PEERS ALLEY MEDIA

INTERNATIONAL CONGRESS ON

ADVANCES IN CLINICAL RESEARCH AND TRIALS

September 14-15, 2020 | Vancouver, Canada

WHO SHOULD ATTEND

Clinical Development Directors | Clinical Project Managers | Head Clinical Operations | Clinical Trails Outsourcing | Clinical Country Leads | Medical Affairs Directors | Head Clinical Trials Managements | Clinical R&D | Budgeting and Outsourcing Directors | Clinical Informatics Directors | Directors Medical and Regulatory Affairs | Clinical Site Managers

- **2** DAYS WITH MORE THAN 45 SESSIONS, KEYNOTES & TALKS
- **12+** INNOVATIVE FEATURED SPEAKERS
- **20+** HOURS OF NETWORKING EVENTS
- **60+** INTERNATIONAL SPEAKERS
- **125+** EDUCATIONAL SESSIONS

clinicalresearch.peersalleyconferences.com

Welcome Message

Dear Colleagues, Partners, Scientists, and Friends,

It is my honor and pleasure to welcome you to the Clinical Research 2020, which is being held during September 14-15, 2020 in the beautiful city of Vancouver, Canada.

Advances in fundamental, applied, clinical and translational research as well as their applications are beginning to transform the diagnostic technologies, drug discovery and clinical landscape as a whole. In this context, the Conference planned would bring in a new spin on conferences by presenting the latest scientific improvements in the fundamental achievements and their translational, applied and clinical impacts. Being in this fast-growing sector, the Conference will provide a forum for clinical researchers, drug designers, entrepreneurs and clinicians of the next-step generation and thus thrive to gather like-minded people from various disciplines of healthcare, clinical studies, translational applications and affiliated sectors in a single Forum to present cutting edge research and learn about the latest breakthroughs and technologies in the areas mentioned.

Our collaboration is vital in an era requiring a deep understanding of the molecular mechanisms underlying the development of chronic diseases. And the Conference will thus provide the ideal forum to stimulate ideas and establish collaborations as well as to initiate intense discussions to secure setting up cooperative partnership and strategic alliances. The Program will discuss how new philosophy, new technologies and new markets could stimulate development of the new market niches whilst helping to centralize and organize healthcare infrastructure of the future to come. The Conference will be a wonderful opportunity to build clinical trials networks with distinguished academics, clinical and industrial experts and renowned clinical researchers from various disciplines of pharma and healthcare sciences and to share their insights on the theme. With interactive workshops, panel discussions, roundtables, and Technology Tracks brimming with ideas and solutions to your challenges, you will be a part of experience like no other. It is one of the leading conferences focusing on all aspects of Clinical Trials of the next-step generation and its integration with digitization.

Our goal is to facilitate the exchange of knowledge and experience and to invigorate the field with young scientists, clinicians and clinical trials experts on one hand and the worldwide known leaders, on the other one. The Conference would thus secure the attracted participation from leaders to propose ways to stimulate the adoption of the newest innovations into the daily clinical practice.

Personally I am convinced that the international partnership and collaboration would play a crucial promoting role for the jointly set projects from any points of view. We do hope that your interaction with your colleagues from different countries will stimulate a creative exchange of ideas and will be personally rewarding.

We look forward to seeing you at the Conference, and to providing you with an unforgettable scientific and social experience in British Columbia which whilst being a place where many different cultures, artistic excellence and sophisticated tastes meet in interesting and fascinating ways.

Sergey Suchkov, MD, PhD

Director, Center for Personalized Medicine, Sechenov University,
Professor, Dept for Clinical Immunology,
A I Evdokimov Moscow State University of Medicine & Dentistry,
Moscow, Russia
Member, New York Academy of Sciences, USA
Secretary General, United Cultural Convention (UCC), Cambridge, UK

PRESENTATION FORUM

KEYNOTE FORUM / MINI-PLENARY SESSIONS

Presentations under Keynote Forum or Mini-Plenary Sessions includes abstracts with remarkable research value selected by the program committee. These significant speeches are delivered by globally recognized honorable speakers and it is open to all registrants.

