

ORGANIZED BY



5TH INTERNATIONAL CONFERENCE ON ONCOLOGY AND CANCER RESEARCH

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DAY-1 (NOVEMBER 10)

REGISTRATIONS & OPENING REMARKS (08:30-09:00)

KEYNOTE PRESENTATION (09:00 - 10:30)

09:00-09:30	Home self-testing of complete blood count in patients with breast cancer during chemotherapy Dr. Niels Henrik Hollander, Zealand University Hospital, Denmark
09:30-10:00	Stromal cells support the survival of human primary tumor cells through Lyn-driven extracellular vesicles Dr. Hinrich P. Hansen, University Clinic Cologne, Germany
10:00-10:30	Evolving Strategies in Cervical Cancer Prevention: The Role of biomarkers and a novel adsorbent and antioxidative vaginal gel Prof. Attila Major, Femina Gynecology Center, Switzerland

GROUP PHOTO & REFRESHMENT BREAK (10:30-10:45)

TECHNICAL SESSION-I (10:45-11:45)

10:45 -11:05	¹⁸F-FDG PET/CT impact in infective endocarditis: pilot single-centre SUV metrics and outcomes Dr. Pipitsa N. Valsamaki, Democritus University of Thrace, Greece
11:05-11:25	Mediastinal lesion characterization and prognostication using diffusion MRI: from whole lesion to target zone with dynamic approach Dr. Johan Coolen, University Hospitals of Leuven, Belgium
11:25 -11:45	Structured Reporting as the Key to Patient-Centered and Responsible AI Integration in Radiology Dr. Igor Toker, Neo Q Quality in Imaging GmbH, Germany

TECHNICAL SESSION-II (11:45-13:05)

11:45-12:05	The Need for a Holistic Guide to Prevent and Manage Radiation Dermatitis in Patients' with Breast Cancer: A Case Report Dr. Deborah Sherman, Florida International University, USA
12:25-12:45	Paramagnetic core/shell nanoparticles for cancer detection in animal models Prof. Barbara Blasiak, Institute of Nuclear Physics Polish Academy of Science, Poland
12:45-13:05	Discovering hereditary breast cancer genes from families and large population Prof. Michal Linial, The Hebrew University of Jerusalem, Israel

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LUNCH @ RESTAURANT (13:05- 13:45)

TECHNICAL SESSION- III (13:45- 15:25)

13:45-14:05	Are professional caregivers of people with intellectual disability sufficiently trained for cancer prevention, monitoring and screening? An evaluation on 933 questionnaires in France Dr. Daniel Satge, Oncodéfi, France
14:05-14:25	Restriction of cancer metastasis - Translating gene discovery into clinical application Prof. Ulrike Stein, Charite and MDC, Germany
14:25-14:45	Glymphatic system dysfunction and sleep disorder in multiple sclerosis Dr. Teddy Salan, University of Miami, USA
14:45-15:05	Improving Digital Health Diagnosis and Interpretation with Deep Learning Prof. Shadi Basurra, Birmingham City University, UK
15:05-15:25	Colposcopy at 100: Celebrating Innovation Amid Ethical Shadows Dr. Marcin Sniadecki, Medical University of Gdansk, Poland

REFRESHMENT BREAK (15:25-15:40)

POSTER PRESENTATION (15:40-16:00)

Poster-I	Triple synchronous primary cancers comprising large cell neuroendocrine carcinoma of the lower uterine segment and endometrioid carcinomas of the uterine corpus and the right ovary-a rare combination: A case report Dr. Kaichiro Yamamoto, Ikoma City Hospital, Japan
Poster-II	HE4: A New Potential Tumor Marker for Early Diagnosis and Prediction of Breast Cancer Progression Ms. Martina Pestova, University Hospital Pilsen and Medical faculty Pilsen, Czech-Republic
Poster-III	Immunomodulatory Role of Ginkgolide B in Oral Cancer via the SREBP1/KLK8/CCL22 Pathway Dr. Shu-Chun Liu, Chang Bing Show Chwan Memorial Hospital, Taiwan
Poster-IV	Pyoderma gangrenosum mimicking inflammatory breast cancer: A case report Prof. Essaada Belglaiaa, Higher Institute of Nursing Professions and Health Technologies, Morocco
Poster-V	18F-FDG PET/CT in Richter syndrome: preliminary analysis of a single-center cohort Dr. Pipitsa N. Valsamaki, Democritus University of Thrace, Greece

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Poster-VI **Beyond the image frame: How Italian High Renaissance Paintings Can be Used to Teach Medical Students to Interpret Patient Symptoms?**
Dr. Marcin Sniadecki, Medical University of Gdansk, Poland

Poster-VII **Potential serum biomarkers for early detection of diabetic nephropathy**
Prof. Tarek Kamal Motawi, Cairo University, Egypt

TECHNICAL SESSION- IV (16:00- 18:00)

16:00:-16:20 **Awareness toward cervical cancer among HIV-positive Moroccan women: a cross-sectional study**
Prof. Essaada Belglaiiaa, Higher Institute of Nursing Professions and Health Technologies, Morocco

16:20-16:40 **Breaking the Silence in Immunotherapy : A Two-Cyled Podcast-led Quality Improvement Project for Immunotherapy Education**
Dr. Anjali Rajkumar, University Hospitals Bristol and Weston NHS Foundation Trust, UK

16:40-17:00 **Improving participation and knowledge of people with intellectual disabilities in cancer screening: the PAM study**
Ms. Elodie Neumann-Michel, Oncodéfi, France

