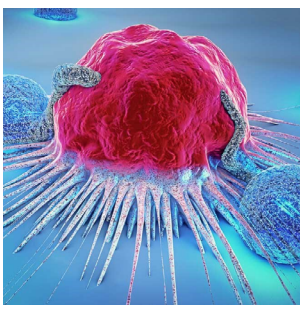
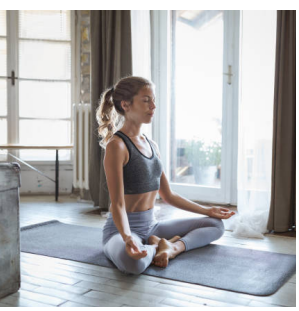
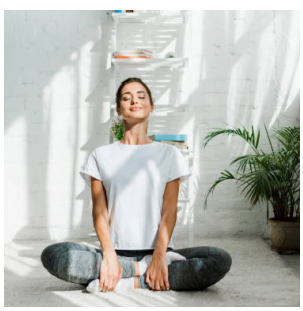
Scientific Tracks & Sessions
December 07, 2022

Cancer Summit 2022







19th International Conference on

CANCER AND CANCER THERAPY

December 07, 2022 | Dubai, UAE

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Cancer Research | Cancer Therapy | Breast Cancer | Diganosis 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
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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 PPSY23 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 (lGI Y). Antibody-containing blood or blood products (e.g., immune globulin, hyperimmune globulin, and lGIY) 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).

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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
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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

1. Jamal Zidan, Michelle Leviov, Iryna Kuchuk, Gil Bar-Sela, Ayelet Shai, Olga Kazarin, and Nasralla Suheil; The use of clinical impact of the breast cancer intrinsic subtype- Prosigna assay for adjuvant treatment decision in early breast cancer with hormone receptor positive and HER-2 negative Middle East women. Journal of Clinical Oncology 2022 40:16_suppl, e12527-e12527
2. Vogelzangs N, Beekman AT, van Reedt Dortland AK, Schoevers RA, Giltay EJ, de Jonge P, Penninx BW. Inflammatory and metabolic dysregulation and the 2-year course of depressive disorders in antidepressant users. Neuropsychopharmacology. 2014 Jun;39(7):1624-34. doi: 10.1038/npp.2014.9
3. Zidan J, Karen D, Stein M, Rosenblatt E, Basher W, Kuten Apure versus follicular variant of papillary thyroid carcinoma: clinical features, prognostic factors, treatment, and survival. Cancer 97(5): 1181-1185

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 Associat 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.

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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
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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

1. Schaffrin-Nabe, Dörthe *et al*. "Case Report: Extensive Tumor Profiling in Primary Neuroendocrine Breast Cancer Cases as a Role Model for Personalized Treatment in Rare and Aggressive Cancer Types." Frontiers in medicine vol. 9 841441. 3 Jun. 2022, doi:10.3389/fmed.2022.841441

2. Schaffrin-Nabe, Dörthe *et al*. "The Influence of Various Parameters on the Success of Sensor-Controlled Scalp Cooling in Preventing Chemotherapy-Induced Alopecia." Oncology research and treatment vol. 38,10 (2015): 489-95. doi:10.1159/000440636

Biography

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

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