EURO CONGRESS ON PANCREAS
MARCH 23-24, 2020 | PARIS, FRANCE

Venue
Mercure Paris Charles De Gaulle
Airport & Convention
BP 20248 -Roissypôle Ouest -Route de la commune -95713
Roissy CDG Cedex

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

WHO SHOULD ATTEND
Gastroenterologists | Hepatologists | Pathologists | Radiologists | Oncologists | Research scholars | Doctors and General Physicians | Deans and Professors of Medicine & Hepatology departments | Professors & Students from cancer research centers | Clinical Development Physicians | Researchers & Scientists | Public Health Professional | Medical Equipment Manufacturers | Hospitals and Health Services | Medical & Health care Organizations & Associations | Pancreas and Liver research institutes | Nurse and nursing education institutions | Medical Colleges | Business Professionals | Distributors/Sales Representatives | Pharmaceutical Companies
Dear Friends and Colleagues,

Welcome to the Euro Pancreas 2020 conference in Paris. I have often attended and enjoyed cancer conferences in locations distant from where I work and live. There is much to learn from the experience of clinicians and researchers in other areas. In fact, some of my most interesting research projects can trace their origin to ordinary discussions with persons from such places. I recently submitted a major paper that discusses a possible solution to an unmet need for cancer therapy in sub-Saharan Africa. This resulted from a chance meeting at a conference. If this works out as well as I think it will, there will be important results that can change therapy in US and Europe. Take advantage of these conferences. Make an extra effort to meet and speak with people who come from other places. My experience has often been very favorable scientifically and socially.

Sincerely yours,

Michael Retsky, PhD
Harvard TH Chan School of Public Health
USA
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.

In this forum, speakers and experts of the research field get 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.

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.

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.

https://pancreas.peersalleyconferences.com/
With an aim of transferring knowledge among the participants, workshops are introduced as a part of international conferences. These interactive and occasionally practical sessions give 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” 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 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.

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.

Pancreas/Pancreatology | Pancreatic Diseases and Disorders | Liver Diseases | Diagnosis of Liver Diseases | Pancreatitis | Pancreatic Necrosis | Pancreatic Cancer | Types of Pancreatic Cancer | Symptoms, Causes & Risk Factors of Pancreatic Cancer | Pancreatic Cancer Diagnosis | Pancreatic Cancer Stages | Pancreatic Cancer Treatment | Advanced Pancreatitis Treatment | Pancreatic Surgery and Transplantation | Medical Liver Transplantation | Endocrinology | Gastroenterology | Artificial Pancreas | Hepatology | Genetics and Epigenetics of Liver Cancer
<table>
<thead>
<tr>
<th>Concurrent Educational Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONDAY, MARCH 23, 2020</td>
</tr>
</tbody>
</table>

### PANCREAS/PANCREATEOLOGY
- Exocrine pancreas
- Endocrine pancreas
- Pancreas Function
- Pancreas Anatomy
- Pancreas Gland
- Pancreas Hormones
- Pancreas atrophy
- Pancreas histology
- Adenocarcinoma of pancreas
- Pancreatic and periampullary carcinoma
- Pancreatic Cancer

### PANCREATIC DISEASES AND DISORDERS
- Acute Pancreatitis
- Chronic Pancreatitis
- Hereditary Pancreatitis
- Pancreatic Cancer

### LIVER DISEASES
- Hepatitis
- Fatty liver disease
- Autoimmune conditions
- Genetic conditions
- Cancer
- Cirrhosis
- Liver failure

### DIAGNOSIS OF LIVER DISEASES
- Liver Function Tests
- Blood Count Test
- CT scans, MRIs, or ultrasounds
- Liver Biopsy

### PANCREATITIS
- Acute pancreatitis
- Chronic pancreatitis
- Pancreatitis Causes
- Pancreatitis Diagnosis
- Acute pancreatitis Treatment
- Alcoholic Pancreatitis
- Chronic Pancreatitis

### PANCREATIC NECROSIS
- Pathophysiology
- Etiology
- Epidemiology
- Prognosis

### PANCREATIC CANCER
- Pancreatic Cancer Symptoms
- Pancreatic Cancer Risk Factors
- Diagnosis of Pancreatic Cancer
- Pancreatic Cancer treatment

