

2nd World Congress on
**BREAST CANCER,
GYNECOLOGY AND WOMEN HEALTH**
April 15-16, 2019 | Milan, Italy

GLOBAL WOMEN HEALTH 2019



ACCEPTED ABSTRACTS

BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH

April 15-16, 2019 | Milan, Italy

Res Rep Gynaecol Obstet 2019, Volume 3 | DOI: 10.4066/2591-7366-C2-006

EFFECT OF EARLY BREAST CANCER DETECTION AMONG THE EASTERN LIBYAN POPULATION

Aminah Alzwae

Benghazi University, Libya

Breast cancer is considered the most common cause of cancer death among Libyan female population and female in Libya has tendency to develop breast cancer at least a decade earlier than theirs in western countries, about two-thirds of women with breast cancer are younger than 50yrs, unfortunately most of our patients are discovered in advanced stages. Cancer remains a taboo in Libya because of many reasons including fear of society's view, fear from her husband to leave her, she is becoming the cause of the stigma for all the females in her own family as well as poor health education and difficulty in accessing health care facilities and some wrong-attitudes about the treatment of breast cancer by cautery and herbal treatment. Most people still refer to it as "that other disease" and remain afraid of mentioning it by name! There is no national Libyan screening programme for early breast cancer detection as well as cancer registration and research are limited in Libya. So, by my own personal effort and incredible support from a lot of volunteers, local administration of my hospital and from the Libyan ladies themselves, we opened the first and the only breast cancer early detection unit in Libya on 2017. Our goal is to reduce numbers of locally advanced breast cancer at presentation in order to reduce morbidity and mortality of breast cancer. We discovered the big difference in stages of presentation by comparing previous years mainly in 2016 and 2015, during one year from 2017 to 2018, we discovered about 230 case of proven cancer, 10 of them are DCIS, 180 cases are at stage T1 & T2, 40 cases are at stage T3 & 20 cases are at stage T4.

BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH

April 15-16, 2019 | Milan, Italy

Res Rep Gynaecol Obstet 2019, Volume 3 | DOI: 10.4066/2591-7366-C2-006

WOMEN HEALTH AT HIGH ALTITUDE: PHYSIOLOGY AND REPRODUCTIVE PERSPECTIVES

Dishari Ghosh¹, Snigdha Shaw¹, Niroj Sethy¹, Ekta Kohli¹, G Bhaumik¹, P K Reddy¹, H B Mohanty² and Bhuvnesh Kumar¹

¹Defence Institute of Physiology and Allied Sciences, India

²Ministry of Home Affairs- ITBP, India

In the current scenario, there is a rise in number of women being commissioned into the forces and they constitute a significant proportion of the active, reserve and allied component of Indian military and border security forces. They are often deployed at high altitude areas, as a part of their duties and there is paucity of information on the effect of hypoxic exposure on women health particularly their physiology and reproductive functions. High altitude hypoxia triggers a series of systemic adjustments to maintain an adequate oxygenation of the different organs termed as acclimatization. The physiological adjustment of women to altitude is comparatively less explored until recently. There are a few reports and studies on the hypoxia and physiological responses of women to high altitude stress but remain contentious. This presentation is to focus on physiological and reproductive function of women at high altitude with the aim whether women demonstrated similar physiological adjustments to those previously found in men and the extent to which these responses are attributed to the circulating ovarian or gonadal hormones and whether native women at high-altitude and sea level residents behave differently and are at increased risk for acute altitude sickness. We have carried out extensive field trials at sea level as well as among native women at high altitude, Leh (11,700ft). Different physiological parameters like, blood pressure, heart rate, SpO₂, heart rate variability, were measured along with recording of menstrual diary and blood sampling for hormonal assays. We found average age of menarche was much higher whereas average age of menopause was found lower compare to sea level. Late onset of menarche with low ovarian reserve may trigger early menopause with altered hormonal level. Present study will help to provide a data base on valuable information about the physiological response and how intense hypoxia impinges the reproductive health of Indian women at high altitude however, the hidden reason behind these variations should be enlightened to understand the actual role of hypoxia.



