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

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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

Title: RARE DISEASES AND HANDICAP- State: medical, social, health policy in developing countries. Case of Cameroon: about a case: Cushing's disease

Carolle Laure Kpoumie | *Medical writer and reviewer, France*

Abstract: Rare and orphan diseases are a reality throughout the world and a real public health problem in developing countries. The great precariousness in which the populations live increases their impact and their gravity by the absence of information, technical platform, means of detection, actual presence of research and clinical studies on these territories, lack of awareness of the detection, diagnosis, without forgetting that the means of care and prevention are sometimes inexistent or little known and especially expensive in countries where the populations are poor, without mutual or social security as in industrialized countries.

This work will focus on a patient case presenting a rare disease in this case Cushing's disease. A case that occurred in Cameroon in order to establish in a practical way this major and yet ignored, neglected issue in a health system with poor specialized structures, technical platforms, and without the support of the pharmaceutical laboratories that could with the health system of these poor countries set up a system of refueling in the sense of the social view the cost that requires the monitoring of these long pathologies that make autonomous living almost impossible, also life-threatening.

In Cameroon, there have been difficulties in the care and monitoring of this young patient since childhood through the phase of the pubertal transition, adolescence, to adulthood. It is therefore important to organize the follow-up of these patients, by developing specific programs of medical follow-up, psychological care, and social integration programs. Health policies should invest in better support.

FEATURED TALKS

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Title: Effect of Cutting Styles on Quality and Antioxidant Activity of Stored Fresh-Cut Sweet Potato (*Ipomoea batatas L.*) Cultivars

Atigan Komlan Dovene | *College of Food Science and Technology, China*

Abstract: The effect of cutting styles (slice, pie, and shred) on the quality characteristics and antioxidant activity of purple and yellow flesh sweet potato cultivars during six days of storage at 4 °C was investigated. The results indicated that the sliced and pie samples showed no significant difference ($p > 0.05$) on the firmness, weight loss, and vitamin C content compared with the whole sweet potato in both cultivars during storage. The pie sample exhibited the highest wound-induced phenolic, flavonoid, and carotenoid accumulation and DPPH radical scavenging activity among the cuts in both cultivars. Moreover, the shredded sample showed significantly ($p < 0.05$) higher polyphenol oxidase (PPO) activity but lower total phenolic and flavonoid content and the lowest antioxidant activity among the samples. Thus, the finding of this study revealed that pie-cut processing has potential in improving the quality and increasing the antioxidant activity of fresh-cut purple and yellow flesh sweet potato cultivars while shredding accelerated the quality deterioration of both sweet potato cultivars.

Title: Clinical Characteristics and Natural History of Quasi-Moyamoya Disease

Jizong Zhao | *Beijing Tiantan Hospital, China*

Abstract: Quasi-moyamoya disease (quasi-MMD) is a rare cerebrovascular disease and its clinical features and natural history remain unclear. The aim of the study is to describe the clinical characteristics and the natural histories of this disease, with analysis of the risk factors for future cerebrovascular events.

Methods: We identified 64 patients with quasi-MMD from 693 moyamoya vasculopathy patients referred to our hospital between 2011 and 2015. Demographic data, associated disorders, clinical manifestation, angiographic findings, natural history, and risk factors for cerebrovascular events were analyzed.

Results: Patients included in the study had a mean age of 31.5 years. A unimodal age distribution was noted. Atherosclerosis was the most frequently associated disorder. Forty-five (70.3%) patients had ischemic events as their initial clinical manifestation and 14 (21.9%) patients presented as hemorrhagic stroke. The majority of patients presented with Suzuki grades 3 and 4 (20.3% and 42.2%). The annual risk of cerebrovascular events was 19.4% per patient-year. Prior hemorrhage (HR 2.77, 95% CI 1.20-6.41) and ischemic stroke (HR 2.77, 95% CI 1.26-6.07) were 2 risk factors for future events.

Conclusions: Several clinical characteristic differences were observed in our main- land China cohort compared with the Japanese and European cohorts. The annual risk of cerebrovascular events was relatively high in quasi-MMD patients. Patients with prior hemorrhage and ischemic stroke were inclined to have future cerebrovascular events. Close follow-up is needed for these patients.

