bifunctional effects on tumor and immune cells. This talk focuses on the biological effects of galectin-1, galectin-3 and galectin-9 in various cancers and discusses anticancer therapies that target these molecules. Siglecs comprise a family of 15 members of sialic acid-binding receptors. Many Siglecs function as inhibitory receptors on innate and adaptive immune cells and may contribute to the attenuation of immune responses to tumors. Siglecs are mostly inhibitory receptors similar to known immune checkpoints including PD-1 or CTLA-4 that are successfully targeted with blocking antibodies for cancer immunotherapy. The next generation active immune checkpoint control immunotherapy which based on a Specific Total Immune Remodeler Platform demonstrate the ability to activate and use the full potential of the patient's own immune system to eradicate cancer and is able to induce the killing of tumor target expressing cells by simultaneously activating all possible immunological pathways (humoral and cellular), thus, succeed in controlling all the relevant immune checkpoints that prevent the immune system from attacking and defeating cancer.

Biography

Jian Ni obtained his M.D. from Second Military Medical University and Ph.D. from University of Cambridge. Dr. Ni was a Post-doctoral Fellow at the National Cancer Institute and University of California, Irvine. He is an American Society of Clinical pathologists board certified Specialist in Immunology. Dr. Ni was a Senior Scientist of Human Genome Sciences, Inc., and has many years of experience in biomedical research, immunology, oncology and protein chemistry, and industrial experience in functional genomics, therapeutic protein and antibodies discovery and development. He has published more than 117 scientific articles in top scientific journals (IF >600), Inventor of 251 issued US patents, 4 FDA approved antibody drugs and more than 10 antibody drugs in clinical trials were based on these inventions.

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