DISTINGUISHED SPEAKERS FORUM (ORAL ABSTRACT SESSIONS)

In this forum, speakers and experts of the research field gets an opportunity to showcase their noble research work that involves comprehensive research findings. These formal oral presentations include a wide range of talks covering basic research to advanced research findings in accordance to the theme and scientific sessions of the conference.

STUDENT FORUM

POSTER SESSION

This session is particularly introduced to encourage more number of student participation at international conferences, however it is not restricted only to students since it is also available for the participants with language barrier. There are specific guidelines to be followed to prepare the poster. Poster topic should be selected only from relevant scientific sessions with in-depth technical details.

YOUNG INVESTIGATORS FORUM

An exclusive opportunity for students and young investigators to present their research work through a formal oral presentation. Young Investigators Forum provides a global platform for young researchers and scholars to showcase their valuable contribution to the scientific world and to get acknowledged by the global scientific community of experts. It is an excellent opportunity to recognize young scientific assets with promising research ideas. These oral presentations are of shorter time duration with 10-15 minutes of informative and precise presentations in relevant scientific sessions.

TIME TO **CONNECT** WITH YOUR **PEERS**

Register & Participate in

CLINICAL RESEARCH **2020**

TYPES OF ACADEMIC REGISTRATIONS

SPEAKER REGISTRATION

COMBO A
(Registration + 2 night's accommodation)

COMBO B
(Registration + 3 night's accommodation)

DELEGATE REGISTRATION

SUBMIT YOUR ABSTRACT
CLICK HERE

NO SECRET IS SAFE SHARE YOUR RESEARCH

http://clinicalresearch.peersalleyconferences.com/

EDUCATIONAL WORKSHOPS/ RESEARCH WORKSHOPS/CORPORATE WORKSHOPS/MINI- SYMPOSIA

With an aim of transferring knowledge among the participants, workshops are introduced as a part of international conferences. These interactive and occasionally practical sessions gives an opportunity for participants to engage in detail discussion. Workshops are mostly scheduled for 60 to 90-minutes. It may range from learning about a specific topic relevant to international education, products and research which sometimes involves practical demonstration. It helps in enhancing skills, knowledge and understanding of the research field in depth through interactive discussions.

HIGHLIGHTS OF THE DAY SESSIONS

"Highlights of the Day Sessions" is introduced to discuss and focus a ray upon previous day ORAL ABSTRACT presentations by experts to summarise the key findings. It helps in getting better insights into the various dimensions of the topic.

EDUCATIONAL SESSIONS/ TRAINING PROGRAMS

Educational Sessions or training programs are specifically designed for a better understanding of the latest findings and technologies. These are generally 45-minute sessions that gives an exposure to the multidisciplinary field, that provides in-depth learning experiences and address educational needs.

MEET THE PROFESSOR @ NETWORKING SESSIONS

This session involves open discussion between the experts and session attendees, it gives enough time for getting answers to specific questions and doubts. It is an opportunity for attendees to increase their professional networking, sometimes also leads to an excellent collaboration opportunity.

SCIENTIFIC TRACKS/ SESSIONS

Pre Clinical Research | Clinical Research and clinical Trails | Clinical Study Designs | Patient-Centric Clinical Trials | Innnovations in clinical Trials | Patient Recruiting & Retention | Clinical Data Management and Statistics | Clinical and Medical Case Reports | Pharmacovigilance and Drug Safety | Data management in pharmacovigilance | Drug Discovery and Development | CRO/Sponsorship Clinical Trials | Bioethics and Quality Regulation | Post-marketing Surveillance | Research and Trials on Oncology and AIDS | Globalization of Clinical Trials | Clinical Trial Site Selection and Management | Clinical Trial Forecasting, Budgeting and Contracting | Biomedical Devices Clinical Research | Oncology Clinical Research | Imaging Research & Clinical Research Nursing | Regulatory affairs | Clinical Trials Auditing | Medical Device Research

TYPES OF BUSINESS REGISTRATIONS

SPEAKER REGISTRATION
COMBO A (Registration + 2 night's accommodation)
COMBO B (Registration + 3 night's accommodation)
DELEGATE REGISTRATION

