

4TH INTERNATIONAL CONFERENCE ON INNOVATIONS AND ADVANCES IN CANCER RESEARCH AND TREATMENT

 **08, 2026
OCTOBER****VIRTUAL
EVENT** 

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OUR Speakers



Igochukwu Williams Amechi,
Kettering General Hospital Nhs
Trusts, UK



Elinda Gershom Kuhoga,
Muhimbili University,
Tanzania



Yasmeen Idrees,
Fatima Jinnah Medical
University, Pakistan



Ahamed Zahid,
Nicolae Testemitanu state
university, Moldova



Alaa Refaat,
ST Jude Children's Research
Hospital, USA

Thank You All



ORAL PRESENTATIONS



**SEPTEMBER
08, 2026**

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Igochukwu Williams Amechi,

Kettering General Hospital
Nhs Trusts, UK

Biography

Dr. Amechi Williams Igochukwu is a trained Obstetrics and Gynaecology Specialist and Specialty Doctor at Kettering General Hospital, NHS. United Kingdom, With over 10 years of experience, he qualified as a doctor in 2010 and had his formal O&G residency in Nigeria. He has extensive international NGO experience as a gynaecology expatriate with Medecins Sans Frontieres (MSF) and CUAMM/Doctors with Africa, serving in Sierra Leone, South Sudan, and Northern Nigeria. A dedicated husband and father to three lovely children. His passion is delivering excellent, compassionate women's healthcare globally.

Pilot Study Comparing Self-Collected vs. Clinician-Collected HPV Samples for Cervical Cancer Screening

Abstract:

Background: Primary screening utilizing human papillomavirus (HPV) detection has proven more effective than traditional cervical cytology. Self-collection offers a highly convenient, cost-effective alternative to clinician-led sampling that can expand screening coverage. However, its diagnostic efficacy and patient acceptability must be validated against traditional clinical sampling to support wider implementation.

Objectives: This study aimed to compare the diagnostic efficacy of patient self-collected cervical samples against clinician-collected samples for HPV detection, and to evaluate patient-reported acceptability and preference for the self-sampling technique.

Methods: A pilot study was conducted with 100 eligible women (aged 25–65) attending an outpatient gynaecology clinic. Paired samples were obtained from each participant: first via a self-sampling device, followed by a clinician-collected sample. All specimens were evaluated using the Aptima HPV assay to detect E6/E7 mRNA for 14 high-risk HPV types. Post-procedure, participants completed a structured questionnaire evaluating their experience.

Results: Strong diagnostic agreement was observed between the two sampling modalities. The HPV positivity rate was 9% (9/100) for self-collected samples and 11% (11/100) for clinician-collected samples, demonstrating identical clinical results in 98% of cases. Survey feedback indicated excellent patient acceptability: 95% of participants found self-sampling easy or very easy, 92.8% rated it comfortable or very comfortable, and 85.7% reported feeling no pain. Overall, 50% of the women explicitly preferred self-sampling over traditional clinician collection.

Conclusion: HPV self-sampling demonstrates strong diagnostic concordance with clinician-led sampling and achieves high patient acceptability and preference. Implementing self-sampling models, such as home-use kits, offers a viable strategy to scale up cervical screening uptake, reduce clinical infrastructure strain, and support the WHO target of 70% global screening coverage by 2030.



Elinda Gershom Kuhoga,

Muhimbili University,
Tanzania

Biography

Dr. Elinda Gershom Kuhoga is a Tanzanian medical doctor, clinical oncology resident, and researcher at Muhimbili University of Health and Allied Sciences. He chairs the Oncology Student Interest Group at Ocean Road Cancer Institute. His research interests include lung cancer, cervical cancer, advanced malignancies, and artificial intelligence applications in oncology. A published researcher and former academic leader, Dr. Kuhoga has presented internationally and contributes to cancer education, prevention, and equitable, evidence-based cancer care across sub-Saharan Africa.

Lung Cancer in Sub-Saharan Africa: Current Evidence from Tanzania, Gaps, and Priorities - A Narrative Review

Abstract

Lung cancer is a leading cause of cancer mortality worldwide, but its burden in Tanzania remains poorly characterized. Fragmented population-based registration and limited diagnostic capacity may conceal underdiagnosis amid tobacco exposure, household air pollution, occupational risks, and a high prevalence of pulmonary tuberculosis (TB). A narrative review of peer-reviewed studies, national reports, and international surveillance data relevant to lung cancer in Tanzania was conducted. Available evidence indicates that the national burden is probably underestimated. Risk extends beyond active smoking to second-hand smoke, biomass-fuel exposure, occupational hazards, and previous or active TB, while disease among never-smokers remains insufficiently studied. Symptom overlap with TB, low public awareness, geographic inequities, limited imaging and bronchoscopy, shortages of pathologists and thoracic specialists, prolonged pathology turnaround, and minimal access to molecular testing delay diagnosis. Surgery is rare; oncology and radiotherapy services are concentrated in few centres; and cost and travel restrict access. Population-wide low-dose computed tomography screening is not currently feasible, and targeted risk-based approaches require local validation. Tanzania needs stronger cancer registration, integrated TB-lung cancer diagnostic pathways, expanded imaging and tissue diagnosis capacity, biomarker testing, and investment in thoracic surgery and oncology. Prevention should address tobacco, household air pollution, and occupational exposures, while local research should evaluate disease in never-smokers and feasible early-detection strategies.