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Title: Effects of Curcumin on Vessel Formation Insight into the Pro- and Antiangiogenesis of Curcumin

Jiaxu Chen | *Beijing University of Chinese Medicine, China*

Abstract: Curcumin is a compound extracted from the Curcuma longa L, which possesses a wide range of pharmacological effects. Extensive studies over the last half century have clearly confirmed the pharmacological and biological effects of curcumin including anti-carcinogenic activity as well as wound healing, lipid lowering, and immuno-modulating. Preclinical and clinical researches demonstrated that curcumin could be utilized in the treatment of cancer, diabetes, and other diseases. Angiogenesis represents a critical determinant in wound repair and cancer therapy, indicating that curcumin has bidirectional action on angiogenesis. However, few studies have collected scientific evidence on its dual effect on angiogenesis. The present review demonstrated that curcumin has anti-angiogenesis effect via regulating multiple factors, including pro-angiogenesis factor VEGF, MMPs, and FGF, both in vivo and in vitro, and could promote angiogenesis under certain circumstances via these factors. This paper provided a short review on bidirectional action of curcumin, which should be useful for further study and application of this compound that require further studies.

FEATURED TALKS

PEERS ALLEY MEDIA

Title: Gene Regulation by Antitumor miR-204-5p in PDAC and the Clinical Significance of Direct RACGAP1 Regulation

Muhammad Khalid | *Kagoshima University, Japan*

Abstract:【Objectives/Scope 】RNA-sequencing analyses of miRNA expression signatures revealed that miR-204-5p was significantly downregulated in pancreatic ductal adenocarcinoma tissues. Although a tumor suppressor function of miR-204-5p has been reported in several cancers, miR-204-5p regulation of RNA networks in PDAC is still obscure. Here, we aimed to investigate the antitumor roles of miR-204-5p and to identify miR-204-5p-regulated oncogenes involved in PDAC pathogenesis. Comprehensive gene expression analyses and in silico database searches revealed that 25 putative targets are regulated by miR-204-5p in PDAC cells. In this study, we focused on RACGAP1 (Rac GTPase-activating protein 1) and performed further cell functional analyses. Our present data may provide new insights into the potential mechanisms of PDAC aggressiveness.

【Method】In the present study 24 PDAC clinical samples were collected from PDAC patients who underwent resection in our hospital, as controls 17 pancreatic tissue specimens were collected from noncancerous regions. Gene expression analyses were conducted using total RNA extracted from cryopreserved PDAC tissues, and immunohistochemistry was performed using paraffin embedded PDAC tissues. We also used two PDAC cell lines in this study: SW1990 cells and PANC1 cells. In this study the procedure for qRT-PCR and for miRNA or siRNA transfection into cells have been used. As functional analysis, XTT assay, invasion and migration assays were performed. For western blot and IHC detection of RACGAP1 expression, an anti-RACGAP1 antibodies and an anti-GAPDH antibody was used as an internal loading control for wester blotting.

【Result】To confirm the miRNA expression signature, expression levels of miR-204-5p in normal pancreatic tissues (n = 17), PDAC tissues (n = 24), and cell lines (SW1990 and PANC-1) were evaluated. The expression level of miR-204-5p was significantly downregulated in PDAC specimens. Significant associations were detected between upregulated expression of seven genes (RACGAP1, DHRS9, AP1S3, FOXC1, RHBDL2, MUC4 and PRR11) and had a poor prognosis in patients with PDAC i.e $p < 0.05$. We analysed clinicopathological factors of miR-204-5p and RACGAP1 expression (miR-204-5p; RACGAP1). The recurrence of RACGAP1 showed high expression with a significant difference ($p < 0.0015$). Immunostaining revealed expression of the RACGAP1 protein in PDAC lesions but a lack of expression in noncancerous epithelial tissues

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Title: Exploration of the perceived barriers to collaborative clinical facilitation among nurse educators, preceptors, clinical nurses/midwives and nursing and midwifery students in Northern Ghana.