TYPES OF STUDENT REGISTRATIONS

REGISTRATION
YIF
COMBO A (Registration + 2 night's accommodation)
COMBO B (Registration + 3 night's accommodation)
POSTERS

TYPES OF ADDITIONAL REGISTRATIONS

- Accompanying Person
- E-Poster
- Virtual Presentation
- Workshops
- Start-Ups

SUBMIT YOUR ABSTRACT CLICK HERE

NO SECRET IS SAFE SHARE YOUR RESEARCH

http://clinicalresearch.peersalleyconferences.com/

Concurrent Educational Sessions

MONDAY, SEPTEMBER 14, 2020

PRE CLINICAL RESEARCH

- Clinical research ethics
- Pre clinical drug development planning
- Finding new drug targets
- Impact of new technologies on target discovery
- Pharmacokinetics

CLINICAL RESEARCH AND CLINICAL TRAILS

- Phases of clinical trials
- Clinical development plan
- Objectives & plan of study
- Analysis of clinical trials
- Ethical principals in clinical research
- Clinical studies on stem therapy

CLINICAL STUDY DESIGNS

- Cross - section study
- Cohort study
- Case study
- Case control study
- Clinical study protocol

PATIENT-CENTRIC CLINICAL TRIALS

- Patient recruiting & retention
- Driving innovation in patient recruitment
- Innovative approaches to patient recruitment and retention
- Patient engagement and patient centricity
- Creating patient centric trials using disruptive approaches to overcome barriers

GROUP PHOTO | COFFEE BREAK

INNOVATIONS IN CLINICAL TRIALS

- Pharmacogenomics
- SOP
- ICH
- GCP
- Schedule-Y

PATIENT RECRUITING & RETENTION

- Recruitement challenges
- Reasion for resistence
- Motivation for participation of clinical trials
- Achieving recruitrment targets
- Useful tips for participant retension

CLINICAL DATA MANAGEMENT AND STATISTICS

- Data base design and build
- Data resolution
- Good clinical practice
- Data sharind and achieve

CLINICAL AND MEDICAL CASE REPORTS

- Case report forms
- Benefites of case reporting
- Medical and research ethics
- Clinical case reports

LUNCH BREAK

PHARMACOVIGILANCE AND DRUG SAFETY

- Pharmacovigilance enforcement
- Siginal detection and risk management
- International conference on harmonization
- Safety data analysis and reporting
- Periodic safety update reports and risk management
- Spontaneous reporting

DATA MANAGEMENT IN PHARMACOVIGILANCE

- Quality assurance and clinical data management
- Data management in epidermology and pharmacoeconomics
- Sources of reports
- Triage of reports
- Safety update reports and annual update reports

DRUG DISCOVERY AND DEVELOPMENT

- Screening and biological system
- Drug development process & principles
- High –throughout screening
- Biopharmaceuticals
- Clinical development present & future
- Intellectual propery of drug discovery & development
- Regulatory affairs

CRO/SPONSORSHIP CLINICAL TRIALS

- Investigator brouchers
- Sponser indemnity
- Investigational products

COFFEE BREAK

BIOETHICS AND QUALITY REGULATION

- Human genomic project and its ethical issues
- Bioethics and its relations with other branches
- Competence in bioethics
- Principles of biomedical ethics

POST-MARKETING SURVEILLANCE

- Histroy and objective of post marketing surveillance
- Methods of surveillance
- Drug apporaval process

RESEARCH AND TRIALS ON ONCOLOGY AND AIDS

- Type of multi-arm trials in oncology
- Cluster randomized trials
- Trial deign for rare diseases and small samples in oncology
- Analysis and quality life outcomes in oncology trials

GLOBALIZATION OF CLINICAL TRIALS

- Global rights and sanctity of life

Concurrent Educational Sessions

TUESDAY, SEPTEMBER 15, 2020

CLINICAL TRIAL SITE SELECTION AND MANAGEMENT

- Clinical site identification and selection
- Site management organization

CLINICAL TRIAL FORECASTING, BUDGETING AND CONTRACTING

- Financial feasibility
- Design a staff work schedule
- Compile of trial budget

BIOMEDICAL DEVICES CLINICAL RESEARCH

- Electronic signatures and devices
- Investigational device exemption
- Adverse event medical device reporting
- Reframing product life cycle of medical devices
- Medical devices regulatory strategies