### TYPES OF PANCREATIC CANCER
- Pancreatic Exocrine Tumors
- Adenocarcinoma
- Pancreatic Neuroendocrine Tumors (PNETs)
- Gastrinoma
- Glucagonoma
- Insulinoma
- Somatostatinoma
- VIPoma

### SYMPTOMS, CAUSES & RISK FACTORS OF PANCREATIC CANCER
- Pain in the upper abdomen
- Loss of appetite, depression, New-onset diabetes
- Chronic inflammation of the pancreas
- Diabetes, Smoking, Obesity
- Weight loss, Jaundice, Pain, Bowel obstruction

### PANCREATIC CANCER DIAGNOSIS
- Medical history and physical exam
- Imaging tests
- Computed tomography (CT) scan
- Magnetic resonance imaging (MRI)
- Ultrasound
- Cholangiopancreatography
- Positron emission tomography (PET) scan
- Angiography
- Blood tests
- Biopsy

### PANCREATIC CANCER STAGES
- Resectable
- Borderline resectable
- Locally advanced
- Metastatic
- TNM Staging System
- Tumor
- Node
- Metastasis
- Cancer stage grouping

### PANCREATIC CANCER TREATMENT
- Surgery
- Radiation therapy
- Therapies using medication
- Chemotherapy
- Side effects of chemotherapy
- Targeted therapy
- Immunotherapy

### ADVANCED PANCREATITIS TREATMENT
- Acute pancreatitis treatment
- Chronic pancreatitis treatment
- Natural treatment for pancreatitis
- Pancreaticclobary Endoscopy
- Early Detection of Sporadic Pancreatic Cancer
- Medical breakthroughs in prevention, diagnosis and treatment
- Pancreatic pseudocyst treatment
- Feline pancreatitis treatment

### PANCREATIC SURGERY AND TRANSPLANTATION
- Pancreas Transplant
- Simultaneous pancreas-kidney transplant (SPK)
- Pancreas-after-kidney transplant (PAK)

### MEDICAL LIVER TRANSPLANTATION
- Liver Biopsy
- Bariatric surgery
- Living donor transplantation
- Graft rejection
- Immunosuppressive management

### ENDOCRINOLOGY
- Diabetes Mellitus and Autoimmune Disease
- Autoimmune Disease
- Chronic Kidney Disease
- Endocrine Disrupting Chemicals
- Diabetic Nephropathy

https://pancreas.peersalleyconferences.com/
# Concurrent Educational Sessions

**TUESDAY, MARCH 24, 2020**

<table>
<thead>
<tr>
<th>GASTROENTEROLOGY</th>
<th>ARTIFICIAL PANCREAS</th>
<th>HEPATOLOGY</th>
<th>GENETICS AND EPGENETICS OF LIVER CANCER</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Gastritis</td>
<td>• Closed-loop artificial pancreas</td>
<td>• Hepatic Disorders</td>
<td>• Whole Genome Analysis</td>
</tr>
<tr>
<td>• Gastroenteritis</td>
<td>• Bionic pancreas</td>
<td>• Gallbladder and Biliary Disease</td>
<td>• Epigenetics of liver diseases</td>
</tr>
<tr>
<td>• Gastric Ulcers</td>
<td>• Implanted artificial pancreas</td>
<td>• Gastrointestinal Pathology</td>
<td>• DNA Hypomethylation</td>
</tr>
<tr>
<td>• Gastrochisis</td>
<td></td>
<td>• Gastrointestinal Disorders</td>
<td>• Epigenomics of Diabetes and Other Metabolic Diseases</td>
</tr>
<tr>
<td>• Implantable Gastric Stimulation</td>
<td></td>
<td>• Gastrointestinal Bleeding</td>
<td></td>
</tr>
<tr>
<td>• Imaging and Scanning</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

https://pancreas.peersalleyconferences.com/
Title: A Case of Brunner Gland Adenoma, Which Exhibited Dramatic Macroscopic Metamorphosis in 2 Years without Canceration.