17:00-17:20 **Strategic and Evidence-Based Use of Tumor Markers in Oncology: Practical Insights from a Multidisciplinary Clinical Center**
Prof. Ondrej Topolcan, University Hospital Pilsen and Medical faculty Pilsen, Czech-Republic

17:20-17:40 **Ultrasonography Findings Of Testicular Tuberculosis In Nepalese Patients: A Case Series**
Dr. Sushmit Kafle, Pokhara University Teaching Hospital, Nepal

17:40-18:00 **Population-Based Analysis of Breast Cancer Incidence and Survival in Monastir, Tunisia**
Dr. Imen Zemni, Monastir University Hospital, Faculty of Medicine of Monastir, University of Monastir, Tunisia

PANEL DISCUSSIONS

DAY-1 CONCLUDES

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DAY-2 (NOVEMBER 11)

09:30-10:00	Open abdomen and negative pressure wound therapy for acute peritonitis especially in the presence of anastomoses and ostomies Prof. Orestis Ioannidis, Aristotle University of Thessaloniki, Greece
10:00-10:25	Role of advanced interventional procedures to facilitate major liver surgery Dr. Ramanivas Sundareyan, University Hospitals NHS Foundation Trust, UK
10:25-10:50	Microwave ablation treatment of non-lactating mastitis Dr. Ailisai Ding, Guangyuan Central Hospital, China
10:50-11:15	Basal Cell Carcinoma: Diagnosis, Management and Prevention Prof. P Umar Farooq Baba, SKIMS, India
11:15-11:40	Dissolving Tumor Heterogeneity in the CAM Model Prof. Regine Schneider-Stock, UKER, FAU Erlangen-Nürnberg, Germany
11:40-12:05	Upper tibial MRI vascular marks lost in early knee osteoarthritis Dr. Michael Beverly, Botnar Research Centre OX3 7LD, England
12:05-12:30	Zero Echo Time MRI: A Novel Approach for Craniofacial Bone Morphometric Sex Estimation Dr. Mohinder Sharma, Postgraduate Institute of Medical Education & Research, India
12:30-12:55	Pre-clinical evaluation of kaempferide, a flavonoid from <i>Chromolaena odorata</i>, as a potential drug candidate against cervical cancer Dr. Ruby John Anto, Centre of Excellence in Nutraceuticals, India
12:55-13:20	Sex Estimation from Cochlear Morphology: MRI-Based Analysis and Forensic Applications Dr. Sushil Kumar Battan, Postgraduate Institute of Medical Education & Research, India
13:20-13:45	Beyond Cancer Detection: An AI Framework for Multidimensional Risk Profiling on Contrast-Enhanced Mammography Dr. Graziella Di Grezia, Link Campus University, Italy
13:45 - 14:10	Splenic diffuse red pulp small B-cell lymphoma with overlapping clinical and immunophenotypic features with hairy cell leukaemia Dr. Mirette Hanna, RVH, Canada

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14:10-14:35	MuscleJ2: An Automated Bioinformatics Tool for Standardized Histological Analysis of Muscle Biopsies Dr. Alicia Mayeuf-Louchart, INSERM Lille Neuroscience et Cognition, France
14:35-14:40	Underfed and Overlooked: Malnutrition as a Predictor of Postoperative Complications in Gastric Surgery Dr. Navaneeth Ranjith, Western Health and Social Care Trust, UK
14:40-15:05	High Doses of Multiple Antioxidants Kill Cancer Cells and Enhance Growth-Inhibitory Effects of X-Irradiation and Chemotherapeutic Agents on Cancer Cells Irrespective of Type and Stage while Protecting Normal cells Dr. Kedar N Prasad, Engage GLOBAL, INC., USA
15:05-15:10	Seeing the Unseen: IFI as a Game Changer in Breast-Conserving Surgery Dr. Navaneeth Ranjith, Western Health and Social Care Trust, UK
15:10-15:35	Delivery of a virtually supervised exercise intervention for Hispanic and Latina breast cancer survivors: Lessons learned from the ROSA trial Dr. Christina M. Dieli-Conwright, Harvard Medical School, USA
15:35-16:00	Development of a Novel Large Diameter Cryoprobe For Cavity Treatment Following Breast Cancer Tumor Resection Dr. John M Baust, CPSI Biotech, USA

PANNEL DISCUSSIONS

END OF DAY-02

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Johan Coolen, Frederik De Keyzer, Laurens Ceulemans, Kristiaan Nackaerts, Thomas Tousseyn, Valerie Van Ballaer, Adriana Dubbeldam, Walter De Wever, Paul Clement, Weynand Birgit, Christophe Deroose, Karin Haustermans, Eric Verbeken, Christophe Doods and Dirk Van Raemdonck.

University Hospitals of Leuven

Mediastinal lesion characterization and prognostication using diffusion MRI: from whole lesion to target zone with dynamic approach

Keywords

MR imaging (MRI), Functional MR, Mediastinal lesions, Resectability

Main Theme

Cancer screening and diagnosis

Purpose

Invasive surgical procedures are currently the cornerstone of mediastinal staging but can lead to patient discomfort and morbidity. we attempted to use a noninvasive MRI approach to differentiate benign from malignant mediastinal lesions and at the same time attempt to provide an imaging-based preoperative evaluation of lesion resectability and to use a slider-based software for b-value appointment for prognostication of outcome.

