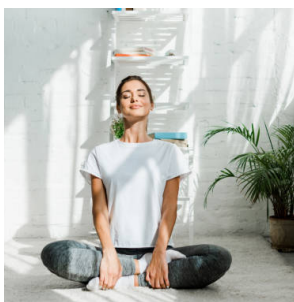
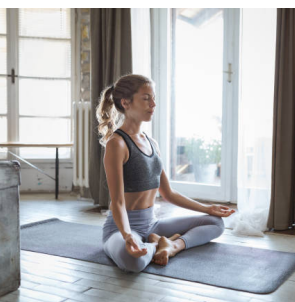
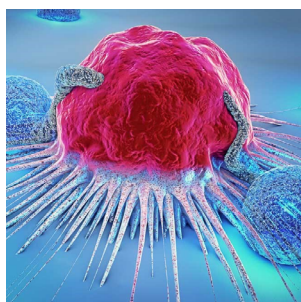

Keynote Forum December 07, 2022

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Tsai-Ju Chien

Taipei City Hospital, Taiwan

Different perspective towards Cancer care: The holistic philosophy of Traditional Chinese Medicine and conflicts with modern medicine

Background: Traditional Chinese Medicine (TCM) has sparked the public's attention for its potential in new drug development and its holistic view toward health, which is totally different from the reductionistic science of modern medicine. Traditional Chinese medicine is actually a medical science encompassing not only medicine but also philosophy and art in direct contrast to molecular-based modern medicine. As more and more multidisciplinary studies are being published, finding ways to integrate TCM with modern or precision medicine through artificial intelligence, new study design and technology may become a critical issue

Methods: This article aims to briefly review the TCM in cancer care and its conflicts with modern medicine, with a focus on the potential integration of TCM and modern medicine. We also provide insight for the key attributes of TCM and the associated investigation with Western research approaches.

Results:

Inconsistencies between TCM and modern medicine

The holistic theory of the TCM leads to difficulties in communication. The constitutional syndrome explains the dynamic changes occurring within a person no matter in what kind of cancer, while not emphasizing the gene defect or cancer character. The integration of multiherb formulas in TCM with changeable proportions is hard for precise confirming their effect though they work in clinical real world.

The "BLUE OCEAN" strategy of combined TCM and modern medicine

TCM should jump out of the field of drug research and development and focus instead on holistic design, including

adjust alignment. The thinking of a pioneer should involve connection with precision medicine, incorporating next-generation sequencing data into TCM trial.

Conclusion: Traditional Chinese Medicine is not only the delivery of multiherb medications but also a unique whole-body philosophy, while modern medicine is a singularly scientific direction. To connect art and science, we need to utilize more biotechnology, innovative methods, and integrated study design to explore multidisciplinary research in cancer care.

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Biography

Tsai-Ju Chien is a Hematologist and an Oncologist. The unique character of her is that she also possesses Traditional Chinese Medicine (PhD) and has applied TCM in cancer patients for years. She is pre-eminent in the field of Integrative Medicine, devoting her-self in integrating TCM in cancer care. Though working in a western- medicine based City Public Hospital, she spends a lot time in TCM research and practice, hoping to coordinate these two branches of medicine and meaningful to patients. Based on her clinical experience, some TCM has potential in improving symptoms related to Cancer or enhancing efficiency of chemotherapy. The mechanism is intriguing; some are compatible with immune modulation theory; and the connect with precision medicine is also intriguing. Therefore, Tsai-Ju Chien devoted herself in cross field study and looking forward to connect with who has interest in cross-cultural, cross- medicine talking.

e: silence021@gmail.com

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Qing Du

Peking Union Medical College, China

Complete chloroplast genomes of two medicinal *Swertia* species: The comparative evolutionary analysis of *Swertia* genus in the Gentianaceae family

Background/Aims: We developed the comparative research of *Swertia kouitchensis* chloroplast genome with that of 22 *Swertia* species in the *Gentianaceae* family from the aspects of phenotype characteristics, structural and genetic features, and evolutionary relationship. Thus, we could exploit the distinctive differentia and identified traits to fully illustrate the relevance and distinction among these species on account of the complete database statement for these chloroplast genomes.

