

Hematology and Oncology Congress

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Scientific Tracks & Abstracts



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Pelvic artery embolization in patients with cervical cancer complicated by hemorrhage: Single-institution experience in Belarus

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Aim: The study aims to investigate the efficacy of Pelvic Artery Embolization (PAE) in patients with locally advanced and recurrent Cervical Cancer (CC) complicated by hemorrhage.

Method: A retrospective study was performed of consecutive 81 patients: 68 (84%) with primary locally advanced CC and 13 (16%) with recurrent disease.

Result: The PAE controlled the hemorrhage in 76 (94%) patients. After successful embolization, 46 of 68 (68%) primary CC patients, started antineoplastic treatment and 29 of these women (43%) subsequently completed primary treatment. During the follow-up period, 67 (83%) patients died of disease and 4 (5%) died of other causes. The adjusted one-year survival was 41.4% (SE 5.6%), five-year survival was 17.9% (SE 4.5%) and median adjusted survival was 8.4 months. Survival of the 22 (32%) patients who did not receive further treatment and 46 (68%) patients who continued the treatment was significantly different, with a one-year adjusted survival of 15.2% (SE 8.1%) and 53.5% (SE 7.4%), respectively. None of the patients without further treatment survived 5 years whereas in the group undergoing further treatment, the 5-year-adjusted survival was 24.0% (SE 6.8%) and the median adjusted survival was 5.4 months and 12.8 months respectively ($p < 0.001$).

Conclusion: PAE was effective in controlling hemorrhage in 94% of patients with locally advanced and recurrent CC. 68% of patients were able to undergo further antitumor treatment. PAE is a minimally invasive intervention that can be effective at any stage of treatment in patients with CC preventing with hemorrhage.

Biography

Olga P Matylevich is the Head of the Department of Oncogynecology in N N Alexandrov National Cancer Center of Belarus, Belarus with expertise in the treatment of cervical cancer. Her research interests include epidemiology and statistical analysis of cervical cancer treatment outcomes following the introduction of NCI treatment protocols, standardization of National clinical protocols according to International treatments guidelines and translational research in the field of gynecologic oncology. She has been also included in the team of experts responsible for development and implementation of National Screening Program for gynecological cancers.

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Newer oral contraceptives protect against ovarian cancer in young women

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Aim: To assess the influence of contemporary hormonal contraceptives including progestogen-only products on overall and specific ovarian cancer risk.

Design: Nationwide cohort study.

Setting: Denmark

Material: Women 15-49 years during the period 1995-2014 were eligible. They were excluded if they immigrated after 1995, had previous cancer, venous thrombosis or were treated for infertility before entry. Final study population included 1,879,227 women.

Method: Relative Risk (RR) of ovarian cancer among users of any contemporary hormonal contraceptives was calculated using Poisson regression.

Result: During 21.4 million person years, 1249 incident ovarian cancers occurred. Among ever users of hormonal contraception, 478 ovarian cancers were recorded over 13,344,531 person years. Never users had 771 ovarian cancers during 8,150,250 person years. Compared with never users, reduced risks of ovarian cancer occurred with current or recent use and former use of any hormonal contraception (relative risk 0.58 (95% confidence interval 0.49 to 0.68) and 0.77 (0.66 to 0.91), respectively). Relative risks among current or recent users decreased with increasing duration (from 0.82 (0.59 to 1.12) with ≤ 1 year use to 0.26 (0.16 to 0.43) with >10 years' use; $P < 0.001$ for trend). Similar results were achieved among women followed up to their first switch in contraceptive type. Little evidence of major differences in risk estimates by tumour type or progestogen content of combined oral contraceptives was seen. Use of progestogen-only products were not associated with ovarian cancer risk. Among ever users of hormonal contraception, the reduction in the age standardised absolute rate of ovarian cancer was 3.2 per 100 000 person years. Based on the relative risk for the never use versus ever use categories of hormonal contraception (0.66), the population prevented fraction was estimated to be 21%—that is, use of hormonal contraception prevented 21% of ovarian cancers in the study population.

Conclusion: Contemporary combined hormonal contraceptives reduce ovarian cancer risk in young women, an effect related to duration of use and which diminishes after stopping. Our data suggests no protective effect from progestogen-only products.

Biography

Ojvind Lidegaard is a Professor of Obstetrics and Gynecology at The Juliane Marie Centre, Rigshospitalet, Copenhagen University Hospital and the University of Copenhagen, Denmark. He is also the Head of the National Quality Database in Early Pregnancy and Abortion. His main research areas include gynecological endocrinology, fetal exposure, postnatal diseases, gynecological cancer, early pregnancy and obstetrics.

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Comparative study of bone marrow and blood plasma level of IL-2 in aplastic anemia and their relation with disease severity

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Statement of the Problem: Interleukin-2 is a potent signaling molecule in the signaling cascade of the immune-mediated activation of T Lymphocytes leading to the destruction of hematopoietic stem cell. This forms the basis of Acquired Aplastic Anemia (AAA). The objective was to study the association of IL-2 in the Bone Marrow Plasma (BMP) and Peripheral Blood Plasma (PBP) in AAA patients.

Method: Institutional ethical clearance was obtained and 52 BMP and PBP-paired samples were collected from the confirmed AAA patients and 10 non-aplastic anemia controls. The level of IL-2 was measured by the quantitative enzyme-linked immunosorbent assay. The IL-2 level was compared between the AAA and control subjects as well as among the various severity grades of AAA. Mann-Whitney U test was used for statistical analysis.