Materials and Methods

100 consecutive patients with a suspicious mediastinal lesion on clinical or on imaging-based (CT, PET or EBUS) examinations underwent an MRI, including diffusion-weighted imaging (DWI), one day prior to surgery. All MR images were evaluated by visual inspection and by calculating the ADC values (mean) of the whole lesion and of the suspected zone on b2000 DWI. Moreover, a dynamic slider-based software was used to find the extrapolated b-value where the lesion disappears in the background noise. Histological examinations of operative specimens served as reference.

Results

In total 43 benign and 57 malignant lesions were included. Differentiating based on whole-lesion mean ADC was acceptable (sensitivity/specificity/accuracy 87%/47%/72%, optimal threshold $2.08 \times 10^{-3} \text{ mm}^2/\text{s}$). On b2000 DWI were expected to only show malignant lesions. Surprisingly, using this cut-off value in the dynamic slider-based assessment of extrapolated DWI, differentiation between benign and malignant lesions showed remarkable sensitivity, specificity and accuracy of 100%, 68% and 88%. Survival analysis showed the group of cases with sliding b above 2000 s/mm² to have a much shorter overall survival compared to those below 2000 A very high correlation was found between MR signs of local invasion and surgical resectability (Cohen's Kappa 0.88).

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Conclusions

DW-MRI offers preoperative characterization and resectability assessment of mediastinal lesions. Targeted lesion analysis and dynamic software interpretation hold promise for improved diagnostic accuracy.

Biography

Dr. Johan Coolen is a thoracic radiologist and professor clinical radiology in the faculty of Medicine at the Catholic University of Leuven. His clinical and research interests are in the areas of diffuse lung disease, lung cancer and especially in the field of imaging of the pleura, mediastinum and esophagus using MR imaging.

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D Satgé^{1,2}, S Habib-Hadef¹, S Blaize¹, A Otandault¹, A-S Foucan³, B Trétarre^{3, 4}, E Batselé⁵, D Wyatt^{6,7}

¹Oncodéfi, Parc Euromédecine, Montpellier, France

²Desbrest Institute of Epidemiology and Public Health, UMR UA11, INSERM, University of Montpellier, Montpellier, France

³Hérault Tumor Registry, Montpellier, France

⁴CERPOP, UMR 1295, Inserm, University of Toulouse III Paul Sabatier, Toulouse, France

⁵Clinical Ortho pedagogy, Mons University, Mons, Belgium

⁶Faculty of Health and Social Care, University of Chester, Chester UK

⁷Clatterbridge Cancer Centre, Merseyside, UK

Are professional caregivers of people with intellectual disability sufficiently trained for cancer prevention, monitoring and screening? An evaluation on 933 questionnaires in France

Background

Cancers are as common in people with intellectual disabilities (ID) as in the general population, but are often diagnosed late. As people with ID have limited cognitive abilities, their health monitoring often relies on family and professional caregivers (CG). Thus, they endorse the responsibility to identify symptoms that could reveal a cancer, to initiate screening be sufficiently informed and trained about cancer. This study aims to examine knowledge of professional CG about cancer compared to general population.

Method

An anonymous questionnaire prepared by cancer experts was administered to professional CG of randomly selected institutions for people with ID in 11 regions in France to insure national representativeness and institutions diversity. It contains 8 questions on general knowledge about cancer and 3 questions on-perceived level of information/training. Using Welch statistical test the results at the questionnaire were compared to those of a control group of 153 people from the general population (GP).

Results: Answers to 933 questionnaires (58 % of those addressed) indicated that CG had less knowledge about cancer prevention ($t(204.52)=-1.6823$, $p=0.0940$, $d=0.1472$), screening ($t(206.00)=-2.7853$, $p=0.0058$, $d=0.2415$), early symptoms ($t(201.11)=-2.0375$, $p=0.0429$, $d=0.1824$) and total knowledge score ($t(201.94)=-2.4769$, $p=0.0141$, $d=0.2205$) compared to persons in the GP. The vast majority of CG (92 %) indicated they did not receive specific training about cancer and, as a consequence, did not feel sufficiently informed about it.

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Conclusion

Caregivers of adults with intellectual disability have a limited knowledge on prevention and early detection of cancers. Specific training about cancer should be designed to improve information and prevent negative consequences of late diagnosis.

Support

AG2R La Mondiale, Caisse Nationale pour la Solidarité et l'Autonomie (CNSA), et Comité National Coordination Action Handicap (CCAH).

Biography

Dr. Daniel Satgé is a senior researcher affiliated with the University of Montpellier I, Montpellier, France. He serves as the Director of ONCODEFI, an organization committed to advancing cancer care and research for persons with intellectual disabilities. Dr. Satgé's research focuses on oncology and cancer epidemiology with a particular emphasis on cancer incidence, diagnosis, treatment, and screening in vulnerable populations, including those with intellectual or multiple disabilities. He has contributed to numerous peer-reviewed articles, including investigations into how cancer risk and patterns differ in persons with profound disabilities. In addition to his research role, Dr. Satgé is active in the interface between care and advocacy. As director of ONCODEFI, he helps coordinate documentation, research, and intervention efforts to improve cancer management and surveillance for intellectually disabled populations.