Methods: Total genomic DNA was extracted using the plant genomic DNA kit (Tiangen Biotech, Beijing, China) (Vieira *et al.* 2014). The DNA purity was detected with 1.0% agarose gel and the concentration of cpDNA was determined using a Nanodrop spectrophotometer 2000 (Rowan *et al.* 2011). DNA extracts were fragmented for 300 bp short-insert library construction. The library was sequenced in pair-end mode with the read length of 150 bp on an Illumina HiSeq 2500 platform (Cronn *et al.* 2008). The raw reads were filtered using Trimmomatic 0.35 with default parameters to remove adapters and low-quality bases (Bolger 2014). Then, the chloroplast genome of *S. kouitchensis* was assembled using the NOVOPlasty (v 4.2) software (Dierckxsens *et al.* 2017) with default parameters and the *rbcl* sequences as the seed. We used Gepard software to draw dot plots between the assembled genome and reference genomes to identify the structure of the chloroplast genome (Krumšek *et al.* 2007). The chloroplast genome can be annotated using the CPGAVAS2 web service (<http://www.herba.lgenomics.org/cpgavas2>) (Shi *et al.* 2019). The annotation was manually corrected using the Apollo software (Firtina *et al.* 2020). We calculated the GC content using BioXM software (Losko and Heumann 2009). Lastly, the assembly and annotation results of the *S. kouitchensis* chloroplast genome was submitted to GenBank and the accession number

OM617848 was acquired. Then, the comparative data of *S. bimaculata* chloroplast genome was downloaded from the NCBI database (MW344296.1), which was developed by the team of professor Weizhen from Zhengzhou University.

Results: The significant distinction in the specification between *Strigoptera bimaculata* and *Swertia kouitchensis* lies in the shape of the stem (1), pedicel (2), and leaf (3); The color of corolla (4) and seeds, spots (5), and the shape of the seed surface. In the species of *S. bimaculata*, it has a round stem (1), thick pedicel (2), erect or oblique extension, unequal length, oval to ovate-lanceolate leaf (3), mostly small purple spots (5) in the upper part of the yellow corolla (4), two semicircular yellow-green large gland spots (5) in the middle, and the brown round seeds with protruding on the surface. Meanwhile, the species of *S. kouitchensis* has four-angular erect stems (1); narrow pedicel wings (2), lanceolate leaf (3), yellow, white, and green corolla (4), apex and long pointed fruit that slightly increases with two glands (5) at the base; and yellow-brown seeds with a nearly smooth surface.

The chloroplast genome of *S. kouitchensis* encodes a total of 131 genes (110 unique genes), which include 88 PCGs (80 unique genes), 37 tRNAs (29 unique genes), and 8 genes encoding ribosome RNA (4 unique genes). The 88 PCGs encoded a total of 26,243 and 25,961 codons in the *S. kouitchensis* and *S. bimaculata* chloroplast genome. The most abundant codon of the two species was for isoleucine, and the least abundant codon was for cysteine.

The number of microsatellites repeat sequences was twenty-eight and thirty-two identified in the chloroplast genomes of *S. kouitchensis* and *S. bimaculata*, respectively. A total of 1127 repeat sequences were identified in all the 23 *Swertia* chloroplast genomes, and they fell into

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four categories. Furthermore, five divergence hotspot regions can be applied to discriminate these 23 *Swertia* species through genomes comparison. One pair of genus-specific DNA barcodes primer has been accurately identified. Therefore, the diverse regions cloned by a specific primer may become an effective and powerful molecular marker for the identification of *Swertia* genus. Moreover, four genes (*ccsA*, *ndhK*, *rpoC1*, and *rps12*) were positive selective pressure. The phylogenetic tree showed that the 23 *Swertia* species were clustered into a large clade including four evident subbranches, whereas the two species of *S. kouitchensis* and *S. bimaculata* were separately clustered into the diverse but correlated species group.

Conclusion: The complete chloroplast genome of *Swertia kouitchensis* has been sequenced and assembled, compared with that of *S. bimaculata* to determine the evolutionary relationships among species of the *Swertia* in the *Gentianaceae* family.

Recent Publications

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Biography

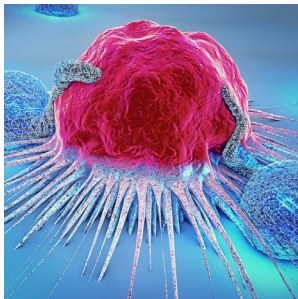
Quing Du is from IMPLAD and QHNU Institute of Medicinal Plant Development, Chinese Academy of Medical Sciences, Peking Union Medical College, College of Pharmacy, Qinghai Minzu University.

e: 171765300@qq.com

Scientific Tracks & Sessions

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Cancer Research | Cancer Therapy | Breast Cancer | Diagnosis and Treatment of Cancer

Session Introduction

Title: Vaccine timing and spacing, what lies beneath ?