Igochukwu Williams Amechi,
Kettering General Hospital
Nhs Trusts, UK

Biography

Dr. Amechi Williams Igochukwu is a trained Obstetrics and Gynaecology Specialist and Specialty Doctor at Kettering General Hospital, NHS. United Kingdom, With over 10 years of experience, he qualified as a doctor in 2010 and had his formal O&G residency in Nigeria. He has extensive international NGO experience as a gynaecology expatriate with Medecins Sans Frontieres (MSF) and CUAMM/Doctors with Africa, serving in Sierra Leone, South Sudan, and Northern Nigeria. A dedicated husband and father to three lovely children. His passion is delivering excellent, compassionate women's healthcare globally.

Outpatient Hysteroscopy Audit: Evaluating Service Delivery, Procedural Obstacles, and the Efficacy of Inhaled Methoxyflurane for Pain Management

Abstract:

Objectives: Outpatient hysteroscopy (OPH) is a crucial diagnostic standard for uterine pathology, yet minimizing procedural failures and managing patient pain remain continuous challenges. This clinical audit cycle evaluated OPH completion rates, catalogued common clinical indications, identified barriers leading to procedural abandonment or general anaesthesia (GA) utilization, and assessed the efficacy of inhaled methoxyflurane (Pentrox) on patient-reported pain scores.

Methods: A retrospective audit was conducted on 365 patients referred for OPH over a 4.5-month period (August–December 2025). Clinical data, indications, procedural findings, and visual analogue scale (VAS) pain scores were collected from electronic health records and standardized OPH proformas.

Results: Of the 365 patients, 246 (67.4%) successfully completed OPH, while 119 (32.6%) did not. The predominant clinical indications were postmenopausal bleeding (PMB: 39.2%), PMB on HRT (19.3%), and heavy menstrual bleeding (18.8%). Completed procedures revealed normal cavities (32.9%), atrophic endometrium (32.5%), or polyps (30.4%). Conversely, the primary reasons for procedural non-completion were severe pain (26.1%), inappropriate referrals (20.2%), and patient choice (16.0%). Ultimately, 70 patients (19.2% of the total cohort) required booking under GA, primarily driven by severe pain or poor tolerance (44.3%). Inhaled methoxyflurane was utilized as a pain relief aid by 76 patients. The methoxyflurane subgroup demonstrated a clinically significant VAS pain score reduction of 3.4 points, dropping from a mean pre-procedural baseline of 6.7/10 down to 3.2/10 post-procedure. The audit identified crucial documentation gaps regarding the exact offer-to-uptake ratio of the inhaler.

Conclusions: Severe procedural pain and poor referral triage remain major bottlenecks that drive OPH failure and increase GA utilization rates. Inhaled methoxyflurane is an effective, non-invasive analgesic that provides significant pain reduction during the procedure. To improve diagnostic yield and optimize clinic capacity, service actions must prioritize the revision of OPH proformas to strictly mandate methoxyflurane tracking, implement tighter referral screening against NICE NG88 guidelines, and provide target education to referrers.



Yasmeen Idrees,

Fatima Jinnah Medical
University , Pakistan

Biography

Dr. Yasmeen Idrees is a medical graduate of Fatima Jinnah Medical University Lahore, Pakistan. Following her graduation, she pursued postgraduate training in General Internal Medicine and completed MRCP (UK) as her postgraduate qualification. She is keen to explore research in the medical field and collaborated with Professor Patricia Tai from Canada for the same.

Improving survival rates of glioma patients in developing

Abstract:

Background: Gliomas represent one of the most challenging brain malignancies with historically poor survival outcomes, particularly in developing countries where healthcare infrastructure limitations significantly impact patient care and treatment accessibility.

Objective: To identify evidence-based strategies that developing countries can implement to improve survival rates and clinical outcomes for glioma patients through systematic review of current literature and best practices.

Methods: A comprehensive literature search was conducted covering publications from 2000 to 2025, focusing on glioma management strategies, treatment protocols, and healthcare system improvements in resource-limited settings.

Results: Our analysis identified a multifaceted approach to improve glioma survival rates encompassing five key domains: (1) Diagnostic and Treatment Infrastructure - expanding access to MRI and CT imaging for early accurate diagnosis, establishing molecular pathology laboratories for IDH mutation and 1p/19q co-deletion testing, and improving neurosurgical capacity through specialist training and advanced surgical equipment; (2) Treatment Protocol Standardization - adopting global best practices such as NCCN guidelines recommending maximal safe resection followed by chemoradiation, introducing targeted therapies including temozolomide and bevacizumab, and supporting clinical trials for emerging therapies; (3) Research and Data Infrastructure - creating national glioma registries for outcome tracking and establishing academic partnerships with international research institutions;

(4) Professional and Public Awareness - training general practitioners for early symptom recognition and implementing awareness campaigns to reduce stigma; (5) Access and Affordability - subsidizing treatment costs through public health programs and expanding telemedicine services for underserved populations.