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Kaichiro Yamamoto^a, Shin-ichi Nakatsuka^b,
Tomochika Goto^c, Reiko Samoto^a, Aki Minami^a,
Masatoshi Imamura^a

^a Department of Obstetrics and Gynecology, Ikoma City Hospital, Ikoma, Nara, Japan

^b Department of Pathology, Yao Tokushukai General Hospital, Yao, Osaka, Japan

^c Department of Internal Medicine, Ikoma City Hospital, Ikoma, Nara, Japan

Triple synchronous primary cancers comprising large cell neuroendocrine carcinoma of the lower uterine segment and endometrioid carcinomas of the uterine corpus and the right ovary-a rare combination: A case report

We report a rare case of triple primary cancers in a 52-year-old woman who presented with abdominal pain and fever. Diagnostic imaging and subsequent histopathological evaluation revealed independent primary endometrioid carcinomas of the ovary and uterine corpus proper (UC), as well as large cell neuroendocrine carcinoma (LCNEC) originating from the lower uterine segment (LUS). Surgical resection was performed, followed by adjuvant chemotherapy (irinotecan and cisplatin). The patient demonstrated no recurrence at the 16-month follow-up. This case highlights the importance of accurate pathological differentiation, as prognosis and treatment depend on distinguishing independent primary tumors from metastatic lesions. This rare case of triple synchronous malignancies emphasizes the need for a multidisciplinary approach to ensure precise diagnosis and optimal management. Comprehensive molecular studies and advanced imaging techniques may further improve outcomes in such complex cases.

Keywords

Synchronous cancer, Triple primary cancer, Neuroendocrine carcinoma, Lower uterine segment, Endometrioid endometrial carcinoma, Endometrioid ovarian carcinoma

Biography

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Ulrike Stein

Experimental and Clinical Research Center, Charité -
Universitätsmedizin Berlin, and Max-Delbrück-Center for
Molecular Medicine, Berlin, Germany

Restriction of cancer metastasis - Translating gene discovery into clinical application

Cancer metastasis is the most lethal attribute of cancer, is responsible for >90% of cancer deaths and critically limits successful therapy in many tumor entities, directly linked to patient survival. We identified the novel, previously undescribed gene Metastasis-Associated in Colon Cancer 1 (MACC1). MACC1 induces fundamental processes like cell proliferation, migration, invasiveness and metastasis in xenografted and transgenic mice. Meanwhile, MACC1 has been established as key player, important prognostic and predictive biomarker for tumor progression and metastasis in >20 solid cancers. By pan-omics, we discovered MACC1-regulating and regulated networks, and their functional impact in cell culture, organoids, animal models, patient tumor tissue and blood. We unveiled transcriptional targets, protein-protein interactors, and post-translational effectors, serving as new diagnostic, prognostic and predictive key players for tumor progression and metastasis. BRET revealed MACC1 as homodimers in living cells, with mutations of the predicted dimer interface hindering metastasis formation in vivo. We identified repositioned drugs and novel compounds as transcriptional and post-translational small molecule inhibitors, restricting MACC1-induced metastasis in mice. Together with the metastasis inducer S100A4, which we first identified as Wnt-signaling target and metastasis predictor, but also as a MACC1 transcriptional target, we demonstrated their beneficial combinatorial impact for early identification of high-risk cancer patients, for improved prognosis and response prediction using tumors and blood of solid cancer patients. A phase II clinical trial to investigate the safety and efficacy of niclosamide tablets in patients with metastases of a CRC progressing after therapy: NIKOLO, registered under ClinicalTrials.gov NCT02519582, demonstrated a significant reduction of S100A4 by niclosamide in patient blood. In conclusion, our ultimate goal are signaling-based new successful therapeutic concepts for metastasis prevention and restriction.

Keywords

cancer metastasis, MACC1, S100A4, signaling network, clinical impact, intervention

Biography

ULRIKE STEIN graduated in biochemistry at the Martin-Luther-University Halle, received her PhD in Biochemistry at the Humboldt-University Berlin and post-graduated in Biochemical Medicine, Germany. She was Post-Doc as Feodor-Lynen-fellow, Alexander von Humboldt-foundation at the National Cancer Institute (NCI), Frederick, MD, USA, and was invited there as visiting scientist from 1996-2011. She received her Habilitation (Assistant Professorship) in Biochemistry in 2003 and was appointed to a professorship in 2009 at the Charité, Universitätsmedizin Berlin. Currently, she is head of the research group "Translational oncology of solid tumors" at the Experimental and Clinical Research Center, Charité and Max-Delbrück-Center for Molecular Medicine Berlin, Germany

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Elodie Neumann-Michel^a, Geneviève Petitpierre^b,
Amaëlle Otandault^a, Elisangela Olivier^a, Marc
Palpacuer^a, Anaïs Lecluse^c, Xavier Heber-Suffrin^d,
Brigitte Trétarre^{a e f}, Chris Serrand^g, Daniel Satgé^a

^a Oncodefi, Parc Euromédecine, Montpellier, France

^b Department of Special Education, University of Fribourg, Fribourg, Switzerland

^c Association “ Nous Aussi ”, France

^d Établissement et service d'aide par le travail L'Envol, UNAPEI 34, Castelnau-le-Lez, France

^e Herault Tumor Registry, Montpellier, France

^f CERPOP Constitutive Team, UMR 1295, Inserm, University of Toulouse III Paul Sabatier, Toulouse, France

^g Department of Biostatistics, Clinical Epidemiology, Public Health and Methodological Innovation CHU Nîmes, Nîmes, France

^h Desbrest Institute of Epidemiology and Public Health, UMR UA11, INSERM, University of Montpellier, Montpellier, France

Improving participation and knowledge of people with intellectual disabilities in cancer screening: the PAM study

Background

In persons with intellectual disability (PID) breast, colon and cervical cancers are frequent and often diagnosed late. Yet, they show a lower participation in organized cancer screenings. Purpose: The participatory research PAM (Prevention/Screening-Adults-Measure) evaluated the ability of PID to understand and memorize information on cancer screening and put into practice these three screenings.