Abdou Diab | University of Alexandria | Egypt

Title: Androgen receptor expression in Triple Negative and Non-Triple Negative and its relation to clinical, Pathological and ethnical features

Jamal Zidan | Bar-Ilan University | Israel

Title: Extensive tumour profiling in primary neuroendocrine Breast Cancer cases as a role model for personalized treatment in rare and aggressive cancer types

Dörthe Schaffrin-Nabe | Praxis für Hämatologie und Onkologie | Germany

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Vaccine timing and spacing, what lies beneath ?

Abdou Diab

University of Alexandria, Egypt

Vaccines are generally recommended for members of the youngest age group at risk for experiencing the disease for which vaccine efficacy and safety have been demonstrated. Recommendations for the age at which vaccines are administered are influenced by age-specific risks for disease, age-specific risks for complications, age-specific responses to vaccination, and potential interference with the immune response by passively transferred maternal antibodies. Simultaneously administering all vaccines for which a person is eligible at the time of a visit increases the probability that a child, adolescent, or adult will be Vaccinated fully by the appropriate age. Vaccination providers should administer vaccines as close to the appropriate age and recommended intervals as possible. Doses administered too close together or at too young an age can lead to a suboptimal immune response. However, intervals between doses that are longer than recommended typically do not reduce final antibody concentrations, although protection might not be attained until the recommended number of doses has been administered. With 2 exceptions, simultaneously administering the most widely used live and inactivated vaccines has produced Seroconversion rates, and rates for adverse reactions similar to those observed when the vaccines are administered separately. The 2 exceptions: PCV13 should be administered first and Men ACWY-D 4 weeks later. And separation of doses between PCV13 and PPSV23 will be 6-12 months recommended for non- high risk, 8 weeks minimum for high risk if PCV13 is given first with these two exceptions, any inactivated vaccine can be administered either simultaneously or at any time before or after a different inactivated vaccine or live vaccine. The

Oral vaccines Ty2 la Typhoid vaccine and rotavirus can be administered simultaneously with or at any interval before or after other live vaccines (injectable or intranasal) if indicated two or more injectable or nasally administered live vaccines not administered on the same day should be separated by at least 4 weeks to minimize the potential risk for interference. Inactivated vaccines and toxoids can be administered either simultaneously with or at any interval before or after receipt of an antibody-containing product. The vaccine or toxoid and antibody preparation should be administered at different sites using the standard recommended dose. Ty21a typhoid, yellow fever, LAI Y, and rotavirus vaccines may be administered at any time before, concurrent with, or after administration of any antibody-containing preparation such as immune globulin, hyperimmune globulin, or Intravenous Immune Globulin (IGI Y). Antibody-containing blood or blood products (e.g., immune globulin, hyperimmune globulin, and IGIY) can inhibit the immune response to measles, rubella, mumps and varicella vaccines for K3 months. Therefore, these vaccines should be delayed until the passive antibody has degraded.

Biography

Abdou Deyab has MBB Ch, from the School of Medicine, University of Alexandria, Alexandria, Egypt (1997-2003), Master's degree in Pediatrics, School of Medicine, University of Alexandria, Egypt (2008-2013), starting PhD degree in Pediatrics School of Medicine, University of Alexandria, Alexandria, Egypt from 2015 to present and not finished yet. He is a Pediatric Resident at, the University of Alexandria Children's Hospital (2009-2010).

e: asd.pediatric@yahoo.com

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Androgen receptor expression in triple negative and non-triple negative and its relation to clinical, Pathological and ethical features

Jamal Zidan

Bar-Ilan University, Israel

Background: Breast cancer is the most common tumor among women. It constitutes 33% of all tumors in women in Israel. In addition to stage of the disease, other detective factors such as Estrogen receptors (ER) and Progesterone receptors (PR), Human epidermal growth factor receptor 2 (HER2) and proliferation index (Ki67) are examined to determine the treatment for metastatic disease and for the adjuvant therapy. Despite a good prognosis of breast cancer about 10-15% of breast tumors do not contain ER, PR, HER2. This group of is more, aggressive, called Triple negative (TN) tumor. In TN tumors the treatment is mainly chemical therapy, and the survival is lower than other types (Non triple negative: NTN) of breast cancers. Androgen receptor (AR) receptor is very important in prostate cancer and forms the basis of hormonal treatments for prostate cancer. AR can also be present in some breast cancer patients. This study examined AR levels in patients with TN breast cancer in order to evaluate whether AR could be used as a prognostic or therapeutic factor in patients with TN breast cancer