Conclusion: Implementation of these integrated strategies can significantly improve glioma outcomes in developing countries, enabling alignment with global treatment standards and ultimately enhancing patient survival rates through comprehensive healthcare system strengthening.



Ahamed Zahid,

Nicolae Testemitanu state university, Moldova

Biography

Ahamed Zahid is a final-year MBBS student at Nicolae Testemitanu State University of Medicine and Pharmacy, Chişinău, Republic of Moldova. He is a Research enthusiast whose undergraduate thesis on the "Latest Developments in Acne Treatment" in Dermatology was selected and published as a poster presentation at the BIMCO Conference 2026, EADV Conference 2026, MEIDAM 2026 Dubai, Research fusion 2026 Singapore, a SURGhub Ambassador, and an active member of The Operation Room Global. His clinical interests include surgery, emergency care, dermatology and gastroenterology. Alongside his medical degree, he is gaining hands-on experience and developing skills in dental surgery and implantology through active clinical assistance. Beyond his academic and clinical training, he is actively engaged in medical content creation, academic collaboration, and educational speaking engagements, contributing to knowledge sharing within the healthcare and student communities. He is also engaged in ongoing research in cardiology and endocrinology.

Fertility Preservation in Young Cancer Patients: Are Current Guidelines Meeting Patients' Reproductive Needs?

Abstract:

As cancer survival rates among adolescents and young adults improve, fertility has emerged as a critical quality-of-life outcome, with infertility impacting 12-88% of survivors following at-risk therapy. ASCO, ASRM, and ACOG suggest that treatment-related gonadotoxicity be discussed immediately and referred to a reproductive specialist. This study assessed whether the reproductive needs of young cancer patients in actual oncology practice are met by current fertility preservation recommendations. Using database searches and reference screening, a narrative synthesis of significant guideline documents and peer-reviewed studies published between 2016 and 2026 was carried out, with an emphasis on counselling and referral rates, preservation uptake, costs, and patient-reported reproductive needs. Implementation is still insufficient despite extensive recommendations. Approximately 30-50% of patients receive insufficient information regarding infertility concerns prior to treatment, with just 43.5% of over 7,000 patients having documented pre-treatment consultations. About 50% of women are still unaware of infertility caused by therapy. Only 58% of oncology clinicians explain infertility issues on a consistent basis, and 62% refer patients when appropriate, despite the fact that the majority lack formal training. Community practices generally lack fertility preservation facilities, and oocyte or embryo banking costs \$10,000-15,000, exacerbating financial difficulties and perpetuating social gaps. While over 80% of young patients want children in the future, more than 75% suffer from reproductive discomfort, and unfulfilled information demands lead to conflict when making decisions. Therefore, current recommendations address patients' reproductive requirements in terms of design but not delivery. To close this implementation gap, standardised referral pathways, provider education, financial coverage, and context-appropriate oncofertility services are required, particularly in resource-limited settings. These actions could promote survivorship-focused cancer care for young people globally and provide fair access to fertility preservation.



Alaa Refaat,

ST Jude Children's Research Hospital, USA

Biography

A highly experienced cancer researcher and Staff Scientist at St. Jude, with a PhD from Japan and research experience across Japan, Europe, and Egypt. His work focuses on translational pediatric cancer research, particularly novel therapies for Pediatric Rhabdoid Tumors. His research includes molecular glues, oncogenic fusion proteins, small-molecule discovery, and drug screening to identify new cancer treatment strategies. He is dedicated to advancing collaborative research and developing innovative therapies for pediatric cancer patients.

GSPT1 degradation potentiates the cytotoxicity of MDM2 inhibition in pediatric rhabdoid tumors

Abstract:

Background: Rhabdoid tumors harbor wild-type *TP53*, making MDM2 inhibition an attractive therapeutic strategy. However, intrinsic resistance limits single-agent efficacy, underscoring the need to identify rational combination partners.

Methods: We conducted an unbiased single-point cell viability screen of the St. Jude cereblon-targeting molecular glue compound library in resistant Rhabdoid tumor cell lines in the presence or absence of the MDM2 inhibitor Brigimadlin. Synergistic hits were validated in dose-response. Lead compound selection was guided by analogue profiling, TMT-based quantitative proteomics, and molecular docking. Mechanistic characterization included live-cell imaging (Cellcyte), flow cytometry, and Western blot analysis across three resistant Rhabdoid cell lines (A204, BT16, BT12). Pharmacokinetic, Pharmacodynamic, and tolerability studies were conducted in vivo.