Methodology

A randomized controlled trial evaluated the efficacy of an adapted instructional module (IM) on adults with mild and moderate ID. The tested group received information on cancer screening while the control group received a placebo module on oral hygiene. The IM included a slideshow, a workshop using screening kits and latex organs (breast) to palpate abnormalities, discussion time, a game and a film specially created for the study. An “easy-to-read-and-understand” questionnaire on screenings was completed four times by participants: 15 days before the IM, the day of IM, 3 months and 1 year after.

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Results

The study included 608 PID from 38 institutions in the South of France. The day of the IM, three months, and one year after the intervention, experimental group participants showed significantly improved cancer screening knowledge ($p < 0.001$) compared to controls. The intention to participate in screenings was increased on the intervention date ($p < 0.001$), and observed as a trend at one year ($p = 0.068$). Study attrition was only 19% after one year, showing an active interest of PID in cancer screening.

Conclusion

This research provides strong evidence supporting adapted and direct interventions for people with intellectual disability to increase their knowledge and participation in organized cancer screening. Study supported by the French National cancer institute (INca).

Biography

Elodie Neumann-Michel is a cancer nurse and researcher working currently at Oncodefi association Montpellier France, dedicated to cancer care in people with intellectual disabilities. Qualified in 2004, she worked as a nurse in cancer and palliative care departments in Paris, then at the Montpellier cancer center. Holder of a master's degree in health research (Montpellier School of Medicine) she worked during three years on the PAM study which evaluated health learning in people with intellectual disabilities.

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Asst. Prof. Dr Sushmit Kafle

Department of Radiology, Pokhara University Teaching Hospital

Ultrasonography Findings Of Testicular Tuberculosis In Nepalese Patients: A Case Series

Extrapulmonary tuberculosis (EPTB) constitutes about 20% of all cases of TB. EPTB involves organs other than the lungs, such as lymph nodes, the genitourinary tract, abdomen, skin, joints and bones, and meninges. Tuberculosis of the testis is a rare disease. The diagnosis of testicular TB could be confused with testicular cancer, sarcoidosis or metastases. Herein, we describe the ultrasonography (USG) of five patients with testicular TB. This case series highlights the importance of USG in the diagnosis of rare form of EPTB; testicular TB.

Keywords

case series, diagnosis, testes, tuberculosis, ultrasonography

Biography

Asst. Prof. Dr. Sushmit Kafle is a Consultant Radiologist and Assistant Professor in the Department of Radiology at Pokhara University Teaching Hospital, Nepal. He is actively involved in clinical practice, teaching, and research in diagnostic imaging.

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Christina Dieli-Conwright, PhD, MPH

Dana-Farber Cancer Institute / Harvard Medical School,
Boston, USA 02215

Delivery of a virtually supervised exercise intervention for Hispanic and Latina breast cancer survivors: Lessons learned from the ROSA trial

Hispanic and/or Latinx cancer survivors remain underrepresented in clinical trials, particularly in exercise oncology and energy balance research. In fact, less than 1% of exercise oncology trials are focused on said population. Furthermore, recruitment and enrollment of the Hispanic and/or Latinx cancer communities remains to be a challenge within the field of exercise oncology research in large part due to scientific mistrust, fear, and lack of awareness. Recruitment strategies and enrollment rates among Hispanic and/or Latinx breast cancer survivors screened for and enrolled in a virtually supervised aerobic and resistance exercise intervention will be described.

The ROSA Trial was a culturally tailored, virtually supervised exercise intervention designed to mitigate metabolic dysregulation in sedentary, overweight/obese Hispanic and/or Latinx breast cancer survivors. Trial recruitment strategies set forth at the Dana-Farber Cancer Institute (DFCI) involved screening pre-determined electronic medical records of breast cancer patient lists for the DFCI Boston location, direct referral from the DFCI Merrimack Valley satellite which is comprised of >70% Hispanic patient population, recruitment letter mail outs to women diagnosed with breast cancer who self-identify as Hispanic and/or Latinx in the Massachusetts Department of Public Health (MDPH) cancer registry, a booth at the annual American Cancer Society (ACS) Making Strides for Breast Cancer Boston events (2022-23), and advertisements/testimonials in local Spanish language newspaper. All screened and recruited participants were tracked in a detailed screening log with documentation of eligibility, reasons for ineligibility, reasons for decline, and enrollment rates. Descriptive statistics were used to determine frequency of recruitment strategies used and screening variables. Multiple recruitment strategies with specific attention to consistent points of contact are necessary to recruit Hispanic and/or Latinx breast cancer survivors in the Greater Boston area. Unique situations such as residency out of the country is important to consider in the planning of future trials among said population. Nonetheless our success rate for enrollment was on par with that of non-Hispanic White breast cancer survivors.