ONCOLOGY CLINICAL RESEARCH

- Historical perspectives of oncology trials
- Noninferioriy trials in oncology
- Drug evaluation process in oncology
- Adaptive clinical trial design in oncology

GROUP PHOTO | COFFEE BREAK

IMAGING RESEARCH & CLINICAL RESEARCH NURSING

- Medical imaging in drug development
- Cardiac imaging in clinical trials
- Contrast agents in radiology

REGULATORY AFFAIRS

- New drug application
- FDA regulation
- Regulatory bodies
- Validation

CLINICAL TRIALS AUDITING

- Informed Consent Process & Documentation
- Accurate and Complete Study Records
- Determination and Documentation that eligibility criteria are satisfied
- Adverse Event review and reporting
- Closure of study or lapse in approvals while study related activities are still ongoing.
- Drug/Device accountability
- Protocol adherence
- Poor regulatory site documentation
- Failure to address monitor findings

MEDICAL DEVICE RESEARCH

- Medical device regulation
- Design issues in medical devices studies
- Medical device innovation

PEERS ALLEY MEDIA

Title: The role and experience of Sudan in assisting to develop and implement national drug policies

Abdeen Mustafa Omer | Occupational Health Administration

Abstract:

The strategy of price liberalisation and privatisation had been implemented in Sudan over the last decade, and has had a positive result on government deficit. The investment law approved recently has good statements and rules on the above strategy in particular to pharmacy regulations. Under the pressure of the new privatisation policy, the government introduced radical changes in the pharmacy regulations. The 2001 Pharmacy and Poisons Act and its provisions established the Federal Pharmacy and Poison Board (FPPB). All the authorities of the implementation of Pharmacy and Poisons Act were given to this board. This article provides an overview of the impact of the pharmaceutical regulations on the quality of medicines on the Sudanese market from the perspective of the pharmacists working with drug importing companies. The information necessary to conduct the evaluation was collected from 30 pharmacists who are the owners or shareholders in medicines' importing companies. The participants were selected randomly. 89% of respondents considered the medicines on the Sudanese market are generally of good quality. The design of the research itself may be considered inadequate with regard to selection process. However, the authors believe it provides enough evidence, and the current pharmaceutical regulations have some loopholes. The Pharmacy, Poisons, Cosmetics and Medical Devices Act-2001 and its regulation should be enforced. The overall set-up including the Act itself needs to be revised. The emerging crisis in pharmacy human resources requires significant additional effort to gather knowledge and dependable data that can inform reasonable, effective, and coordinated responses from government, industry, and professional associations. Furthermore research should be carried out to understand the scope, magnitude directions of the migratory flows, within and outside the country, as well as the characteristics and skills of the emigrated pharmacists.

PEERS ALLEY MEDIA

Title: 2020 Clinical, Laboratory, Molecular and Bone marrow (CLMB) classification and treatment options of

Jan Jacques Michiels | National Coordinator Centre of Clinical Trials, Cuba

Abstract:

PVSG/WHO defined classical polycythemia vera (PV) is a trilinear myeloproliferative neoplasms (MPN) caused by the gain of homozygous JAK2V617F mutation (sensitivity 95%/specificity 100%), preceded by heterozygous JAK2V617F mutated essential thrombocythemia (ET), and complicated by myeloid metaplasia of the spleen and secondary myelofibrosis (MF) of the bone marrow during lifelong follow-up. The clinical phenotypes of JAK2V617F mutated MPNs range from ET, prodromal PV, erythrocythemic PV, classical PV, masked PV and advanced PV with splenomegaly and myelofibrosis (MF) when the Clinical, Laboratory, Molecular and Bone marrow (CLMB) criteria are applied. The JAK2V617F mutation load increases from below 30% in ET to above 50% in classical PV and further increases to 80% to 100% in advanced PV and post-PV myelofibrosis. Increase of JAK2V617F allele burden and transition of ET into PV is related to evolution of heterozygous into homozygous JAK2V617F mutation in hematopoietic stem cells due to mitotic recombination of the mutated chromosome 9p with 9p loss of heterogeneity (9pLOH) in 30% of PV patients. Bone marrow histology of JAK2V617F mutated MPN patients show a pathognomonic picture of clustered increase of large mature pleomorphic megakaryocytes (M) with hyperlobulated nuclei and no increase of erythropoiesis in JAK2V617F mutated ET, increase of clustered large mature pleomorphic megakaryopoiesis and erythropoiesis (EM) in prodromal PV and trilinear increase of erythro-megakaryo-granulocytic (EMG) myeloproliferation in classical, masked and advanced PV. Bone marrow cellularity is normal (<60%) in ET, increased (60-80%) in prodromal PV and hypercellular (90-100%) in masked and advanced PV.