Results: The screen identified multiple synergistic hits, all converging on GSPT1 degradation, implicating the GSPT1-MDM2i axis as a synthetic vulnerability in Rhabdoid tumor. Dose-response validation and analogue benchmarking identified SJ001010017 (SJ017) as a superior GSPT1 degrader. TMT proteomics confirmed on-target specificity, with Lenalidomide competition establishing cereblon engagement. SJ017 selectively degraded

GSPT1 without affecting CK1a or IKZF1, and outperformed a previously reported selective GSPT1, SJ986, degrader across all three resistant cell lines. Molecular docking provided a structural basis for its enhanced potency. In A204 and BT16 models, combination treatment reduced MCL1 levels and induced apoptosis as confirmed by caspase-3 and PARP cleavage. Interestingly, BT12 exhibited MCL1-independent cell death, and was associated with reduced NOXA expression and elevated GCN2 activity, suggesting ISR-mediated cell death mechanism. *In vivo* pharmacodynamic and toxicity studies demonstrated effective, well-tolerated GSPT1 degradation, supporting initiation of an efficacy study combining SJ001010017 with Brigimadlin.

Conclusions: GSPT1 degradation is a potent and selective strategy to sensitize resistant rhabdoid tumor to MDM2 inhibition. SJ017 represents a promising clinical candidate, with ongoing *in vivo* studies evaluating combination efficacy. The MCL1-independent resistance in BT12 implicates GCN2/ISR signaling as a potential mediator of residual resistance, warranting further investigation.

Bernard Badu Boamah,

Cape Coast Metropolitan
Hospital, Ghana

Biography

Bernard Badu Boamah is a healthcare professional associated with Cape Coast Metropolitan Hospital, Ghana. He is involved in clinical healthcare services and contributes to patient care within the Ghanaian healthcare system. His professional affiliation with Cape Coast Metropolitan Hospital reflects his commitment to supporting healthcare delivery and improving patient outcomes in the community.

Identification Of Oncological Emergencies By Nurses And Midwives: A Study At The Elmina Polyclinic

Abstract:

Malignancies are a devastating public health crisis although not communicable, has a significant cause of mortality globally. Oncological emergencies are life-threatening complications that arise from cancer or its treatment, requiring prompt identification and intervention. Nurses and midwives play a crucial role in the early recognition and management of these emergencies, yet knowledge gaps may hinder timely responses, leading to adverse patient outcomes. The purpose of the study is the identification of oncological emergencies by nurses and midwives at the Elmina Polyclinic. The study employed a descriptive cross-sectional design, the sample size consisted of 124 nurses and midwives who were selected using the convenient sampling technique and a structured questionnaire were used for data collection. It was seen that the nurses and midwives had limited knowledge in oncological emergencies; there was statistical significance and an association between the knowledge of nurses and their level of education and years of experience. There was also significant gap in the training and education of them in the identification of oncological emergencies. This study provides valuable insights into the preparedness of nurses and midwives in recognizing oncological emergencies and highlight areas requiring improvement in education and policy.



POSTER PRESENTATIONS



**SEPTEMBER
08, 2026**

VIRTUAL EVENT



Mohammed Abd Almonim Taha Jebreel
Eastern Sudan University,
Sudan.

Biography

Mohammed Abd Almonim Taha Jebreel, is a medical researcher affiliated with Eastern Sudan University for Medical Sciences and Technology. His academic and clinical interests focus on oncology, with particular emphasis on cancer care and oncology services in regional Sudan. His research includes investigating the patterns of presentation of prostate cancer among patients at the Port Sudan Oncology Center in Red Sea State, contributing to a better understanding of regional cancer trends and patient care.

Patterns of Presentation of Prostate Cancer Among Patients at Port Sudan Oncology Center, Red Sea State, Sudan: A Retrospective Cross-Sectional study (2022-2026)

Abstract

Background: Prostate cancer (PCa) is a leading cause of cancer-related mortality and a major public health challenge worldwide. With over 1.4 million new cases diagnosed annually, its incidence is notably increasing in low- and middle-income countries. The disease typically affects men older than 65 years and presents a broad spectrum of clinical manifestations, ranging from indolent, asymptomatic tumors to aggressive variants associated with rapid progression and distant metastasis.

Methods: A descriptive cross-sectional retrospective study was conducted to analyze the presentation patterns of PCa among patients in the Red Sea State, Sudan (2022–2026). Data were extracted from the medical records of 129 patients at the Port Sudan Oncology Center, which serves as the primary and sole oncology facility in this region.

Results: The cohort's mean age was 69.9 years, with 80.6% of patients aged ≥ 60 years. Lower urinary tract symptoms (LUTS) were the most frequent presenting complaint (50%), followed by urinary retention (34.8%) and back pain (27.7%). The mean serum PSA level was exceptionally high at 194.95 ng/mL, with more than one-third of the cohort exceeding 100 ng/mL, strongly indicating advanced disease. Histopathologically, adenocarcinoma was the predominant type (99.2%), and 59.3% of patients had high-grade tumors (Gleason score 8–10). Strikingly, all patients with available staging data were diagnosed with Stage IV disease. A diagnostic delay was evident, as most patients experienced symptoms for 3–12 months prior to formal diagnosis.

Conclusion: PCa in the Red Sea State is predominantly diagnosed at an advanced stage, characterized by markedly elevated PSA levels and high-grade tumors. Delayed presentation remains a critical challenge, underscoring the urgent need for increased health awareness, early detection strategies, and effective screening programs to improve clinical outcomes.



