

**? 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

# 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**

## Welcome Message

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*



# 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.

**NO SECRET IS SAFE SHARE YOUR RESEARCH**

<https://pancreas.peersalleyconferences.com/>

TIME TO  
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Register & Participate

v

**PANCREAS**  
**2020**

TYPES OF  
ACADEMIC  
REGISTRATIONS

**SPEAKER  
REGISTRATION**

**COMBO A**  
(Registration + 2 night's accommodation)

**COMBO B**  
(Registration + 3 night's accommodation)

**DELEGATE REGISTRATION**



## 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

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

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## 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



# Concurrent Educational Sessions

## MONDAY, MARCH 23, 2020

### PANCREAS/PANCREATOLOGY

- 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

## GROUP PHOTO

## COFFEE BREAK

### PANCREATITIS

- Acute pancreatitis
- Chronic pancreatitis
- Pancreatitis Causes
- Pancreatitis Diagnosis
- Acute pancreatitis Treatment
- Alcoholic Pancreatitis
- Chronic Pancreatitis Symptoms

### 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

## LUNCH BREAK

### 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

## COFFEE BREAK

### ADVANCED PANCREATITIS TREATMENT

- Acute pancreatitis treatment
- Chronic pancreatitis treatment
- Natural treatment for pancreatitis
- Pancreaticobiliary 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



# Concurrent Educational Sessions

TUESDAY, MARCH 24, 2020

## GASTROENTEROLOGY

- Gastritis
- Gastroenteritis
- Gastric Ulcers
- Gastroschisis
- Implantable Gastric Stimulation
- Imaging and Scanning

## ARTIFICIAL PANCREAS

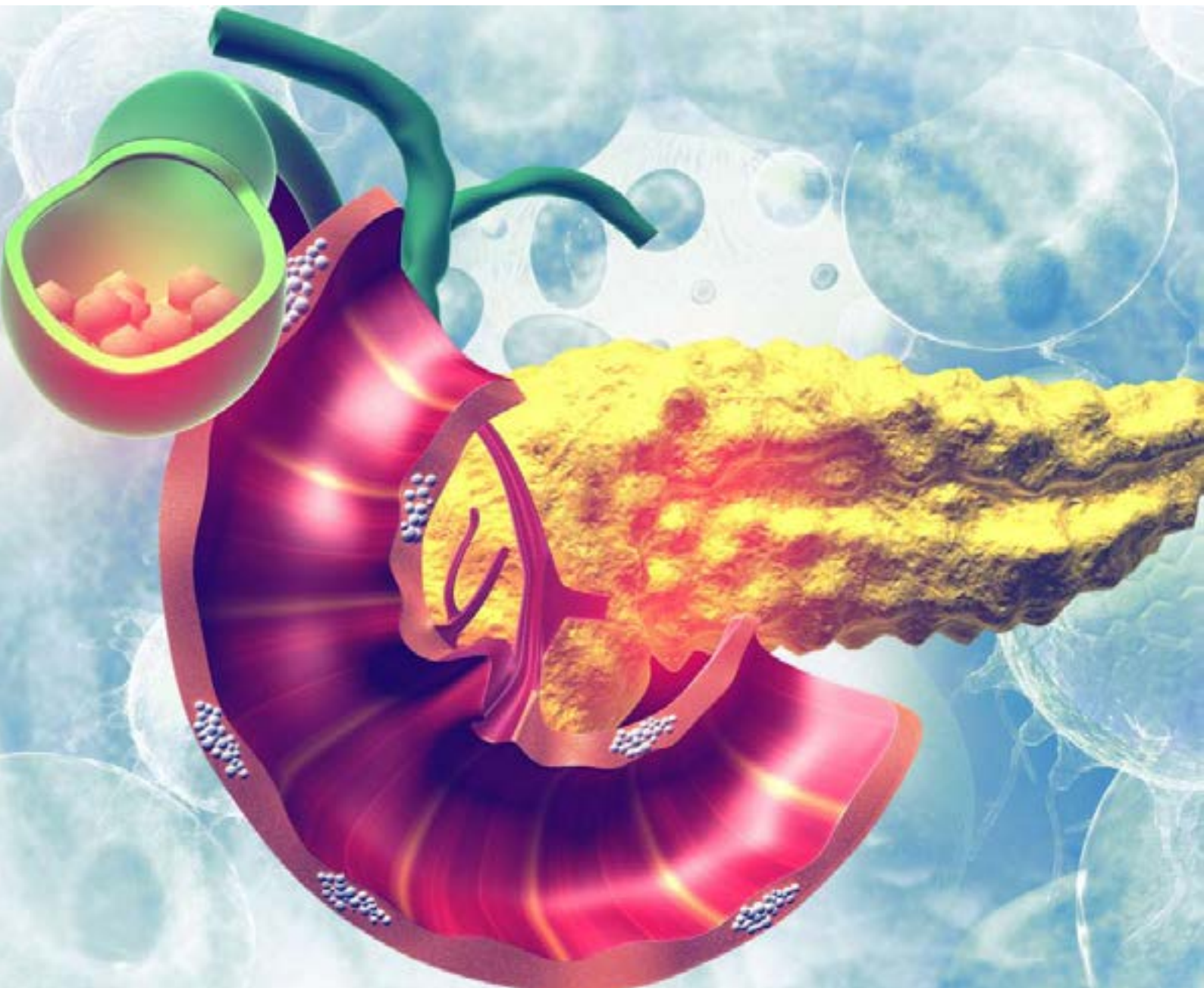
- Closed-loop artificial pancreas
- Bionic pancreas
- Implanted artificial pancreas