Methods: Demographic, clinical and pathological data were collected from the files of breast cancer patients treated at the Oncology Institute at Ziv Medical Center, Israel, between 2013 and 2020. Tissue samples were taken from the tumors at the Ziv Pathological Institute which were stored in paraffin. The evaluation of AR in breast cancer tissues was done by immunohistochemistry test. 55 TN cases were examined along in addition 90 cases with NTN were examined for comparison.

Results: The mean age of the patients in the TN group was 56.9 ± 16.2 compared with 59.8 ± 13.5 years in the NTN group. 83.6% were Jewish and 16.4% Arab. 36.4% of TN patients were of childbearing age. 61.8% of the tumors in TN were Grade 3 compared to 32.2% in the NTN group ($P = 0.001$). Ki67 was 57.4 ± 27.8 in TN tumors and 24.9 ± 25.4 in NTN ($0.001 < P =$). In 69.1% of TN patients AR was found to be negative compared to 26.7% in NTN ($P = <0.001$). AR was found to be high in 9% of TN patients and in 72.8% in NTN who survived 5 years without disease ($P = <0.001$). Negative AR was found in

75% of the patients who died from the disease in both groups, Positive AR was found in 30.9% of TN tumors compared to 73.3% in NTN ($P = <0.001$)

Conclusions: The AR receptor has a prognostic importance in breast cancer. We found that positive AR is more common in NTN patients than in TN. Survival of patients with low expression of AR is lower. The test is also relatively inexpensive, and it could be possible to be checked in all patients with TN breast cancer all over the hospitals. On the basis of the recent results, we suggest performing a new multicenter study for the treatment of AR-positive TN patients who failed conventional therapies with AR based hormone therapy.

Recent Publications

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Biography

Jamal Zidan earned his Doctorate in Medicine (MD) at the Semmelweis University in Budapest, Hungary. He has finished his specialization in Oncology at the Oncology department at Rambam Medical Center in Haifa, Israel. Since 2006 he was Associate Professor at the Faculty of Medicine at the Technion University in Haifa, Israel. At 2009 he was a Visiting Scientist in Biological Regulation Department in Weizmann Institute of Science, Rehovot. Israel. Since October 2011 he is a professor at the Faculty of Medicine in the Galilee, Safed, Bar-Ilan University, Israel, and since June 2013 he is Full Professor of Medicine.

e: zidanja@biu.ac.il

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Extensive tumour profiling in primary neuroendocrine breast cancer cases as a role model for personalized treatment in rare and aggressive cancer types

Dörthe Schaffrin-Nabe

Praxis für Hämatologie und Onkologie, Germany

Neuroendocrine Breast Cancer (NEBC) is a rare entity accounting for <0.1% of all breast carcinomas and <0.1% of all neuroendocrine carcinomas. In most cases treatment strategies in NEBC are empirical in absence of prospective trial data on NEBC cohorts. Herein, we present two case reports diagnosed with anaplastic and small cell NEBC. After initial therapies failed, comprehensive tumor profiling was applied, leading to individualized treatment options for both patients. In both patients, targetable alterations of the PI3K/AKT/mTOR pathway were found, including a PIK3CA mutation itself and an STK11 mutation that negatively regulates the mTOR complex. The epicrisis of the two patients exemplifies how to manage rare and difficult to treat cancers and how new diagnostic tools contribute to medical management.

Recent Publications

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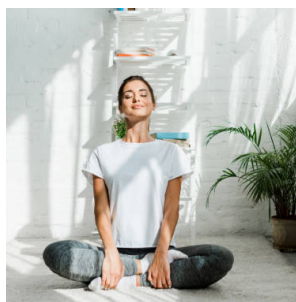
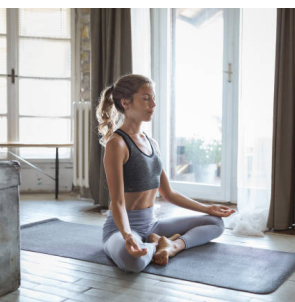
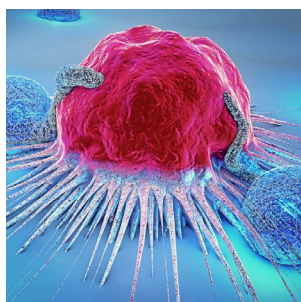
Biography