Megakaryocytic leukemia with platelet counts around 1000x109/L and no features of PV according to Dameshek (1951) consist of two distinct variants of Thrombocythemia of MPL515 mutated normocellular ET and CALR mutated ET associated with primary megakaryocytic granulocytic myeloproliferation (PMGM). Bone marrow histology in MPL515 thrombocythemia is featured by monolinear megakaryocytic myeloproliferation (M) of mature large to giant megakaryocytes with hyperlobulated staghorn-like nuclei. Bone marrow histology of clinical stage 1 normocellula and stage 2 hypercellular CALR Thrombocythemia is characterized by monolinear megakaryocytic (M) and dual megakaryocytic granulocytic (MG) myeloproliferation of large, immature megakaryocytes with cloudy immature nuclei without features of PV. Natural history and life expectancy of JAK2V617F, MPL515 and CALR mutated MPN patients are related to treatment response, the degree of anemia, splenomegaly, myelofibrosis and constitutional symptoms. Adverse epigenetic mutations at increasing age predict unfavorable outcome in advanced stages of JAK2V617F, CALR and MPL mutated MPN.

PEERS ALLEY MEDIA

Title: Chronic Inflammation and Mucus Hyper secretion are the factors Responsible for Various Respiratory diseases including Throat and Lung Cancers – Prevention and Management through Exercise Interventions

Manikonda Prakash Rao | Indo Global Health Care Summit, India

Abstract:

Background: The objective of the paper is to create awareness among people about alternative and complimentary methods to protect themselves from various respiratory diseases including Throat and Lung cancers. The diseases cause the following changes in Airways.

1) **Inflammation:** Acute inflammation is a defense process whereas chronic inflammation is a diseases process.

2) **Hyper secretion of mucus:** Is the result of goblet cell hyperplasia in respiratory mucosa and is a prominent feature of inflammation. They are interrelated. . Chronic mucus hyper secretion is a potential risk factor for an accelerated loss of lung function. The thick viscous mucus in the Lungs will be conducive to pathogens. Currently available medicines like Mucolytices, Mucokynetics, Mucoregulators (steroids), Expectorants etc., are not able to meet the needs of sufferers for managing hyper-secretion of mucus. In serious cases like chronic bronchitis and chronic obstructive pulmonary disease etc., patients are referred to physiotherapists for removal of excess and sticky mucus from throat and lungs through percussion methodology , which is currently in use but without any success. Further, Continued inflammation and mucus hyper Secretion may significantly contribute to transformation of normal cells into cancer cells i.e., the scope for series of mutations on genes may get increased.

3) Bronchospasm: is an additional factor in asthma patients. Chronic mucus hyper secretion is a potential risk factor for an accelerated loss of lung function. It increases risk of hospital admission as a result of lower respiratory tract infections.

Methods: Exercise is a potent medication in history. It can be used as a tool to manage various respiratory diseases including throat and lung cancers.

Conclusions: Any mucus related respiratory health problem commences from upper airway passages and spread to tracheo bronchial tree as they constitute only one path way. The mucociliary clearance mechanism becomes defunct when excess and sticky mucus forms. Once the upper airway passages are cleaned of it, the defunct cilia become active and ciliate mucus towards mouth and it can be pushed out easily. The upper airway passages and the bronchial airways get cleaned from excess and sticky mucus. The diseases originating from its pathway come under control. The exercises are based on the concept " Once the offending factor, excess mucus is removed, the origin of it, Inflammation gets resolved " As a result of management of the above two factors, the gene damaging effect may get reduced i.e., the scope for series of mutations on genes may get reduced.