## HEPATOLOGY

- Hepatic Disorders
- Gallbladder and Biliary Disease
- Gastrointestinal Pathology
- Gastrointestinal Disorders
- Gastrointestinal Bleeding

## GENETICS AND EPIGENETICS OF LIVER CANCER

- Whole Genome Analysis
- Epigenetics of liver diseases
- DNA Hypomethylation
- Epigenomics of Diabetes and Other Metabolic Diseases





## 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 dilated 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<sup>+</sup>K<sup>+</sup>-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.

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Lady Reading Hospital, Pakistan





## Title: Contrast assisted cannulation on ERCP as a promising method for diagnosing tiny pancreatic cancer

**Noriyuki Nishino** | Southern TOHOKU general hospital, Japan

### 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  $<\phi 10\text{mm}$ . 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.

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## 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.

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## Title: A Discussion of the Current Limitations of Diabetes Etiology

**Graham Ewing** | Northumbria University, UK

### 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.

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## Title: Cardiovascular Complications after treating Common Bile Duct Stone in patients with biliary pancreatitis and obstructive jaundice

**Gabriel Sandblom** | S1 Department of Clinical Science and Education, Sweden

### Abstract:

#### Objective

The aim of the study was to assess the risk for cardiovascular complications after Endoscopic Retrograde Cholangiopancreatography 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.

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**Title: Biliary phytobezoar development causing multiple small bowel obstructions following laparoscopic cholecystectomy in a sickler 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.

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## 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 t 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.

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## Title: Anthocyanin Acts As Scavenger For Heavy Metal ions , Attack Cancer cell, and Interacts With Uric Acid and Urea To Expel it Through Urine System

**Jaleel Kareem Ahmed** | University of Babylon

### Abstract:

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 =  $1.5 \times 10^{-15}$  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 phenolphthaleine indicator which is water insoluble.

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## Title: Some Characteristics of Chronic Pancreatitis

**S. Franjić** | International University of Brcko District, Bosnia and Herzegovina

### 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.

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## 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.

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## **Title: Outcome of acute pancreatitis in octogenarians: A retrospective study**

**Daive Di Mauro | Royal Devon and Exeter NHS Foundation Trust, UK**

### **Abstract:**

#### ***Objectives***

Acute pancreatitis (AP) is a common disease but data on outcomes in octogenarians are scarce in the literature. Aim of the study is to analyse results from patients aged 80 years old and over, treated for AP at a single centre.