Kenji Sasaki | Midtown Medicare Clinic, Japan

Abstract:

Brunner gland (BG) nodule greater than 5 mm in diameter, a rare lesion, is regarded as BG hyperplasia (BGH) regardless of coexistence of other tissues. It is only the nodule whose epithelium is dysplastic that deserves the term BG adenoma (BGA), which is still less common. Though two extremely rare cases of cancerating BGA have been reported, which proved a definite association of macroscopic transformation of the lesion with canceration, we present a case, which casts doubt upon it. A spherical semipedunculated submucosal tumor with a small central depression was incidentally located opposite the inferior duodenal angle of a 68-year-old Japanese diabetic male with noncontributory past and family histories. Laboratory data were unremarkable. He was followed up under the diagnosis of BGH by biopsy. The tumor was found to have turned bowl-shaped with a wide central depression occupying almost all the top of it 2 years later. The disrupted surface was uneven, more reddened and lobulated by the groove-like excavations, in and around which the mucosal pattern was obscured and abnormal vessels were observed. As the glandular epithelium showed dysplastic, it was interpreted as BGA. An imminent risk of complicating cancer got it treated with endoscopic mucosal resection, when the central depression more deepened and the excavations coalesced into a wider deeper one. Measuring 17x12x10 mm, it was proven to be composed of nothing but BGs with dysplastic, cystically dilatated epithelium. It demonstrated papillary growth with the large round nuclei having the larger nuclear-cytoplasmic ratio but no conspicuous nuclear crowding with stratification. No fibrous septa existed separating the lobules. Relatively larger proportion of the cells was Ki 67-positive in the superficial part but only few p53-positive ones were strewn. Though diffusely immunolabeled with MUC6 but not with MUC2, the lesion, in contrast to the normal BG, had the foci positive for MUC5AC not only in the superficial but in the deeper part, where no regenerative impact extended, reflecting the neoplastic trait. Showing positivity for PAS but not for AB, pepsinogen1 or H+K+-ATPase, it was differentiated from pyloric gland adenoma and definitely diagnosed as BGA without cancer. The present case explicitly proclaims that macroscopic transformation of BGA in a natural history, though omens possible canceration through the neoplastic features, does not necessarily herald such degeneration within.
Abstract:

Pancreatic cancer is well known as a disease with poor prognosis, the reason for which is that pancreatic tumors grow rapidly. Additionally, only 20–30% of pancreatic cancer patients are considered eligible for surgical treatment. Because when a patient is diagnosed as having pancreatic cancer, the cancer has progressed beyond surgical eligibility. However, we are rarely able to diagnose patients with tiny pancreatic cancer as surgical candidates; the reason for this is that the patients do not experience symptoms at that stage, and thus have no reason to visit the hospital. Therefore, the goal of a gastroenterologist is early detection at stage I, for example when the tumor is sized <φ10mm. However, if the tumor is very small, it is very difficult to detect the lesion using contrast-enhanced CT, MRI, PET, or even US. In the current study, to correctly identify image view and features as early stage pancreatic cancer, we retrospectively evaluated CT images taken before diagnosis in 64 out of 510 cases that had been diagnosed as pancreatic cancer in our facility between January 2009 and December 2016. One of the representative lesions was segmental pancreatic duct dilatation on the caudal side, which may indicate the existence of a small tumor with duct obstruction. To confirm this, it was necessary to perform ERCP in order to remove transpapillary specimens for pathology, which is essential when determining whether surgery is necessary for pancreatic cancer. To remove such small specimens using ERCP, both precise cannulation and careful manipulation are required. We here show a safe and secure demonstration of cannulation on ERCP, with contrast assisted cannulation under recognition of intra-papillary bifurcation variation. Comprehensive image diagnosis including pathology using ERCP is a promising method for diagnosis of tiny pancreatic cancer.
Title: Evaluation of Prealbumin and Retinol-binding protein as a screening tools for malnutrition in patients with chronic pancreatitis

Sylvie Siminkovitch | University Hospital "Tsaritsa Yoanna", Bulgaria

Abstract:

**Objective**: Evaluation of the potential role of prealbumin (Transthyretin-TTR) and retinol binding protein (RBP) as a screening tool for malnutrition in patients with chronic pancreatitis (CP) and their correlation with morphological changes based on CT/MRCP data and M-Annheim severity index score.