Title: Abexol: A Therapeutic Option For The Management Of Symptoms In Patients With

Julio César Fernández-Travieso | National Coordinator Centre of Clinical, Cuba

Abstract:

Objective: Investigate and demonstrate the benefits of Abexol treatment on symptoms in patients with osteoarthritis.

Methods: Six randomized clinical studies were conducted with Abexol on symptoms in patients with osteoarthritis: two to double blind, placebo controlled six and eight weeks of treatment, one comparative with Lyprinol, another comparative with Prevenox and its combined therapy, and two open, comparative with Chondroitin sulfate/Glucosamine three and six month of treatments. The primary outcome was the reduction of the total WOMAC score. Secondary outcomes included WOMAC pain, stiffness and function scores and VAS score. The reduction of consumption of analgesics was a collateral outcome. In all studies the data were analysed as per the Intention to treat approach.

Results: Abexol treatment produced a documented clinical improvement in patients with osteoarthritis, which was reflected in a significant improvement in pain, stiffness, physical activity and overall symptomatic status, through the total WOMAC score and score of pain of the VAS scale, with an efficacy superior to Lyprinol and comparable to Prevenox and Chondroitin sulfate/Glucosamine. Abexol treatment significantly reduced the consumption of analgesics in these patients. The treatments were safe and well tolerated.

Conclusions: It is concluded that according to the efficacy and safety shown by Abexol in the treatment of patients with osteoarthritis, Abexol could be an alternative for the management of these patients, mainly in those patients who have contraindicated treatment with non-steroidal anti-inflammatories and paracetamol.

Title: Benefits Of A Long-Term Therapy With Policosanol On Hypercholesterolemic Elder Patients: A

Julio César Fernández-Travieso | National Coordinator Centre of Clinical, Cuba

Abstract:

Objectives: Investigate whether policosanol administered for 3 years was able to reduce the incidence of vascular serious adverse events (SAE) in older hypercholesterolemic patients.

Methods: We randomized 1470 old patients of both sexes with type II hypercholesterolemia, between 60 to 85 years old with ≥ 1 non-lipid coronary risk factors. They were treated with policosanol or placebo, for 3 years. The incidence of vascular SAE occurred during the study was considered as a primary efficacy variable, while the total of SAE (vascular and non-vascular), mortality, and the changes on lipid profile were considered secondary efficacy variables. Analysis was done by Intention-to-treat.

Results: The frequency of vascular SAE was lower in the policosanol group (15 events) compared with placebo (49 events). The amount of cardiovascular SAE compared to placebo (33 events) was significantly lower in the policosanol group (7 events). Also, there were 12 cerebrovascular SAE (1.6 %) in the placebo and 5 (0.7 %) in the policosanol group. There were 109 patients who experienced SAE: 83 (11.3 %) in placebo and 26 (3.5 %) in policosanol group ($p<0.0001$). Twenty-three (23) deaths occurred up to study completion: 19 in the group of placebo patients (2.6 %), and 4 in the policosanol group (0.5 %). At study completion, the changes induced by policosanol in LDL-C, total cholesterol, triglycerides and HDL-C with respect to baseline were -30 %, -22 %, -20 % and +15 %, respectively.

Conclusions: The group treated with policosanol reported a significant lower amount of vascular SAE and mortality, relevant positive changes on serum lipid profile and lower frequency of total AE. These findings support the recommendation of policosanol use as treatment in primary or secondary prevention program for older patients at cardiovascular risk.

PEERS ALLEY MEDIA

Title: Effects Of Policosanol In Patients With Metabolic Syndrome: A Six Months Study

Julio César Fernández-Travieso | National Coordinator Centre of Clinical, Cuba

Abstract:

Objectives: To investigate in the medium term (6 months) the effects of policosanol in patients with metabolic syndrome, as well as its safety and tolerability.

Methods: This Phase IV study had a double-blind, randomized, controlled design with 2 parallel groups that received policosanol (10 mg/d) or placebo for 6 months. The study included patients with metabolic syndrome, of both sexes, aged between 25 and 70 years. As a primary efficacy variable, the effects on oxidative stress were evaluated, while the effects on lipid profile variables were considered as a secondary efficacy variable. Statistical analysis of the data was performed according to the Intention to treat method.