ACCEPTED ABSTRACTS



**SEPTEMBER
08, 2026**



VIRTUAL EVENT

Hijab Shaheen

Pakistan Institute of Medical Sciences, Pakistan

Biography

Dr. Hijab Shaheen, is a Senior Medical Officer in the Pediatric Oncology Department at Children Hospital, Pakistan Institute of Medical Sciences (PIMS), Islamabad. She holds FCPS in Pediatric Oncology and Hematology (2024) and FCPS in Pediatrics (2018). She has extensive clinical experience in pediatric oncology, infectious diseases, neonatology, and intensive care. Dr. Shaheen has authored multiple peer-reviewed publications on pediatric oncology, chemotherapy-related adverse effects, nutrition, and supportive care. She is an active member of national and international pediatric oncology societies and regularly contributes to academic conferences and research capacity-building initiatives.

Prophylactic Levofloxacin in Pediatric Oncology Patients Undergoing Chemotherapy: A Randomized Controlled Study from a Tertiary Care Center in Pakistan

Abstract

Infection-related complications remain the leading cause of treatment failure and mortality in pediatric oncology in low- and middle-income countries (LMICs). While antibacterial prophylaxis is widely used in high-income settings, its implementation in LMICs is limited by antimicrobial resistance (AMR) concerns and constrained health-system capacity. Using the Donabedian Model of Quality of Care, we evaluated whether optimizing a modifiable clinical process could mitigate structural barriers and improve outcomes in children receiving intensive chemotherapy. To assess the effectiveness and safety of prophylactic levofloxacin in reducing febrile neutropenia (FN) and infection-related health-system burden in pediatric oncology patients. In this prospective, open-label randomized controlled trial, children aged 1–14 years with hematological malignancies or solid tumors (N=90) undergoing intensive chemotherapy were randomized (1:1) to receive oral levofloxacin (10 mg/kg/dose twice daily) during anticipated neutropenia (ANC <500/ μ L) or standard supportive care. The primary outcome was FN incidence; secondary outcomes included microbiologically documented infections (MDI), ICU admissions, and length of hospitalization. FN occurred in 32% of patients in the levofloxacin group compared with 54% in controls (RR 0.50; 95% CI 0.34–0.72; $p < 0.001$). Gram-negative bacteremia was reduced by 45%, ICU admissions were lower (2% vs 12%), and median hospital stay was shortened by four days. No grade 3/4 musculoskeletal toxicity or clinically significant QTc (corrected QT interval) prolongation was observed. In this LMIC pediatric oncology setting, levofloxacin prophylaxis is a feasible, safe, and equity-oriented intervention that significantly reduces infectious morbidity and health-system strain. By targeting a modifiable care process, this strategy offers a scalable pathway to reduce treatment abandonment and narrow global survival disparities in childhood cancer.

Fatemeh Rajabi

Translational research
institute, Australia

Biography

Dr. Fatemeh Rajabi, is a researcher affiliated with the Translational Research Institute (TRI), Australia, with a professional focus on translational biomedical research. Her work contributes to advancing scientific understanding and translating research findings into meaningful applications in healthcare and medicine. Through her research activities and collaboration with multidisciplinary scientific teams, she contributes to the development of evidence-based approaches that bridge laboratory research and clinical applications. Her research interests and scientific contributions reflect a commitment to innovation, collaboration, and the advancement of translational research. Her experience in biomedical research makes her a valuable contributor to scientific discussions involving emerging developments and future directions in healthcare and medical research

Investigating the role of novel transcripts from the *MYCN* locus in driving treatment emergent neuroendocrine prostate cancer

Abstract

Background: Treatment-induced neuroendocrine prostate cancer (tNEPC) is an aggressive, lethal, therapy-resistant subtype marked by low androgen receptor (AR) signalling and high neuroendocrine (NE) marker expression. Amplification of the *MYCN* locus occurs in up to 40% of tNEPC cases. Closer examination of patient RNA-seq data by our lab has highlighted that the *MYCN* gene encodes several transcript variants translating not only the well-studied N-myc protein, but also three additional uncharacterised proteins: MYCNOT, Δ MYCN, and MUSEP. This study investigates the individual effects of these *MYCN*-derived proteins on AR and NE signalling, and their responses to androgen-targeted therapy (ATT) and chemotherapy.

Method: Doxycycline-inducible expression systems were developed in the *MYCN*-negative, V16D cells (a model preceding tNEPC development) to evaluate the functional roles of *MYCN*-derived proteins. This included how they modulate AR and NE signalling, their response to ATT (enzalutamide) and chemotherapies (docetaxel and cisplatin), and other functional assays relevant to tNEPC (i.e., metabolic activity, proliferation).