Kobekyaa Francis | *University of KwaZulu-Natal, South Africa*

Abstract: Adequate clinical skills acquisition has shown to improve the quality of care provided to patients when there is effective collaborative clinical facilitation of students under training. However, challenges facing collaborative clinical facilitation are worrying. This study therefore explored the perceived barriers to collaborative clinical facilitation among nurse educators, preceptors, clinical nurses/midwives and nursing and midwifery students at two selected nursing and midwifery colleges and a hospital in Northern Ghana.

Methods: We adopted a constructivist paradigm with qualitative exploratory design. Purposive and systematic sampling methods were used to select participants for the study. Data were gathered through five focus groups discussions and four individual in-depth interviews and transcribed verbatim. The data were analyzed using Framework Analysis Method.

Findings: The study findings showed a sharp increase in student population at the colleges causing overcrowding and congestion at the clinical learning environments. Preceptors and other clinical staff who are trained and mandated to facilitate clinical teaching were insufficient, and therefore not available at all health care facilities or wards every time for students' guidance and support. Challenges experienced by participants are related to issues in the clinical environment and learning opportunities such as shortage of staff, lack of time, heavy workload, busy wards and lack of support supervision to students. Participants also reported role confusion among staff due to lack of documented working agreements between the academia and clinical setting over who had the prime responsibility for clinical facilitation of nursing students. This resulted in an adversarial relationship among key players.

Recommendation: Based on the findings, nursing and midwifery colleges, in collaboration with healthcare facilities, need to create clinical placement calendar to coordinate students' clinical schedules in the wards in order to avert the challenge of overcrowding. This would also provide students the opportunity to be individually supervised and guided during clinical activities in the ward. Ethical Clearance Reference Number: HSS/1553/016M.

Title: ABEXOL: A Therapeutic option for the management of symptoms in patients with osteoarthritis

Julio César Fernández-Travieso | *National Coordinator Centre of Clinical Trials, 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.

Keywords: osteoarthritis symptoms, abexol, lyprinol, chondroitin sulphate/glucosamine, WOMAC score, VAS score.

PEERS ALLEY MEDIA

Title: Benefits of a long-term therapy with policosanol on hypercholesterolemic elder patients: a controlled study

Julio C. Fernández-Travieso | *National Centre for Scientific Research, 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 C. Fernández-Travieso | *National Clinical Trials Coordinator Centre, 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.

Keywords: policosanol, metabolic syndrome, oxidative stress, redox index, lipid profile.

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 | ***Health care, 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. The amount of mucus hyper secretion varies with a r

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. Can be used for

a) Cleaning Upper airway passages, mouth, nose and pharynx, the primary sites of colonization of pathogens and the sinuses, the way stations to the brain. These exercises should be practiced with hypertonic solution i.e., a solution having greater osmotic pressure than that of cells or body fluids and draws water out of cells thus inducing plasmolysis.

b) Physical, aerobic and yogic exercises: help in strengthening the Inspiratory and Expiratory muscles.

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.

PEERS ALLEY MEDIA

Title: Preclinical and Clinical Evidence of Metformin for Breast Cancer

Anindita De | *JSS Academy of Technical Education, 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.

PEERS ALLEY MEDIA

Title: Why our body acts against Facts of Physics in Fever

K. M. Yacob | *Marma Health 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.

PEERS ALLEY MEDIA

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

K. M. Yacob | *Marma Health Centre*

Abstract: Symptom Definition is the only parameters necessary for a Symptom. As any or all other definitions, symptom definition should be describe the symptom scientifically. If it cannot describe clearly, there is no use of a symptom definition. A symptom is a departure from normal function or feeling which is noticed only by a patient, indicating the presence of disease or abnormality.

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.

FEATURED TALKS

PEERS ALLEY MEDIA

Title: Biomarkers and Cancer Targets

Dr. Sudha Bansode | *Shankarrao Mohite College, India*

Abstract: Biomarkers are molecules that indicate normal or abnormal process taking place in your body and may be a sign of an underlying condition or disease. Various types of molecules, such as DNA (genes), proteins or hormones, can serve as biomarkers, since they all indicate something about your health. A biomarker, or biological marker, generally refers to a measurable indicator of some biological state or condition. The term is also occasionally used to refer to a substance whose detection indicates the presence of a living organism. Biomarkers are often measured and evaluated to examine normal biological processes, Biomarkers are distinct biological indicators (cellular, biochemical or molecular) of a process, event or condition that can be measured reliably in tissues, cells or fluids, and can be used to detect early changes in a patient's health. Some examples of biomarker include blood cholesterol a well-known biomarker of risk for, Biomarker is short for biological marker, and is used as an indication that a biological process in the body has happened or is ongoing. While some biomarkers are used to show that the body has been exposed to a chemical toxin or other environmental impact - most associate biomarkers with medicine.