Results: The study included 100 patients with metabolic syndrome (81 men, 19 women) (average age: 51 years). At the end of 6 months of treatment, policosanol significantly reduced the redox index (main efficacy variable) with respect to the initial values and with respect to the placebo group. Policosanol significantly reduced levels of total cholesterol and LDL-C, as well as increased serum levels of HDL-C, while triglyceride levels although reduced at the end of treatment, this reduction was not significant. The policosanol was safe and well tolerated, it did not affect the physical and laboratory parameters investigated, with the exception of a significant and favorable reduction in the levels of Apo B.

Conclusions: Policosanol (10 mg/d) for 6 months produces improvements on oxidative stress in patients with metabolic syndrome, in addition to a beneficial effect on their lipid profile, being safe and well tolerated.

Title: Why Our body acts against Facts of Physics in –

K.Yacob Mathai| Marma Heatth Centre, India

Abstract:

According to the facts of physics, if temperature increases, thermal expansion of an object is positive it will expand and with decrease of temperature it will shrink. Pressure will increase due to increase of temperature.

On the contrary, during fever we can see blood vessels and skin are shrunk, pressure decreases, body shivers, sleep increases, motion decreases, inflammation increases, body pain increases, blood circulation decreases, dislike cold substances etc...

In fever, the firing rate of Warm sensitive neurons decreases, and the firing rate of Cold sensitive neurons increases.

At the same time if we apply hotness from outside by thermal bag or if we drink hot water, our body acts according to the Facts of Physics- increase of temperature pressure will also increase, expands blood vessels and skin, body sweats, motion will increase, inflammation will decrease, body pain will decrease, blood circulation will increase, like cold substances etc..

During fever, why our body acts against Facts of Physics? when disease increases, pressure and temperature will decrease. Blood circulation will decrease due to decrease of pressure. If the essential temperature of the body is going out, essential temperature and pressure will further decrease. This will further endanger the life or action of organ. When disease increase, it is the sensible and discreet action of brain that tends to act against facts of physics to sustain life or protect organ .There is no way other than this for a sensible and discreet brain to protect the life or organ.

During fever, if the temperature of fever is not a surplus temperature or if it is not suppose to be eliminated from the body, the shrinking of skin and blood vessels, shivering of body, dislike towards cold substances etc are a protective covering of the body to increase blood circulation to important organs of the body it is against the facts of physics.

PEERS ALLEY MEDIA

Title: Fever is not symptom of any disease. None of diseases require fever as its symptom.

K.Yacob Mathai| Marma Heatth Centre, India

Abstract:

One cannot be understand directly the temperature is elevated in hypothalamus .A mechanical device is necessary to measure elevated temperature in hypothalamus. In symptom definition, fever definition can't be found. The elevation of body temperature is not included in symptom definition. The main evidence which proves that fever is not a symptom of disease is symptom definition itself. Elevated temperature or increased temperature never make fever or symptoms of fever. It may create hyperthermia.

None of diseases or cause of diseases require fever as its symptom.

If the mosquito bites its virus, bacteria, venom gets deposited in the body as a result according to nature and strength of virus, bacteria ,venom symptoms like itching, pain and signals like color change, inflammation, may occurred. we can see the symptoms, Signals and indications of virus, bacteria, venom which multiple or spreading or damages(disease) the body before fever emerge . The symptoms of virus, bacteria and venom are not based on fever.The symptom, signs and signals are shown every time when virus, bacteria and venom are present in the body. In such a situation fever is not necessary, because fever is not seen in everyone. In a state of multi-disease conditions, if fever is caught and cured, fever will not show the symptoms of other diseases. In H1N1 infections 30% of patients actually had no fever.

There is a sharp difference between Symptoms of fever and symptoms of rising temperature.

Symptoms of fever includes body pain, fatigue to mind and body, reduced appetite, reduced motion and indigestion, internal and external discomfort, etc.,

The symptoms, signs, signals of fever are only seen at the presence of fever.