#### ***Methods***

Patients aged 80 and above, diagnosed with AP, from April 2010 to October 2015 were considered. Demographics, American Society of Anesthesiologists (ASA) score, Charlson Comorbidity Index (CCI), serum biochemistry at 24 and 48 hours after admission, revised Atlanta severity score, were analyzed and correlated with hospital mortality rate and length of stay, using the multiple regression and Kaplan-Meier tests.

#### ***Results***

One hundred consecutive patients were included in the study. There were 52 women, mean age was 87.5 (range 80-95). Gallstones were the most common cause of AP (69.7%).

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## **Title: Circulating lncRNA SNHG11 as a novel biomarker for early diagnosis and prognosis of colorectal cancer**

**Yawen Liu | Jiangsu University of China, China**

### **Abstract:**

#### **Objectives**

This study aimed to discover blood-based markers for the early detection of CRC and to ascertain their efficiency in discriminating healthy controls, patients with polyps and adenomas and cancer patients.

#### **Scope**

Colorectal cancer (CRC) is the third most common cancer and the second leading cause of cancer mortality worldwide. Emerging evidence indicates that tumour cells release substantial amounts of RNA into the bloodstream, in which RNA strongly resists RNases and is present at sufficient levels for quantitative analyses.

#### **Results**

Plasma levels of the four candidate lncRNAs were significantly reduced in post-operative samples compared to pre-operative samples. A panel including these four lncRNAs performed well in distinguishing patient groups with different stages of colon disease, and SNHG11 exhibited the greatest diagnostic ability to identify precancerous lesions and early-stage tumour formation. Mechanistically, high SNHG11 expression promotes proliferation and metastasis by targeting the Hippo pathway.

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### **Aamir Ghafoor Khan**

Lady Reading Hospital, Pakistan

## Title: The Entangled Relationship between NAFLD, Insulin Resistance and Obesity

**Vinod Nikhra | Hindu Rao Hospital & NDMC Medical College, India**

### Abstract:

NAFLD - PREVALENCE AND ASSOCIATIONS: Non-alcoholic fatty liver disease (NAFLD) is a highly prevalent metabolic disorder having as key feature, the insulin resistance (IR), accompanied with impaired insulin sensitivity (IS) in liver and various other organs including muscles and adipose tissues. Further, the incidence of NAFLD is high in conditions associated with IR such as obesity, type 2 diabetes mellitus (T2DM), dyslipidemia and metabolic syndrome (MetS). Intrahepatic triglyceride accumulation, or steatosis, is a hallmark of NAFLD that develops when the rate of fatty acids (FAs) input (FAs uptake from plasma and de novo lipogenesis) exceeds the rate of FAs output (FA oxidation and secretion of triglycerides as VLDL). A subset of NAFLD patients go on to develop non-alcoholic steatohepatitis (NASH), which can progress to fibrosis and cirrhosis

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# Title: Pancreatic Ductal Deletion of Hnf1b Disrupts Exocrine Homeostasis, Leads to Pancreatitis, and Facilitates Tumorigenesis

**Cécile Haumaitre | French Institute of Health and Medical Research, France**

## Abstract:

### Aim

The exocrine pancreas consists of acinar cells that produce digestive enzymes transported to the intestine through a branched ductal epithelium. Chronic pancreatitis is characterized by progressive inflammation, fibrosis, and loss of acinar tissue. These changes of the exocrine tissue are risk factors for pancreatic cancer. The cause of chronic pancreatitis cannot be identified in one quarter of patients. Here, we investigated how duct dysfunction could contribute to pancreatitis development.

### METHODS

The transcription factor Hnf1b, first expressed in pancreatic progenitors, is strictly restricted to ductal cells from late embryogenesis. We previously showed that Hnf1b is crucial for pancreas morphogenesis but its postnatal role still remains unelucidated. To investigate the role of pancreatic ducts in exocrine homeostasis, we inactivated the Hnf1b gene in vivo in mouse ductal cells.