Dörthe Schaffrin-Nabe is an Experienced Professional in Praxis für Hämatologie und Onkologie in Bochum, Germany.

e: schaffrin-nabe@onkologie-bochum.com

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Validation of the EORTC QLQ-CR29 questionnaire module to assess health-related quality of life in patients with cancer

Kuantkan Zh

Center of Nuclear Medicine and Oncology, Kazakhstan

This research is aimed to study the validity and reliability of the EORTC QLQ-CR29 questionnaire for assessing the quality of life. From October 2021 to August 2022, 179 people with colorectal cancer completed the questionnaire. The reliability and validity of the questionnaires were assessed by Cronbach's coefficient, the Spearman correlation test and Wilcoxon rank sum test. The scales differed between clinically different groups of patients and did not correlate with the QLQ-C30 scales, demonstrating the validity of the construction. EORTC QLQ-CR29 demonstrates sufficient validity and reliability. This cancer research conducted by cancer research prepares the information base for the development of a comprehensive personality-oriented rehabilitation program for patients with cancer.

Recent publications

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Epidemiological Assessment of Colorectal Cancer Incidence and Mortality in East Kazakhstan, 2004-2013. *Asian Pacific Journal of Cancer Prevention: APJCP.* 2015;16(15):6413-6416. DOI: 10.7314/apjcp.2015.16.15.6413. PMID: 26434852

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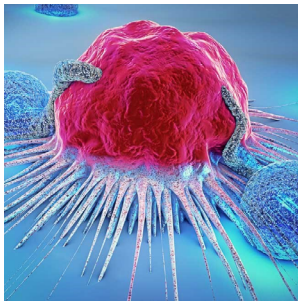
Biography

Kuantkan Zh completed his PhD at the age of 34 years from Semey Medical University, Republic of Kazakhstan. He is the Deputy Director of Center of Nuclear Medicine and Oncology, Republic of Kazakhstan. He has over 150 publications that have been cited over 115 times, and his publication H-index is 3 and has been serving as an editorial board member of reputed Journals.

e: kuantkan_85@mail.ru

Accepted Abstracts

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Elemental analysis, phytochemical screening and evaluation of antioxidant, antibacterial and anticancer activity of *Pleurotus ostreatus* through *in-vitro* and *in-silico* approaches

Vartika Mishra

University of Allahabad, India

Pleurotus ostreatus (Oyster mushroom) is second to only *Agaricus bisporus* in their consumption pattern and cultivation across the world. The mushroom is reservoir of important bioactive compounds e.g., β -glucans, lentinan, lipopolysaccharides, resveratrol, Cibacron blue affinity purified protein, concanavalin, rutin, p-coumaric acid, ascorbic acid etc. These compounds impart on these natural herbs various healing effects e.g., hypocholesterolemia, free radical scavenging, antioxidant, antiatherogenic, anti-tumor, immunomodulatory and anti-bacterial properties. Thus, in this study we examined Oyster mushroom sample for presence of biologically essential elements using direct current arc optical emission spectroscopy. We also screened presence of volatile bioactive compounds by GC-MS in ethanolic extract of *Pleurotus Astreatus*. Additionally, *in-vitro* antioxidant, antibacterial and anticancer activities of ethanolic extract was studied. Molecular docking was performed between ligands as obtained from GC-MS data and proteins which are overexpressed in breast cancer e.g., EGFR, PR and NF- κ B. The result of direct current arc optical emission spectroscopy revealed the presence of Fe, K, Na, Ca, Mg, Cr and Sr in the mushroom sample. Moreover GC-MS analysis showed that ethanolic extract of oyster mushroom possessed 32 biologically active compounds with a concentration maxima of linoleic