Results: N-myc suppressed AR signalling, a key event in tNEPC progression, while Δ MYCN, MUSEP, and MYCNOT had minimal effect. In contrast, Δ MYCN, MUSEP, and MYCNOT upregulated NE markers, another defining feature of tNEPC, where N-myc had minimal effect. N-myc conferred resistance to enzalutamide, while MYCNOT, Δ MYCN, and MUSEP promoted chemoresistance. Additionally, MUSEP and Δ MYCN promoted a significant increase in redox, supporting increased metabolic activity.

Conclusion: Our findings indicate that *MYCN*-derived proteins contribute to tNEPC by suppressing AR signalling, promoting NE marker expression, and driving resistance to hormonal and chemotherapeutic treatments, key hallmarks of the tNEPC phenotype.

Mahlorhi Baloyi

Sefako Makgatho Health Sciences University, South Africa

Biography

Mahlorhi Baloyi is a Master of Pharmacy candidate, academic coach, and student leader at Sefako Makgatho Health Sciences University (SMU) in South Africa, known for receiving the Vice Chancellor's Award for Excellence and earning national and global recognition for his academic and research contributions.

Budget impact analysis for implementing prostate cancer chemotherapy at an academic hospital in south africa: a provider's perspective

Abstract:

Introduction: Prostate cancer (PCa) contributes substantially to morbidity and mortality among South African males. The affordability of chemotherapy can affect access, particularly in public-sector hospitals, where limited availability may result in patient referrals, delayed treatment, and inequitable. Implementing chemotherapy services at academic hospitals may improve access but requires assessment of associated pharmaceutical and service costs and budget impact.

Objectives: To determine the direct medicine and preparation costs of PCa chemotherapy and evaluate the budget impact of implementing chemotherapy services from the provider's perspective.

Methods: A retrospective cross-sectional budget impact analysis using a micro-costing approach was conducted at an academic hospital. Eighty-eight PCa patient files were reviewed over three months following SMUREC approval (Project ID: 3489). Direct pharmacy-related costs, including chemotherapy, supportive and primary medicines, consumables, and labour, were identified and quantified. Based on eligibility, 47 patients were assumed to require first-line therapy (docetaxel). Of these 47 eligible patients, 10 (21.3%) were estimated to progress to second-line therapy with cabazitaxel. based on a 19.6% disease progression rate reported in the literature. Costs were analysed in Microsoft Excel using an aseptic-compounding costing framework adapted to the South African public sector.

Results: Of 88 patient files reviewed, 47 (53.4%) were eligible for first-line chemotherapy. The total cost of first-line docetaxel was estimated at R223,479.73, while second-line cabazitaxel was estimated at R841,250 for 10 patients. Preparation costs accounted for 6.3% of the total chemotherapy costs. Implementing chemotherapy was projected to increase pharmaceutical-services costs from R77,653.33 to R1,063,344.00, resulting in an incremental budget impact of R985,691.00.

Conclusion: Implementing PCa chemotherapy services would increase pharmaceutical expenditure, with the budget impact expected to increase further as more patients progress from first line to second-line therapy.

Omar Mohammad Alqaisi

Al-Zaytoonah University,
Jordan

Biography

Mr. Omar Al-Qaisi from Al-Zaytoonah University is a nursing expert in oncology and emergency medicine. He holds a master's degree in emergency and disaster medicine from Al-Zaytoonah University. He currently works as a part-time clinical instructor at Al-Zaytoonah University and also at the Military Oncology Center. He has experience using Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) and the Mixed Methods Appraisal Tool (MMAT) for research. His recent research focuses on sexual healthcare, selenium, orthopedics, sleep quality, pain management and patient satisfaction in oncology patients

Managing sexual issues in melanoma patients: A scoping review

Abstract

Background: Managing sexual issues in melanoma patients involves addressing both physical and psychological changes that may arise during or after treatment. Although melanoma itself may not directly affect sexual function, treatments such as radiotherapy, immunotherapy, targeted therapy, and surgery can lead to fatigue, change in body image/hormone levels and psychological issues, which can affect sexual health of patients.

Methods: A focused literature review was performed on this topic from 2020 to 2025, including case reports, case series, guidelines and other full research publications.

Results: We found 9 publications on this topic. Effective treatment begins with open dialog by encouraging patients and partners to discuss sexual concerns with their healthcare providers, though studies show both doctors and nurses often neglect to do this unless prompted and hence delay timely intervention. Health-care providers should be alert to subtle signs of relationship problems among patients. Psychosocial support plays a vital role. Counseling, either individual or couples-based, can help patients navigate changes in desire, self-esteem, and relationship dynamics. Cognitive behavioral therapy (CBT) and sex therapy may be beneficial for addressing anxiety, depression, or trauma. Medical interventions may include lubricants for vaginal dryness, medications/local injections/penile prostheses for erectile dysfunction, or hormone replacement therapy when appropriate. For patients experiencing premature menopause or hormonal shifts due to treatment, endocrine consult should be arranged. Body image rehabilitation, especially after visible changes like surgical scars, can be supported through physical therapy, peer support groups, and reconstructive plastic surgery when feasible. The Look Good Feel Better programs in Canada teaches ladies to wear cosmetics/wigs. They meet regularly in all major cancer centers like a support group.