Note:

2nd World Congress on **BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH**

April 15-16, 2019 | Milan, Italy

Res Rep Gynaecol Obstet 2019, Volume 3 | DOI: 10.4066/2591-7366-C2-006

PERTUSSIS VACCINATION IN PREGNANT WOMEN: PROBLEMS AND PERSPECTIVES

Alberto Donzelli

Foundation Allineare Sanità e Salute, Italy

Pertussis vaccination has given an important contribution in reducing the incidence of the disease; however pertussis reawakens internationally, even in highly vaccinated population groups. This resurgence seems to be attributable to various reasons: Non-optimal efficacy of the vaccine; Rapid decay of protective antibody titers in part of the population and above all; Their inadequacy in preventing also vaccinated subjects from infections and transmission of the pathogen; Selective pressure of extensive vaccination with emergence of mutated resistant strains; Substantial impossibility of obtaining a herd effect with the vaccines available today. This work analyzes the state of scientific knowledge and illustrates some topics that may challenge prevention in more vulnerable infants, based on the so called cocoon strategy or on the vaccination of pregnant mothers, with a pertussis or a multicomponent vaccine. Public health strategies must be rethought, considering also different solutions that aim to fight the disease, particularly in this population at greater risk, in a more targeted and potentially effective way. The cocoon strategy leaves many problems open and does not seem effective. The currently recommended strategy is a universal vaccination of pregnant mothers, but the protection of the offspring seems modest, and adverse effects for the women and the offspring cannot yet be ruled out. Among the alternatives, public health services could also consider the experimentation of solutions less interfering with the bacterial ecology, that only aim at avoiding major damage to subgroups at greater risk; integrated with initiatives to improve surveillance systems, microbiological diagnosis/timely treatment and lifestyle-based prevention.

2nd World Congress on **BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH**

April 15-16, 2019 | Milan, Italy

Res Rep Gynaecol Obstet 2019, Volume 3 | DOI: 10.4066/2591-7366-C2-006

ABC'S OF BREAST CANCER REDUCTION

April Spencer

Dr Spencer's Global Breast Health & Wellness Center, USA

Breast cancer is the most diagnosed cancer in women worldwide, with nearly 1.7 million new cases diagnosed annually. Over 230,000 women in the U.S. are diagnosed with breast cancer and about 40,000 women die from the disease. Many want to know what can increase our risk, not just family history, age and gene mutations but if daily exposure to chemicals in common beauty products can contribute and if there's anything that can be done to lower our risks? ; Awareness of guidelines- Annual mammogram starting at 40; Breast awareness: Report any changes in the skin, color, size/ shape of the breast, also new lumps or nipple discharge; Behavior: Maintain a healthy body weight, engage in regular exercise, breast feed if possible and minimize alcohol intake; Consumer Choices: Buy only personal care products free of parabens and phthalates.

BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH

April 15-16, 2019 | Milan, Italy

Res Rep Gynaecol Obstet 2019, Volume 3 | DOI: 10.4066/2591-7366-C2-006

ELECTRONIC WATER CAN REDUCE OXIDATIVE STRESS IN CANCER AND DIABETES PATIENTS FOR 3 WEEKS DRINKING

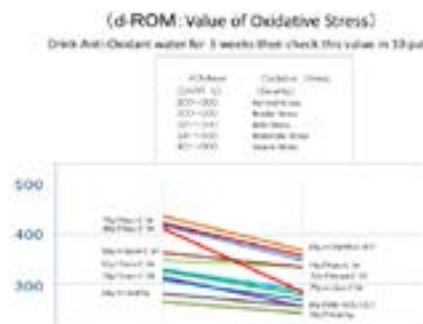
Masahiro Onuma

Trisguide Ltd., Japan

Oxidative stress means a state there is imbalance between the oxidizing action and the reducing action due to reactive oxygen species (ROS) in a living body, resulting in the oxidizing action becoming dominant. Oxidative stress arises as the balance between production and removal is disrupted through excessive production of ROS and impairment of the antioxidant system. Oxidative stress has been reported to be involved in the onset and progress of various diseases. Characteristics of Type 2 diabetes are insulin secretion failure and insulin resistance, but it seems that oxidative stress is greatly involved in insulin secretion failure. In the insulin secretion-inducing β cells of Langerhans islets in the pancreas, the amount of superoxide dismutase (SOD), which is representative of the ROS elimination system, is small and resistance to oxidative stress is considered to be weak. Regarding cancer, it is well known that chronic inflammatory conditions increase the risk of carcinogenesis. Cells such as neutrophils and macrophages are activated in the inflammation area leading to increase in production of active oxygen and nitric oxide. These free radicals cause DNA mutation and cell proliferation thereby promoting cancer development. When chronic inflammation is present, cancer develops more easily.