Biography

Christina M. Dieli-Conwright is an Associate Professor of Medicine at the Harvard Medical School and in the Division of Population Sciences of the Department of Medical Oncology at the Dana-Farber Cancer Institute. She holds a secondary appointment as Associate Professor of Nutrition in the Department of Nutrition at the T.H. Chan Harvard School of Public Health. Her research is focused on examining mechanisms by which post-diagnosis exercise can impact cancer prognosis with a specific focus on biomarkers of metabolic dysregulation related to tumor growth, inflammation, gut microbiome, and body composition. Dr. Dieli-Conwright has a history of funding from the National Cancer Institute, American Cancer Society, Department of Defense, American Institute for Cancer Research, Pfizer, and foundation grants.

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Huebner, K.; Heiss, A.; Song, J.; Erlenbach-Wuenssch, K.;
Schneider-Stock, R

Universitätsklinikum Erlangen, Friedrich-Alexander-
Universität Erlangen-Nürnberg, Experimental
Tumorpathology, Erlangen, Germany

Dissolving Tumor Heterogeneity in the CAM Model

Intratumoral heterogeneity (ITH) arises during tumor progression as a consequence of clonal evolution and is a key contributor to therapy resistance in colorectal cancer (CRC). ITH results in remarkable cellular plasticity, particularly in relation to tumor invasion patterns. The chorioallantoic membrane (CAM) assay enables the transplantation of tumor cells onto the highly vascularized CAM, which serves as a natural bioreactor enriched with growth factors. Harvested tumors can then be analyzed either as fresh or formalin-fixed tissue to study tumor growth dynamics, invasion behavior, and metastatic potential. Additionally, the CAM model offers a powerful tool for spatially resolving tumor heterogeneity, especially by comparing the tumor center with the invasive front. In my presentation, I will begin by showing a video that illustrates the key experimental steps involved in tumor transplantation onto the CAM. I will then present several examples demonstrating how we have used this model to generate hypotheses, interpret in vitro findings, and validate our results in a biologically relevant in vivo context. Finally, I will highlight our recent study aimed at identifying novel cancer-associated genes within collectively migrating tumor cell clusters at the invasion front, using a spatial transcriptomic approach (NanoString). Since chicken embryos are not legally classified as animals before hatching, the CAM assay complies with the 3Rs principle—Reduce, Replace, and Refine—making it an ethically sound alternative to conventional animal experimentation in cancer research.

Keywords

CAM model, 3R, tumor heterogeneity, tumor invasion front, spatial resolution, colon cancer

Biography

Prof. Regine Schneider-Stock, PhD, is the Head of Experimental Tumor Pathology at the University Hospital Erlangen (UKER), Friedrich-Alexander University Erlangen-Nürnberg (FAU), Germany. Her research focuses on molecular cancer biology, with special emphasis on programmed cell death mechanisms and therapeutic resistance. She has authored numerous peer-reviewed publications and is a recognized expert in translational cancer research. She leads multidisciplinary projects integrating tumor pathology with innovative treatment strategies.

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Anjali Rajkumar¹, Helen Winter¹

¹University Hospitals Bristol and Weston NHS Foundation Trust, Bristol, England, UK

Breaking the Silence in Immunotherapy : A Two-Cycled Podcast-led Quality Improvement Project for Immunotherapy Education

Effective patient education is critical for managing immune-related adverse events in immunotherapy, yet traditional leaflets often yield suboptimal understanding. This study evaluates the impact of a supplementary educational podcast on patient comprehension and experience in melanoma patients receiving immunotherapy. This prospective, two-cycle clinical audit first established a baseline with 33 melanoma patients using a leaflet-only approach. A second cohort of 30 patients then received the leaflet supplemented with a podcast accessible via a QR code. Data on comprehension, confidence, and satisfaction were collected via questionnaires from both cohorts for comparison. The initial leaflet-only approach resulted in low patient comprehension (64.7%), satisfaction (48.5%), and confidence in identifying side effects (39.4%). In contrast, the addition of the podcast significantly improved these metrics to 82.8%, 93.3%, and 93.3% respectively. Supplementing standard leaflets with an educational podcast is a highly effective, low-cost, and scalable digital health intervention that improves patient outcomes. The findings strongly support integrating on-demand audio resources into oncology care, with potential applicability across other cancer types and complex treatments.

Keywords

Immunotherapy, Patient Education, Digital Health, Podcast, Melanoma, Clinical Audit

Biography

Dr. Anjali Rajkumar is an Internal Medicine Trainee with NHS England. She has a specialty interest in oncology and has completed various research and quality improvement projects focusing on patient care and interventions in oncology. Dr. Rajkumar has a particular interest in patient education and engagement for individuals undergoing novel treatments like immunotherapy. Her work aims to bridge the gap between traditional patient care and accessible digital tools to empower patients and enhance clinical safety.

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**Dr Navaneeth Ranjith**

Clinical fellow LAS ST3 Urology, Western Health and Social Care Trust, Londonderry, Northern Ireland

Underfed and Overlooked: Malnutrition as a Predictor of Postoperative Complications in Gastric Surgery

Malnutrition is a common yet often overlooked condition in patients undergoing gastric cancer surgery, with up to 60% presenting with nutritional deficiencies at diagnosis. These deficits arise from tumor-related anorexia, metabolic disturbances, gastrointestinal obstruction, and prior chemotherapy, all of which compromise immune function and surgical recovery. This study aimed to investigate the relationship between preoperative nutritional status and the incidence of postoperative complications in gastric cancer patients. A retrospective analysis was conducted at a tertiary cancer center, including 137 adult patients who underwent subtotal or total gastrectomy for histologically confirmed gastric adenocarcinoma between January 2022 and December 2023. Nutritional status was assessed within seven days before surgery using body mass index (BMI), serum albumin levels, and Nutritional Risk Screening (NRS-2002) scores. Patients were categorized as nutritionally at-risk if they had NRS ≥ 3 and/or serum albumin < 3.5 g/dL. Postoperative complications within 30 days—such as surgical site infections, anastomotic leaks, pneumonia, and delayed gastric emptying—were recorded. Statistically significant higher complication rates and prolonged hospital stays were observed in the nutritionally at-risk group ($n=58$, 42.3%). Multivariate logistic regression confirmed nutritional risk as an independent predictor of complications. These findings underscore the critical role of preoperative nutritional assessment. Integrating routine screening and early intervention into surgical planning may enhance recovery and reduce postoperative morbidity.