**Material and Methods**: Serum samples of 108 patients were collected for the period February 2014 – April 2015. 89 of the patients at mean age 53 (19-84) were with CP and 19 healthy controls. Within the subgroup of CP 34 patients were with recurrent chronic pancreatitis. Alcohol was the most common aetiology being the cause in 38 patients (52.8%). Exocrine function was evaluated using fecal elastase-1 (FE1: normal >200 μg/g). Patients were also subdivided according to Cambridge classification for CT/MRCP - grade 1–4. Serum prealbumin and RBP levels were measured using an immunonephelometry assay. We also performed an assessment of other laboratory markers such as albumin, CRP, hemoglobin, absolute lymphocyte count, magnesium, INR, total cholesterol, triglycerides and total protein. The statistical analysis was performed applying SPSS version 22.
Abstract:

The immense amounts of research into diabetes reflects the need for a better understanding of what is diabetes (DM), how it can be measured, and how it can be treated and/or managed however despite the enormous amounts invested in diabetes research there is not unanimity from the research community on any of these matters. It is clear that the biology of the pancreas plays a significant role; in particular the many factors which influence the genetic expression of insulin (type 1 diabetes) and the subsequent ability of insulin to react with its reactive substrate (type 2 diabetes); however there must be additional factors which are not yet being considered in the etiology of DM i.e. that the known biology of DM is only part of the complex etiology of DM.
Abstract:

Objective
The aim of the study was to assess the risk for cardiovascular complications after Endoscopic Retrograde Cholangiopancreaticography and cholecystectomy for common bile duct stones (CBDS) and biliary pancreatitis in elderly and frail patients.

Scope
CBDS may cause biliary pancreatitis, obstructive jaundice or cholangitis. As the incidence of CBDS increases with age, the treatment decision in elderly and frail patients with obstructive jaundice and biliary pancreatitis is often complex and requires a careful assessment of the risk for treatment-related cardiovascular complications.

Material
The study was based on procedures for gallstone disease registered in the Swedish National Quality Registry for Cholecystectomy and Endoscopic Retrograde Cholangiopancreatography (ERCP) 2006–2014. ERCP as well as cholecystectomy performed with confirmed or suspected CBDS as indication were included. Events in the postoperative course were registered by cross-matching GallRiks with the National Patient Register. Postoperative cardiovascular events were defined by discharge notes with ICD-codes indicating myocardial infarct, pulmonary embolism and cerebrovascular disease within 30 days after surgery. In case a patient had undergone ERCP as well as cholecystectomy, the 30 days interval was defined from the first intervention.
Title: Biliary phytobezoar development causing multiple small bowel obstructions following laparoscopic cholecystectomy in a sickle cell patient: a case report.

Hatim Al-Abbadi | King Abdulaziz University, Saudi Arabia

Abstract:

Although phytobezoars are the most common form of bezoars, biliary phytobezoars are extremely rare. The nidus of phytobezoars formation mainly composed of indigestible vegetable material. Phytobezoars usually found in the stomach for patients who had previous gastric surgery. There are few reports about biliary phytobezoars causing intestinal obstruction. Most of these reported cases, there is fistula formation between biliary tract and the intestine. Here we present a case with sickle cell disease that developed small bowel obstruction resulting from biliary phytobezoars developed after laparoscopic cholecystectomy. Although preoperative diagnosis is very difficult, CT scan stays the main diagnostic measure showing the features of gallstones inside the lumen of small bowel.
Title: Feasibility of automated pancreas segmentation based on dynamic MRI

Shuiping Gou | Xidian University, China

Abstract:

MRI guided radiotherapy is particularly attractive for abdominal targets with low CT contrast. To fully utilize this modality for pancreas tracking, automated segmentation tools are needed. A hybrid gradient, region growth and shape constraint (hGReS) method to segment 2D upper abdominal dynamic MRI is developed for this purpose. With the advent of magnetic resonance imaging (MRI) guided radiation therapy, internal organ motion can be imaged simultaneously during treatment. Furthermore, we evaluate the feasibility of 3D pancreas MRI segmentation using manifold clustering constrained dictionary learning segmentation methods. T2-weighted half-Fourier acquisition single-shot turbo spin-echo and T1 weighted volumetric interpolated breath-hold examination images were acquired on 3 patients and 2 healthy volunteers for a total of 12 imaging volumes. A novel dictionary learning (DL) method was used to segment the pancreas and compared to mean-shift merging, distance regularized level set, and graph cuts, and the segmentation results were compared with manual contours using Dice’s index, Hausdorff distance, and shift of the center of the organ (SHIFT). Our study demonstrated potential feasibility of automated segmentation of the pancreas on MRI scans with minimal human supervision at the beginning of imaging acquisition. The achieved accuracy is promising for organ localization.
Anthocyanin is found mainly in red beet juice, cherry, red rose