Electronic water, which was developed to generate electron in water, was consumed for three weeks, after meals, between meals and before sleeping 6 times a day, and according to the test subjects' possible time periods. The amount of drinking water was 750-1000 mL, and BAP and d-ROMs checks for all cases were carried out at 4:30 pm. The results of cancer patients and diabetes patients were seen as attached.

As a result, the d-ROMs value in the degree of oxidative stress has reduced, and the BAP value, which is an indicator of plasma antioxidant capacity, has improved significantly.



BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH

April 15-16, 2019 | Milan, Italy

Res Rep Gynaecol Obstet 2019, Volume 3 | DOI: 10.4066/2591-7366-C2-006

EPIDEMIOLOGICAL, CLINICAL, THERAPEUTIC AND PROGNOSTIC PROFILE OF PATIENT WITH BREAST CANCER CONSERVING SURGERY

Othmane Elharmouchi

Ibn Sina Hospital Center, Morocco

Objective: Evaluate the conservative treatment of breast cancer performed at the Cheikha Fatma Center of the Moroccan National Institute of Oncology and to have the epidemiological, clinical, therapeutic and prognostic profile of the patients to whom this method of treatment has been proposed since 2013 until 2016.

Methods: Over a period of 3 years 9 months, from April 2013 to December 2016, author conducted a study of 503 breast cancer cases collected at the Cheikha Fatma Center for Gynecologic Breast Cancer at the National Institute of Oncology; the aforementioned cases received conservative treatment. In this study, author evaluated these techniques in terms of oncologic, aesthetic and prognosis aspect of the disease. Author retrospectively assessed the overall survival without local recurrence.

Results: The median age of our patients is 47.4 years; of which 59.61% are in menopause transition with 29.2% of nulliparous patients. Patients are classified according to the TNM classification as follows: T1: 215 cases; T2: 263 cases and T3: 17 cases. All patients received a conservative treatment with systematic standard lymph node dissection because the sentinel lymph node technique was not performed. External radiotherapy on the remaining breast was always done after conservative surgery. The aesthetic results were satisfactory in all cases. The evolution in the short and medium-term: 58 patients (11.41%) have presented a loco regional recurrence with an average time of 11 months where as five patients have presented a bone and/or hepatic metastases with an average time of metastatic relapse of 13.2 months.

Conclusion: The results of our study find a survival rate of 100% and a survival rate without recurrence of 81%.

References:

1. Yankaskas, B C (2006) Epidemiology of breast cancer in young women. Breast disease 23(1): 3-8.
2. Fisher B, Anderson S, Redmond C K, Wolmark N, Wickerham D L and Cronin W M (1995) Reanalysis and results after 12 years of follow-up in a randomized clinical trial comparing total mastectomy with lumpectomy with or without irradiation in the treatment of breast cancer. New England Journal of Medicine, 333(22):1456-1461.
3. Chung M A, Steinhoff M M, and Cady B (2002). Clinical axillary recurrence in breast cancer patients after a negative sentinel node biopsy. The American journal of surgery, 184(4), 310-314.
4. Parmar V, Krishnamurthy A, Hawaldar R, Nadkarni M S, Sarin R, Chinoy R and Badwe R A (2006). Breast conservation treatment in women with locally advanced breast cancer—experience from a single centre. International Journal of Surgery 4(2): 106-114.
5. Zhou P, Gautam S, and Recht A (2007). Factors affecting outcome for young women with early stage invasive breast cancer treated with breast-conserving therapy. Breast cancer research and treatment 101(1), 51-57.