Keywords

Gastric cancer, preoperative nutrition, postoperative complications, malnutrition, surgical outcomes

Biography

Dr Navaneeth completed his post graduation in General surgery in India and worked as a Senior resident at Caritas hospital, Kottayam, India and recently started working as a Clinical fellow LAS ST3 in Urology at Western Health and Social care trust, Northern Ireland. He is an enthusiastic surgeon keen on mentoring younger colleagues and students.

STH INTERNATIONAL CONFERENCE ON ONCOLOGY AND CANCER RESEARCH



John M. Baust^{1,2*}, Anthony Robilotto¹, Robert G. Van Buskirk^{1,3}, John G. Baust³, Darius Francescatti² and Kristi K. Snyder¹

¹CPSI Biotech, Owego, NY, 13827, USA

²Senoguard, Seal Beach, CA, 90740, USA

³Department of Biological Sciences, Binghamton University, Binghamton, NY 13902, USA

Development Of A Novel Large Diameter Cryoprobe For Cavity Treatment Following Breast Cancer Tumor Resection.

Cryoablation is an effective treatment for breast cancer (BC), yet use remains limited. Recent advancements, including an alternative to post-lumpectomy radiation, are positioning cryoablation as a key innovation in BC treatment. Whether applied as a primary or adjunctive treatment, one must achieve a lethal dose (minimal lethal temperature (MLT)) of -20°C to -40°C to achieve destruction. Complicating this is the need to deliver the MLT 1cm into tissue when used as a post-lumpectomy treatment. This study evaluated the performance of a novel cryoprobe for post-lumpectomy cavity treatment.

A 2cm cylindrical cryoprobe was developed to enable efficient, targeted circumferential freezing (ablation). Cryoprobe performance was evaluated in heated phantom gel and heat loaded ex vivo porcine tissue models. Single 3 and 5 min freeze protocols were employed.

Studies demonstrated that the 2cm cryoprobe created a 3.7cm and 4.6cm diameter ice ball in the heated gel model in 3 and 5 mins, respectively. Penetration of the -20°C isotherm (MLT for BC) from the probe surface was 0.9cm (±0.12) and 1.3cm (±0.1) following 3 and 5 mins, respectively. The -40°C isotherm penetrated 0.7cm (±0.13) and 1.1cm (±0.11) at 3 and 5 mins, respectively. Tissue studies revealed the 0, -20, and -40°C isotherm penetration from the probe into the surrounding tissue to be 1.25cm (±0.06), 1.0cm (±0.08), and 0.7cm (±0.09), respectively, following a 3 min freeze and 1.57cm (±0.06), 1.36cm (±0.08), and 1.04cm (±0.09), respectively, following a 5 min freeze.

This study demonstrated that novel 2cm cryoprobe was able to effectively freeze targeted tissue (tissue cavity) delivering the -20°C and -40°C isotherms greater than 1cm deep into tissue following a 3 or 5 min freeze, respectively. Although further studies are needed, the results suggest advanced cryotechnologies have the potential to be used as an adjunct to surgery offering an alternative to post-lumpectomy radiation therapy.

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Biography

Dr. John M. Baust, Ph.D., is a pioneer in cryomedicine. His research on the molecular mechanisms of cell death and low temperature stress has been instrumental in advancing the field of cryoablation. Baust's efforts have resulted in the identification of a significant molecular stress response component to freezing injury which is responsible for the differential sensitivity of various cancers to freezing. He has developed numerous cryoablation devices for the treatment of cancer as well as for improved cell cryopreservation. Dr. Baust has founded 4 companies; >100 publications; >75 patents; serves on several editorial boards and is President-Elect of the Society for Cryobiology.

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Mirette Hanna, Michola Trus and Erica DiMaria

Department of Pathology and Laboratory Medicine, Royal Victoria Regional Health Center. Department of Laboratory Medicine and Pathobiology, University of Toronto, Toronto, Ontario, Canada

Splenic diffuse red pulp small B-cell lymphoma with overlapping clinical and immunophenotypic features with hairy cell leukaemia

Background

Splenic diffuse red pulp small B-cell lymphoma accounts for less than 1% of all lymphoid malignancies with peripheral blood involvement. The main diagnostic challenge is to differentiate splenic diffuse red pulp small B-cell lymphoma from other splenic B-cell lymphomas and leukaemias including hairy cell leukemia, splenic marginal zone lymphoma, and splenic B-cell lymphoma/leukaemia with prominent nucleoli, due to high overlapping clinical, morphologic and phenotypic features in the absence of splenectomies for diagnostic purposes.