Conclusion: A multidisciplinary approach involving oncologists, psychologists, psychiatrists, advanced nurses, sexual medicine specialists, and patient advocates ensures comprehensive care. Addressing sexual health is the key for a good quality of life among melanoma patients.

Shovan Saha

USA

Biography

Shovan Saha is Associate Director of Clinical Data Management at Daiichi Sankyo, bringing over 18 years of clinical trial experience across the complete study lifecycle. With 14+ years specializing in oncology, he has served as Lead Data Manager and Program Clinical Data Manager for five FDA-approved cancer treatments spanning breast cancer, hepatocellular carcinoma, melanoma, pancreatic neuroendocrine tumors, and tuberous sclerosis complex. His expertise includes Phase I–IV trials, pivotal Phase III studies, Clinical Data Management Systems, and data visualization platforms. He holds the Certified Clinical Data Manager (CCDM) credential from SCDM and an MSc in Biotechnology from Bangalore University. He currently leads global ADC development programs.

Engineering Robust SOPs for Clinical Data Management: A Strategic Framework for Quality, Compliance, and Operational Excellence

Abstract:

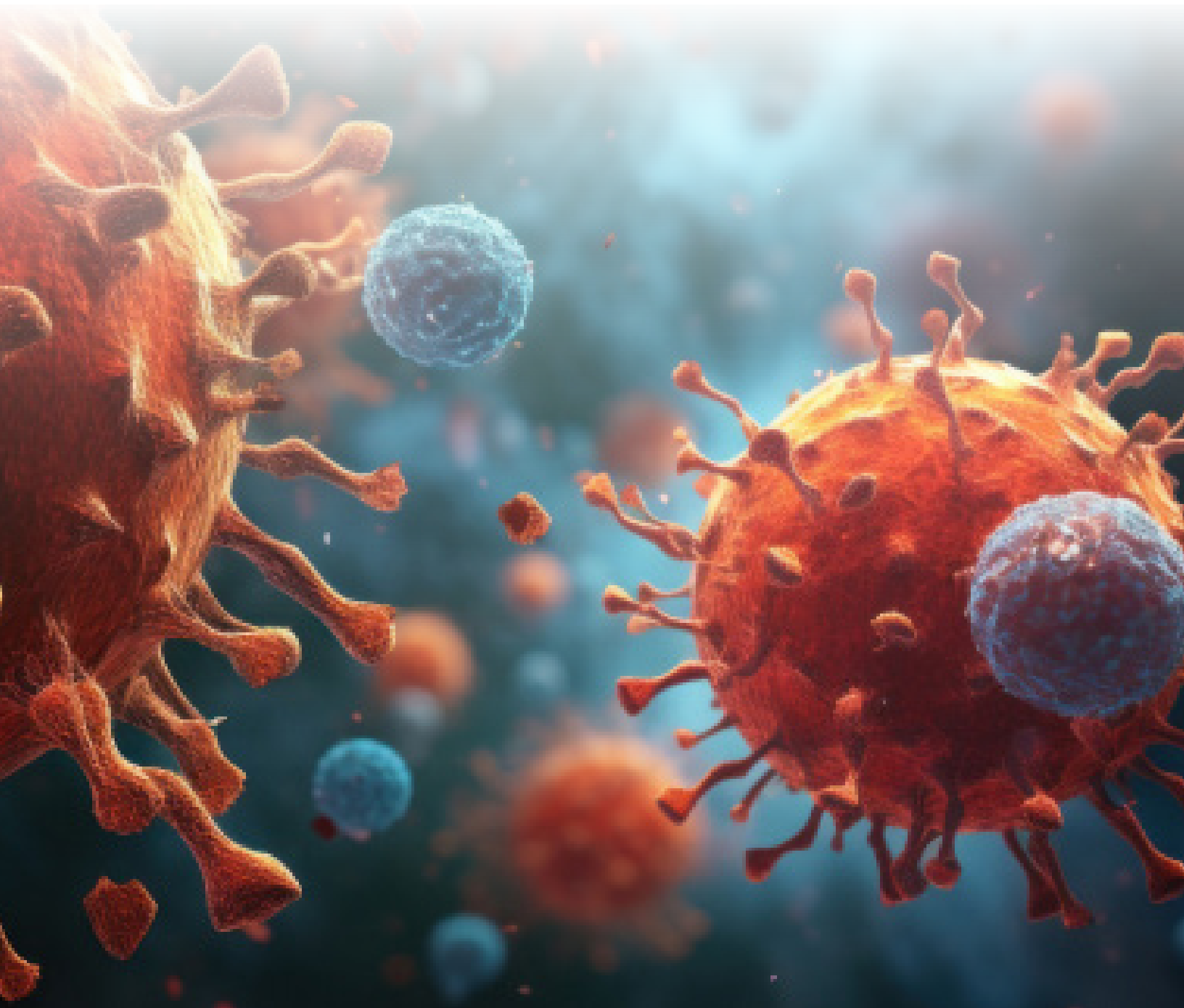
Clinical trial delays and failures often stem from data quality issues and regulatory compliance gaps, making robust Standard Operating Procedures (SOPs) essential for clinical data management excellence. This presentation explores the strategic engineering of SOPs as the cornerstone for ensuring data integrity, regulatory compliance, and operational efficiency in modern clinical trials. Drawing from ICH E6(R2), 21 CFR Part 11, and CDISC standards, we examine how robust SOP frameworks address the complexity of contemporary clinical trials, where organizations manage data across multiple global sites in decentralized and hybrid trial models. The presentation showcases how quality-by-design (QbD) principles integrated into SOP development can significantly improve first-pass data quality while reducing data cleaning cycles and inspection preparation time. Key topics include SOP engineering for electronic data capture (EDC) systems, implementing risk-based monitoring strategies that optimize resource allocation, establishing data governance frameworks ensuring data integrity across multinational trials, and developing audit-ready documentation. The session covers practical approaches to protocol deviation management, medical coding workflows, statistical programming standards, and final data lock procedures. Real-world case studies demonstrate how organizations leveraging strategic SOP development have achieved measurable improvements in protocol deviation reduction, data lock timeline optimization, and regulatory inspection success rates. The presentation provides actionable frameworks for developing scalable, technology-agnostic SOPs that adapt to emerging trends including real-world evidence integration, AI-driven data validation, and advanced audit trail technologies. Attendees will gain practical methodologies for transforming SOPs from compliance documents into strategic enablers of operational excellence, ensuring clinical trial data remains accurate, consistent, and submission-ready throughout its lifecycle while meeting evolving regulatory expectations.