A biological molecule found in blood, other body fluids, or tissues that is a sign of a normal or abnormal process, or of a condition or disease. A biomarker may be used to see how well the body responds to a treatment for a disease or condition. NIH Biomarkers Definitions Working Group: "A characteristic that is objectively measured and evaluated as an indicator of normal biological processes.

PEERS ALLEY MEDIA

Title: Association of adiponectin gene(adipoq) promoter polymorphism(RS266729) with risk of coronary artery disease

Nitin tyagi | *Vardhman mahavir medical college and safdarjung hospital, India*

Abstract: BACKGROUND: Coronary artery disease(CAD) is one of the most common cardiovascular diseases and is a major cause of morbidity and mortality worldwide.. Various studies have been done to investigate the role of ADIPOQ gene in the risk of CAD, yet their results have been inconsistent. So, there is a need of genotype analysis of ADIPOQ gene (rs266729) for further evaluation of association between ADIPOQ gene polymorphism and CAD risk.

AIMS AND OBJECTIVES: The aim of the present study was to evaluate the impact of (rs266729) SNP in the promoter region of the ADIPOQ gene on the occurrence of CAD.

MATERIALS AND METHODS: In this case control study, the study group included 50 patients with angiographically proven CAD as case group and 50 apparently healthy age and sex matched adults as control group, for the genotype (C/G) analysis of ADIPOQ gene(rs266729) by PCR-RFLP using Hha I enzyme.

RESULTS: Case Group: CC 20(40%), CG 16(32%) and GG 14(28%); Control Group: CC 29(58%), CG 16(32%) and GG 5(10%). The frequency of allele C in case group was 56% and 74% in control group. The frequency of allele G in case group was 44% and 26% in control group (p=0.0001). There was statistical significance between the two groups (p=0.0001).

CONCLUSION: Adiponectin gene promoter polymorphism (rs266729) is involved in the pathogenesis of coronary artery disease

PEERS ALLEY MEDIA

Title: The Purpose of Temperature of Fever

K. M. Yacob | *Marma Heatth Centre*

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.

PEERS ALLEY MEDIA

Title: Through privatisation, government is not evading its responsibility of providing health-care to the inhabitants

Abdeen M. Omer | *Ministry of Health, Sudan*

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. To improve the effectiveness of the public pharmacy, resources should be switched towards areas of need, reducing inequalities and promoting better health conditions. Medicines are financed either through cost sharing or full private. The role of the private services is significant. A review of reform of financing medicines in Sudan is given in this article. Also, it highlights the current drug supply system in the public sector, which is currently responsibility of the Central Medical Supplies Public Corporation (CMS). In Sudan, the researchers did not identify any rigorous evaluations or quantitative studies about the impact of drug regulations on the quality of medicines and how to protect public health against counterfeit or low quality medicines, although it is practically possible. However, the regulations must be continually evaluated to ensure the public health is protected against by marketing high quality medicines rather than commercial interests, and the drug companies are held accountable for their conducts