Case presentation

We describe a case of a 78-year-old woman who presented with weight loss, pancytopenia, lymphocytosis, and splenomegaly. Peripheral blood smear showed a population of small to medium-sized lymphocytes having oval nuclei, condensed chromatin and villous cytoplasmic projections. Bone marrow showed B-cell infiltrate predominantly in intrasinusoidal pattern. Immunophenotype was similar to that of a hairy cell leukemia, except for the lack of expression of cyclin D1 and BRAF. This was further supported by the lack of BRAF p.V600E mutation by polymerase chain reaction. A diagnosis of splenic diffuse red pulp small B-cell lymphoma was thus favored.

Conclusion

Awareness of this infrequent clinical and immunophenotype presentation of splenic diffuse red pulp small B-cell lymphoma is essential for diagnosis and treatment.

Keywords

Splenic B-cell lymphomas and leukaemias; Splenic diffuse red pulp small B-cell lymphoma; Hairy cell leukaemia; Splenic B-cell lymphoma/leukaemia with prominent nucleoli; Splenic marginal zone lymphoma.

Biography

Mirette Hanna, MD, PhD, FRCPC

Hematopathologist and adjunct assistant professor at Department of Pathology and Laboratory Medicine, Royal Victoria Regional Health Center and Department of Laboratory Medicine and Pathobiology, University of Toronto, Canada, Ontario, Canada.

Dr. Hanna completed a residency training in hematologic pathology at the University of Ottawa in Canada. In addition, she earned a PhD in experimental medicine at Université Laval in Quebec, Canada

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Dr Navaneeth Ranjith

Clinical fellow LAS ST3 Urology, Western Health and Social Care Trust, Londonderry, Northern Ireland

Seeing the Unseen: IFI as a Game Changer in Breast-Conserving Surgery

Breast-conserving surgery (BCS) aims to remove malignant breast tissue while preserving as much healthy tissue as possible, with negative surgical margins being essential to reduce recurrence and the need for additional surgeries. This retrospective study evaluated whether intraoperative fluorescence imaging (IFI) improves margin assessment compared to standard intraoperative techniques. The study included 100 female patients aged 30 to 70 years with early-stage (I-II), single-tumor breast cancer. Patients with multiple tumors, metastasis, or contraindications to fluorescence agents were excluded. Participants were divided into two groups: Group A (n = 50) underwent standard BCS using palpation, visual inspection, and intraoperative radiography, while Group B (n = 50) received IFI in addition to standard techniques. IFI-assisted BCS achieved a significantly higher rate of negative margins (88% vs. 65%, $p < 0.001$) and a lower re-excision rate (8% vs. 22%, $p = 0.002$). No statistically significant difference in 12-month recurrence rates was observed between the groups ($p = 0.145$). These findings suggest that IFI enhances intraoperative margin visualization, thereby reducing the need for reoperation, and may serve as a valuable adjunct to standard techniques in BCS. Further research is needed to evaluate long-term oncologic outcomes and broader clinical applicability.

Keywords

Breast-conserving surgery, Intraoperative fluorescence imaging, Surgical margins, breast cancer, Re-excision rates, Image-guided surgery

Biography

Dr Navaneeth completed his post graduation in General surgery in India and worked as a Senior resident at Caritas hospital, Kottayam, India and currently working as a Clinical fellow LAS ST3 in Urology at Western Health and Social care trust, Northern Ireland. He is an enthusiastic surgeon keen on mentoring younger colleagues and students.

5TH INTERNATIONAL CONFERENCE ON ONCOLOGY AND CANCER RESEARCH



P Umar Farooq Baba

SKIMS, Soura, Srinagar, Jammu and Kashmir-INDIA

Basal Cell Carcinoma: Diagnosis, Management and Prevention

Basal cell carcinoma (BCC) is a slow-growing, locally aggressive, rarely metastasizing, low-grade cutaneous neoplasm that arises from the epidermal basal layer and invades the adjoining tissues. It is the most common skin cancer. It is fairly common in fair Caucasians and quite uncommon in dark-skinned populations. It contributes to 65–75% of cutaneous malignancies in whites and 20–30% in Asian Indians. The most important causal factors appear to be radiation exposure and genetic predisposition. It may present as a nonhealing lesion that occasionally bleeds or as a pruritic lesion with no symptoms. Tumours rarely spread to regional lymph nodes. The clinical appearances and morphology of BCC are diverse. Clinical types include nodular, cystic, superficial, pigmented, morphoeiform, (sclerosing), keratotic and fibroepithelioma of Pinkus. Most of the lesions appear on the head and neck, usually above the line joining the tragus and the angle of the mouth. A biopsy should be performed on all lesions suspected of BCC. The primary aim of treatment is the complete excision of the tumour tissue. Other treatment modalities include cryotherapy, immunomodulatory drugs, laser treatment or locally applicable chemotherapeutic agents. Prevention consists of lifestyle changes such as avoiding sunburn, tanning beds and prolonged direct sun exposure, shade seeking, sunscreen application on the skin, and physical barrier methods such as protective clothing, hats and sunglasses. Regular sunscreen use in childhood and adolescence seems more beneficial than in adulthood.

Keywords

basal cell carcinoma; head and neck malignancies; Moh's surgery; low-grade tumour; locally invading; tumour prevention

Biography

Board-certified Plastic Surgeon, working as an Additional Professor at Sher-I-Kashmir Institute of Medical Sciences (SKIMS), Srinagar, India.

Associate Editor of PRS Global Open, Assistant Editor of the Journal of Medical Sciences

Editorial Board member of various national /international journals

Reviewer of Reputed national & international Journals

65 Publications in reputed national and international journals

ExCo Member: APSI, ISSH

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