During cancer the symptom, signs and signals of cancer are shown every time. A patient having cancer and fever at the same time, symptoms, signs and signals of both cancer and fever are shown every time.

A symptom of cancer never become symptom of fever or a symptom of fever can never become symptom of cancer. During cancer the symptom, signs and signals of cancer are shown every time.

How can separate symptom of disease and symptom of fever.

In fever, both symptom of disease and symptom of Fever are included. Deduct symptom of disease from total symptoms we will get symptom of fever. Like that we can separate signs, signals, and actions of both fever and disease.

PEERS ALLEY MEDIA

Title: The Purpose Of Temperature Of Fever

K.Yacob Mathai | **Marma Heatth Centre, India**

Abstract:

When the disease becomes threat to life or organs blood circulation decreases, Temperature of fever will emerges to increase prevailing blood circulation. And it acts as a protective covering of the body to sustain life.

When blood flow decrease to brain, the patient becomes fainted-delirious .If we try to decreases temperature of fever, the blood circulation will further reduced. Blood circulation never increases without temperature increase. Delirious can never be cured without increase in blood circulation.

The temperature of fever is not a surplus temperature or it is not to be eliminated from the body. During fever, our body temperature increases like a brooding hen`s increased body temperature.

The actual treatment to fever is to increase blood circulation.

Two ways to increase blood circulation.

1. Never allow body temperature to lose

2. Apply heat from outside to the body. When the temperature produced by body due to fever and heat which we applied on the body combines together, the blood circulation increases.

Then body will stop to produce heat to increase blood circulation. And body will get extra heat from outside without any usage of energy.

How can we prove that the temperature of fever is to increase blood circulation?

If we ask any type of question related to fever by assuming that the temperature of fever is to increase blood circulation we will get a clear answer. If avoid or evade from this definition we will never get proper answer to even a single question .If we do any type of treatment by assuming that the temperature of fever is to increase blood circulation , the body will accept, at the same time body will resist whatever treatment to decrease blood circulation. No further evidence is required to prove the temperature of fever is to increase blood circulation.

Title: Title: Preclinical and Clinical Evidence of Metformin for Breast Cancer

Anindita De | JSS College of Pharmacy, India

Abstract:

Metformin, a well-acknowledged biguanide, safety profile and multi-action drug with low cost for management of type 2 diabetes, makes a first-class candidate for repurposing. The off-patent drug draws huge attention for repositioned for anticancer drug delivery recently. Still few unanswered questions are challenging, among them one leading question; can metformin use as a generic therapy for all breast cancer subtypes? And is metformin able to get over the problem of drug resistance? The article focused on the mechanisms of metformin action specifically for breast cancer therapy and overcoming the resistance; also discusses preclinical and ongoing and completed clinical trials. The existing limitation such as therapeutic dose specifically for cancer treatment, resistance of metformin in breast cancer and organic cation transporters heterogeneity of the drug opens up a new pathway for improved understanding and successful application as repurposed effective chemotherapeutics for breast cancer. However, much more additional research is needed to confirm the accurate efficacy of metformin treatment for prevention of cancer and its recurrence.

Sponsors | Media Partners

NO SECRET IS SAFE SHARE YOUR RESEARCH

http://clinicalresearch.peersalleyconferences.com/

NETWORKING...CONFERENCING...FOSTERING

ATTENDING A CONFERENCE ISN'T ALL ABOUT LEARNING AND NETWORKING

DISCOVERING

A NEW PLACE , PEOPLE AND CULTURE

A right choice of conference destination is an important aspect of any international conference and keeping that in consideration, Clinical Research 2020 is scheduled in the Beautiful city "Vancouver".

BC Place

Canada Place

Capilano Suspension Bridge

English Bay

Gastown

Granville Island

Museum of Vancouver

Queen Elizabeth Park

Science World at TELUS World of Science

Stanley Park

Vancouver Aquarium

Vancouver Art Gallery

Connect with us

http://clinicalresearch.peersalleyconferences.com/

Contact Us

Mary Jessica

Program Director | Clinical Research 2020

Peers Alley Media

1126 59 Ave East, V5X 1Y9

Vancouver BC, Canada

Contact us: clinicalresearch@meetingsengage.com

Ph : +1-778-766-2134