SUPPORTING JOURNAL

Journal of Archives in Oncology Research

<https://scitechjournals.com/archives-in-oncology-research>

ISSN: 3068-5273



LIST OF JOURNALS

Cardiovascular Diseases and Therapeutics

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Journal of Global Entrepreneurial Management

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Journal of Nutrition and Diet Management

Journal of Alternative Medicine and Therapies

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Journal of Oral Diseases and Treatment

Journal of Skin Health and Cosmetics

Journal of Pharmacology and Drug Delivery

Journal of Mental Health and Behavioural Science

Journal of Neonatology and Pediatric Care

Journal of Pulmonary and Respiratory Diseases

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Journal of Physics Optics and Photonics Sciences

Journal of Family Medicine and Clinical Research

UPCOMING CONFERENCES

OCTOBER - CONFERENCES

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**TRAUMA, CRITICAL CARE AND EMERGENCY
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OCTOBER 15-16, 2026 | PARIS, FRANCE

4TH INTERNATIONAL CONFERENCE ON

**NEUROLOGY & NEUROLOGICAL
DISORDERS**
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3RD WORLD CONGRESS ON

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3RD GLOBAL EVENT ON

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OPTICS AND LASER TECHNOLOGY
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NOVEMBER - CONFERENCES

WORLD CONGRESS ON

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DERMATOLOGY**
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NOVEMBER 26-27, 2026 | BARCELONA, SPAIN

5TH INTERNATIONAL CONFERENCE ON

PRIMARY HEALTH CARE
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INTERNATIONAL CONFERENCE ON

OTOLARYNGOLOGY-ENT SURGERY
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MARCH - CONFERENCES

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PHYSICAL MEDICINE AND REHABILITATION
MARCH 18-19, 2027 | BARCELONA, SPAIN

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PSYCHOLOGY & BEHAVIORAL SCIENCES
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APRIL - CONFERENCES

4TH GLOBAL SUMMIT ON
NURSING AND MIDWIFERY
APRIL 22-23, 2027 | AMSTERDAM, NETHERLANDS

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DIGITAL HEALTH INNOVATIONS AND ADVANCED
NURSING PRACTICE
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WORLD SUMMIT ON
CLINICAL TRIALS, AI AND HEALTHCARE TECHNOLOGIES
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MAY - CONFERENCES

6TH INTERNATIONAL CONFERENCE ON
GYNECOLOGY AND OBSTETRICS
MAY 20-21, 2027 | PARIS, FRANCE

GLOBAL CONGRESS ON
NEPHROLOGY AND KIDNEY HEALTH
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AI IN HEALTHCARE, INDUSTRY & REGULATORY AFFAIRS
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5TH INTERNATIONAL CONFERENCE ON
PEDIATRICS & NEONATOLOGY
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6TH INTERNATIONAL CONFERENCE ON
GLOBAL ENTREPRENEURSHIP SUMMIT
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JUNE - CONFERENCES

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JUNE 17 - 18, 2027 | BERLIN, GERMANY

4TH INTERNATIONAL CONFERENCE ON
OPHTHALMOLOGY & VISION SCIENCE
JUNE 17 - 18, 2027 | BERLIN, GERMANY

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ADVANCED REHABILITATION & PHYSICAL
MEDICINE
SEPTEMBER 23 - 24, 2027 | LAS VEGAS, USA

NOVEMBER - CONFERENCES

INTERNATIONAL CONFERENCE ON
AUTISM RESEARCH AND
NEURODEVELOPMENTAL DISORDERS
NOVEMBER 11 - 12, 2027 | AMSTERDAM, NETHERLANDS

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