Findings: Significantly higher level of IL-2 was found in the BMP (75.33 ± 41.9 vs. 3.12 ± 1.82 ; $p < 0.00001$) and PBP (48.54 ± 21.89 vs. 1.99 ± 1.25 $p < 0.00001$) of AAA patients compared to the control subjects. The IL-2 levels were higher in patients with VSAA and SAA than those with NSAA in the PBP (65.6 ± 23.61 vs. 31.72 ± 7.64 ; $p = 0.00338$) and (45.37 ± 16.25 vs. 31.72 ± 7.64 ; $p = 0.01468$), respectively. The IL-2 levels were higher in patients with VSAA and SAA than those with NSAA in the BMP (115.01 ± 38.91 vs. 38.32 ± 19.49 ; $p < 0.00001$) and (66.44 ± 23.34 vs. 38.32 ± 19.49 ; $p = 0.0006$). The IL-2 level was higher in VSAA than SAA in PBP (65.6 ± 23.61 vs. 45.37 ± 16.25 ; $p = 0.0114$) and BMP (115.01 ± 38.91 vs. 66.44 ± 23.34 ; $p = 0.00044$).

Conclusion: Higher level of IL-2 in AAA patients compared to controls implies its role in the disease pathogenesis. Also, the higher the level of IL-2, more severe is the disease emphasizing its role in the disease severity.

Biography

Rajib De is an Associate Professor in the Department of Hematology, NRS Medical College and Hospital. He is Hemato-Oncologist and Bone Marrow Transplant Physician. His area of interest is thalassemia, acute lymphoblastic leukemia and aplastic anemia. He has more than 10 publications in different national and international index journals. Some of his research areas are screening of thalassemia carrier by nanotechnology-based method, label free characterization for hematopoietic stem cells by nanotechnology-based methods, development of SPION (Super Paramagnetic Iron Oxide Nanoparticle) based ferritin sensor, gene micro mapping of thalassemia in West Bengal, etiological role of environmental and genetic factors in aplastic anemia, phenotypic variation of Hb E-Beta Thalassemia.

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Glucose-6-phosphate dehydrogenase deficiency in jaundiced neonates and its relationship with severity of hyperbilirubinemia

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Statement of the Problem: G6PD is a house keeping enzyme produced NADPH reduces free radicals and protects the body. Almost 7.5% of world population is carrier of G6PD deficiency. Neonatal jaundice is one of the manifestations of G6PD deficiency, observed in one third of newborns. Severe hyperbilirubinemia can cause kernicterus and even death. The purpose of this study is to determine the frequency of Glucose-6-Phosphate dehydrogenase deficiency in neonates with hyperbilirubinemia. Find the association between level of G6PD deficiency and severity of hyperbilirubinemia.

Method: We included 100 neonates with jaundice after excluding the other risk factors for hyperbilirubinemia. Initially screening for G6PD deficiency done with qualitative methods and deficient neonates were confirmed with quantitative method. History, examination and investigations like routine hematological investigations and total and direct bilirubin, Coombs test, G6PD qualitative and quantitative assay were done in all subjects.

Findings: In this study following finding were found 6% were G6PD deficient, in majority jaundice appeared on day third, maternal age was found to higher in deficient neonates. There is increased rate of complication and death was found in deficient group, bilirubin was higher and platelets were lower in deficient group that was statistically significant.

Conclusion: G6PD deficiency is an important cause of neonatal jaundice and severe hyperbilirubinemia in newborns. Hemolysis may not be the sole factor for the development of jaundice in G6PD deficient neonates. There is association between lower enzyme activity and hyperbilirubinemia. Early identification and treatment may reduce the mortality and morbidity.

Biography

Nazish Mazari is an Assistant Professor in the Department of Hematology at University of Health Sciences Lahore, Punjab, Pakistan.

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Parvovirus B19 in patients of acute lymphoblastic leukemia with prolonged cytopenia

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Introduction: Parvovirus B19 is a small DNA virus and an important cause of cytopenia(s) and suppressed erythropoiesis. It is known to replicate exclusively in erythroid progenitor cells and also known to cause suppression of megakaryocytic colonies. Persistent B19 infection tends to occur in hematological malignancies. The aim of the study was to find the frequency of parvovirus b19 infection in patients with Acute Lymphoblastic Leukemia (ALL) with prolonged cytopenia.

Method: 49 patients suffering from ALL were enrolled for the study. All patients had persistent prolonged cytopenia for greater than 10 days beyond the scheduled date of next chemotherapy. B19 infection was investigated by detection of viral DNA in serum by Real time PCR.

Result: Among the 49 patients enrolled with ALL only 6 (12.2%) were found to be Parvovirus B19 DNA positive. The infection was not suspected on clinical grounds on any of the patients. Most of the patients were males (40 male and 9 females). All the patients were cytopenic with anemia, thrombocytopenia or neutropenia.

Conclusion: We concluded that patients with ALL are at particular risk of persistent B19 infection. Moreover, it is important to consider B19 infection as a possible cause of unexplained cytopenia(s) in these patients. Thus, screening for parvovirus B19 DNA by quantitative polymerase chain reaction in cytopenic patients with ALL is suggested. Moreover, it is important to consider B19 infection as a possible cause of unexplained cytopenia(s) in these patients. Thus, screening for parvovirus B19 DNA by quantitative polymerase chain reaction in cytopenic patients with ALL is suggested.

Biography

Omer Naseem from FMH College of Medicine and Dentistry has completed his House job from Jinnah Hospital, Lahore, Pakistan. He has worked with GIZ; an NGO of international repute on safe blood transfusion project where he was involved in inspections of blood bank practices and working to enhance the safety measures involved in blood banking in Pakistan. He is currently pursuing his MPhil in Hematology at University of Health Sciences Lahore, Pakistan.

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