PEERS ALLEY MEDIA

Title: Capparis spinosa is an Alternative drug for vitality

Ali Awad Hamoud Aljeboory | *Uruk University, Iran*

Abstract: From traditional and folk medicine the fruit of Capparis used as antiseptic for intestinal dysentery and as protective for the liver from diseases (1) in addition it is used as aphrodisiac and antihypertensive agent in addition as anticancer (2), (1) so as we know that natural product still a bank of new drug resources for the following reasons; these are a target for production by biotechnology. In addition they are as a source of new lead compounds of novel chemical structure which act as a tool for invention of new drug using nanoscience in medicine. There is a third reason as active ingredients of useful treatment divided from traditional medicine. As we know the drugs which manufacturing from bioactive materials are cheap and available and not polluted as the chemical synthetic drugs and don't need sophisticated technology (3). In this study we use leaves of Capparis dried and milled then extracted with alcohol 80% in addition deal with different organic solvent and get rid of chlorophyll and caryophilline and phytochemical studies by using liquid-liquid HPLC and we managed to extract quercitin and quercitrin in addition to proteins. The last product was anti-oxidant compared with racemic vitamin C using Noradrenaline as a test for the oxidation. Lastly we see the activity of these materials as potent activator to the male rats compared with Sildenafil. The Capparis increase the activity twice the effect of sildenafil, this effect include the females also. However this drug not toxic. Fifty Human males and females used this crude drugs to treat diabetes didn't show any toxic effect even with higher doses.

PEERS ALLEY MEDIA

Title: Effect of turmeric on glycemic status, lipid profile, hs-CRP and total antioxidant capacity in hyperlipidemic type 2 diabetes mellitus patients

Shahryar Eghtesadi | *Azad University Science and Research, Iran*

Abstract: Diabetes Mellitus (DM) is the most common metabolic disorder worldwide. The increase in blood lipids and sugar in diabetic patients exacerbates the incidence of DM late-onset complications. This study examined the effect of turmeric supplementation on glycemic status, lipid profile, hs-CRP and total antioxidant capacity in hyperlipidemic type 2 diabetic patients. In this double blind, randomized clinical trial, 80 hyperlipidemic type 2 diabetic patients were divided into two groups. The intervention group received 2100 mg of turmeric powder daily for 8 weeks; while the placebo group received placebo over the trial period. Body weight, fasting plasma glucose, HbA1c, serum insulin, insulin resistance index, triglyceride (TG), total cholesterol (TC), LDL-c, HDL-c, apolipoprotein A1, apolipoprotein B, hs-CRP, and total antioxidant capacity were measured before and after intervention. Statistical analysis was carried out using paired and independent t and chi-square tests. Seventy five patients completed the study. After 8 weeks of intervention, the turmeric group showed significant decreases in body weight (P value = 0.000), BMI (P value = 0.000), TG (P value = 0.000), and LDL-c (P value = 0.009) compared with baseline. BMI, TG, and TC decreased significantly in the turmeric group compared with the placebo group (P value < 0.05). No significant changes were observed in body weight, fasting plasma glucose, HbA1c, serum insulin, insulin resistance index, HDL-c, LDL-c, apolipoprotein A1, apolipoprotein B, hs-CRP, and total antioxidant capacity between the two groups after intervention (P value < 0.05).In conclusion, turmeric powder improved some fractions of lipid profile and decreased body weight in hyperlipidemic patients with type 2 DM. It had no significant effect on glycemic status, hs-CRP, and total antioxidant capacity in these patients.

PEERS ALLEY MEDIA

Title: Chronic Fatigue Syndrome: A Unifying Hypothesis for an Etiological Diagnosis

Dr. Kaiss Jarkass | *Lattakia - Ministry of Education, Syrian Arab Republic*

Abstract: Statement of the Problem: ME/CFS is a disabling complex chronic illness affecting millions of people around the world. It has a devastating impact on the lives of patients and their families, causing losses estimated at billions of dollars annually in medical bills and lost incomes.

The present paper seeks to put forth a plausible unifying hypothesis for an etiological diagnosis of this debilitating illness.

It begins with a summary of hypotheses that have been suggested for explaining CFS.An attempt is then made to put together various pathogenetical and pathophysiological mechanisms into one hypothesis, suggesting a single etiological factor and linking all other mechanisms to one causality.

Firstly, the paperdefines several criteria that any diagnosis should meet in order to be considered plausible.

Secondly, it suggests a clinical diagnosis that might meetthe criteria and account for the constellation of symptoms associated with ME/CFS.It explains the plethora of pathophysiological mechanisms and manifestations in the light of the suggested diagnosis.

Thirdly, it anticipates and attempts to answer some of the issues that may be raised.

Fourthly, it pinpoints challenges that need to be addressesin the light of the suggested

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