acid ethyl ester. The extract displayed remarkable free radical scavenging activity against DPPH. Additionally, the mushroom showed significant antibacterial activity against both gram positive (*S. aureus*) and gram-negative bacterial strains (*Pseudomonas aeruginosa*, *Proteus vulgaris*, *Proteus mirabilis*). *In-vitro* studies confirmed the anti-cancer activity of extract. It inhibited growth and proliferation of MCF-7 cells and simultaneously induced apoptosis. The result of molecular docking study unfolded the probable mechanism of action behind *in-vitro* effect. Docking studies has shown that ligand 15 (Linoleic acid ethylester), ligand27 (Ergosta-5,7,9(11),22-tetraen-3-ol, (3. beta.,22E)-), ligand 28 (Stigmasta-5,22-dien-3-ol, acetate, (3. beta.,22Z)-), ligand 30 (Ergosta-5,7,22-Trien-3-Ol,(3.Beta.,22E)-) and ligand 32 (Gamma-Sitosterol) exhibited better binding affinities with EGFR, PR and NF- κ B proteins. This suggest that ethanolic extract may have downregulated these signaling cascades to act as an anticancer agent. From this study it can be ascertained that Oyster mushrooms are not only beneficial to our taste buds but at the same time they provide us with necessary elements, variety of phytochemicals compounds and has protective function e.g., antioxidant, antibacterial and anticancer.

e: vartikamishra@allduniv.ac.in

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Does fever increase or decrease blood circulation ?

K M Yacob

University of Allahabad, India

This is the first time many people have heard such a question.

When it comes to treating back pain, neck pain, and knee pain, it is often heard that the cause of the pain is reduced blood flow. A variety of heat-inducing devices are used to increase blood flow to the lower back, neck, and knee pains. Physiotherapy often provides more heat than fever.

What happens to blood flow in your body when your internal temperature decreases?

Vasoconstriction, Thermogenesis, when there is a decrease in blood flow and its signs, symptoms, and signals, the immune system does actions to increase blood flow to save lives.

Decreased blood flow can cause fits, delirium, stroke, and lead to death.

When disease increases essential blood circulation and energy levels also decrease. The vertical height between the heart and brain is more than one foot. When the disease becomes severe, the ability to pump blood to the brain decreases. Then blood flow to the brain decreases and delirious or fits are formed. As a result of this brain

cells are damaged. so the patient might be paralyzed or may even die. 87% of stroke is due to blood to the brain is decreased or blocked.

What is the Purpose of the temperature of a fever?

When the disease made by the bacteria, fungi, venom, horror scene, horror dream, etc..., becomes a threat to life or organs blood circulation decreases, the temperature of fever will emerge to increase prevailing essential blood circulation. And it acts as a protective covering of the body to sustain life. There is no way other than this to increase prevailing essential blood circulation for a sensible and discreet immune system to protect the life or organ. In all diseases which decrease essential blood circulation and temperature, the fever will emerge to Increase essential blood circulation and temperature.

What are the ingredients necessary to increase blood flow?

Adequate temperature and pressure, free flow of blood, and disease-free condition are all factors that increase blood flow.

e: yacobkm@gmail.com

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Factors associated with the implementation of an improved community health fund in the Ubungo Municipality Area, Dar es Salaam Region, Tanzania

Ehsan Karimi

Islamic Azad University, Iran

Background: This research was performed to synthesize nanophytosomes-loaded High Phenolic Fraction (HPF) from *Juniperus polycarpus* fruit extract and investigate its antiproliferation effects against breast cancer in mice model.

Results: The Nanophytosomes-loaded HPF from *Juniperus Polycarpus* fruit extract was synthesized. The mice trial was conducted to determine the possible toxic effects of the synthesized nanophytosomes. The anticancer, pro-apoptotic, and antioxidative activities of the nanophytosomes were determined. The nanophytosomes-loaded HPF had a spherical structure with a size of 176 nm and a polydispersity index coefficient of 0.24. The in-vivo study manifested that nanophytosomes-loaded HPF significantly improved weight gain and food intake

compared to the negative control group ($p < 0.05$). The nanophytosomes-loaded HPF significantly enhanced the expression of bax (3.4-fold) and caspase-3 (2.7-fold) genes but reduced bcl2 (3.6-fold) gene expression in tumor cells. The average tumor size was significantly decreased in mice treated with nanophytosomes-loaded HPF ($p < 0.05$). The expression of GPX (2.3-fold) and SOD (2.7-fold) antioxidants in the liver of mice supplemented with nanophytosomes-loaded HPF was significantly developed compared to the negative control ($p < 0.05$). The nanophytosomes-loaded HPF did not show toxicity on normal cells.

Conclusion: Our results indicated that nanophytosomes-loaded HPF might be a potential anticancer agent for the breast cancer treatment.

e: ehsankarimi@mshdiau.ac.ir