- It is red color pigment with high solubility in water. The power of exchangeable proton in its juice from red beet nearly 6.4 while in red rose juice more acidic i.e. pP <6.4 The radius of exchangeable proton = 1.5 x 10^-15 meter thus it is called trans membrane proton. This proton is called exchangeable proton due to its ability to exchange with metal ions and precipitated as metal anthocyanate. This is similar to the behavior of cation exchanger in demineralization processes of water (hetero reaction) while with the anthocyanin juice is homogenous reaction. Addition of heavy metal salt like metal nitrate (water soluble) result in sudden precipitation of metal anthocyanate and the color of the solution disappear slowly and the pP of the solution become more acidic due to the formation of nitric acid in which the pP reaches nearly four. No precipitations shown with sodium and potassium ions while with magnesium and calcium ions need high concentration of them. Anthocyanin can be used to purify water from poisonous metals ions. Anthocyanin color in acidic solution is shine red while changed to reddish green color in basic solution and deep red color in neutral solutions so it is suitable indicator in acid-base reaction more suitable than classically used phenophthalene indicator which is water insoluble.
Abstract:

Chronic pancreatic inflammation can result from chronic alcohol consumption, but the cause can be idiopathic. The first symptom is recurrent abdominal pain. In the later course of the disease, malabsorption and glucose intolerance may develop. The diagnosis is usually made by imaging tests such as ERCP, endoscopic ultrasound, or exocrine function tests. Most patients experience episodes of abdominal pain. About 10 to 15% of patients have no pain but have symptoms suggestive of malabsorption. The pains are epigastric, intense, and can last for hours or days. Attack pain typically declines after 6 to 10 years, which is caused by progressive damage to the pancreatic glandular cells that secrete digestive enzymes. Diagnosis can sometimes be difficult given that amylase and lipase values are often within reference values due to a significant decrease in pancreatic function. In patients who do not have a typical history, it is necessary to exclude malignancy as a cause of pain and to indicate CT of the abdomen.
Title: Ciprofloxacin and risk of hypoglycemia in non-diabetic patients.

Abiel Berhe | Orotta National Referral Hospital, Eritrea

Abstract:

Fluoroquinolones have been associated with hypoglycemia in patients taking diabetic medications, most commonly due to drug-drug interactions and other associated risk factors. Except for four published case reports, there are no studies that have found positive associations between ciprofloxacin and hypoglycemia. In all but one of the cases, ciprofloxacin was taken with other hypoglycemic drugs. Recently, the Eritrean National Pharmacovigilance Centre received a serious case of hypoglycemia with recurrent episodes in a young and healthy patient without diabetes following use of oral ciprofloxacin. The aim of the present study is therefore to assess the causal relationship between ciprofloxacin and hypoglycemia in patients without diabetes using the World Health Organization-Uppsala Monitoring Centre global adverse drug reaction database (VigiBase®).

Methods

A search was made on the World Health Organization global adverse drug reaction database (August 15, 2018) using “ciprofloxacin” as the drug substance and “hypoglycemia” as the reaction term. Cases that used hypoglycemic drugs (patients with diabetes) concurrently with ciprofloxacin and those with a completeness score below 50% were excluded to control for confounders and to improve the strength of the data. Hill criteria were used to assess causation.
A right choice of conference destination is an important aspect of any international conference and keeping that in consideration, Pancreas 2020 is scheduled in the Beautiful city “Paris”.

NETWORKING...CONFERENCING...FOSTERING

ATTENDING A CONFERENCE ISN’T ALL ABOUT LEARNING AND NETWORKING

DISCOVERING

A NEW PLACE, PEOPLE AND CULTURE

Avenue des Champs Élysées

Bustling Boulevards and Legendary Cafés

Cathédrale Notre Dame de

Arc de Triomphe

Eiffel Tower

Luxembourg Gardens

Musical Concerts at Sainte Chapelle

Musée d’Orsay

Musée du Louvre

Palais Garnier, Opéra National de Paris

Place de la Concorde

Seine River Cruises
Mercure Paris Charles De Gaulle Airport & Convention
BP 20248 -Roissypôle Ouest -Route de la commune -95713 Roissy CDG Cedex

https://pancreas.peersalleyconferences.com/

Contact Us
Julia Smith
Program Director | Pancreas 2020
Peers Alley Media
1126 59 Ave East, V5X 1Y9
Vancouver BC, Canada
Contact us: pancreas@meetingsengage.com
Ph: +1-778-766-2134