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## Title: Pancreas Transplant Rejection: Pathology, Risk Factors and Outcomes

**Jose Torrealba | University of Texas Southwestern Medical Center, USA**

### Abstract:

The histopathologic parameters associated with acute cellular rejection (ACR) of the pancreas allograft have been well defined and have undergone modifications over the years to reflect the latest diagnostic and prognostic updates. Antibody-mediated rejection (AMR) in the other hand, is a relatively recently identified entity that we are yet learning how to diagnose and manage. This presentation will cover both the latest Banff approved diagnostic criteria for ACR and AMR with emphasis on our own research findings on incidence, risk factors, pathologic diagnosis, treatment and outcomes of pancreas AMR. 159 pancreas transplant recipients who underwent 94 allograft biopsies were studied. A subset of biopsies were analyzed by immunohistochemistry with C4d, as surrogate histologic marker of AMR. Briefly, we have found that pancreatic AMR occurred in about 10% of patients by 1-year post-transplant. The most important risk factors associated with AMR included non-primary simultaneous pancreas-kidney (SPK) transplant, primary solitary pancreas (PAN) transplant and race mismatch. After pancreas rejection, patient survival was 100% but 20% of pancreas grafts failed within 1 year. Graft survival after acute cellular rejection (ACR), AMR and mixed rejection was similar. Of biopsies that stained >5% for the AMR surrogate marker C4d, 80% were associated with increased Class I donor specific antibodies (DSA). AMR occurs at a clinically significant rate after pancreas transplantation, and the diagnosis should be actively sought by staining the allograft biopsy using C4d staining and screening for DSA levels in patients with graft dysfunction, especially after nonprimary SPK and primary PAN transplantation.

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## Title: Soy As Goitrogen

**Xu Chen | The College of St. Scholastica, USA**

### Abstract:

Soy product is a common meat substitute among vegetarians. However, soy has its drawbacks. One of the dark side of soy is that it is a goitrogen. The contents inside soy is not good for thyroid. In fact, American people totally do not know how to eat. The soy in vegan diet are hard to digest, but they think it is healthy; the European gourmet cheese that bugs flying out from are considered not sanitary enough; fermented soy are not considered everyday food on American dinner table. In this review, this author will discuss how to eat soy to benefit thyroid health.

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# Title: Disaccharide mimetics as drugs against cancer and epitopes for anti-cancer vaccine candidates

**Pierre Vogel | Swiss Institute of Technology in Lausanne, Switzerland**

## Abstract:

Cancer-associated mucin glycoprotein MUC1 is characterized by the presence of altered carbohydrates such as Tn (β-N-acetylgalactosamine), sTn (sialyl-1-6-Tn) and the Thomsen-Friedenreich (TF: β-D-Galp-1-3β-D-GalNAcp) antigen (tumor associated carbohydrate antigens: TACAs) that are conjugated to proteins via O-β-galactosylation of serine or/and threonine. Patients immunized with synthetic TF conjugated with KLH (keyhole limpet hemocyanin) + QS21 adjuvant can generate IgM and IgG antibodies.<sup>1</sup> Because the disaccharide TF is hydrolyzed rapidly in the body, strong immune response requires longer lived disaccharides. Fluorinated TACAs have been proposed which elicit IgG antibodies found to cross-react with native TF epitopes.<sup>2,3</sup> We have found that the C-linked disaccharide analogue 1 (constructed applying Danishesky's method for the conjugation with KLH 4) + QS21 adjuvant induces a strong immune response in mice. Interestingly, much weaker immune response was observed with a stereoisomeric antigen constructed with the β-C-galactoside analogue of TF disaccharide (β-D-Galp-1-CH<sub>2</sub>-3β-D-GalNAc-O-Ser).<sup>5</sup> Several strategies and methods have been developed for the synthesis of C-linked disaccharides including disaccharide mimetics incorporating iminosugars C-linked to sugars and sugar mimetics such as conduritols and cyclitols. The latter work was motivated by the search for specific glycosidase and glycosyltransferase inhibitors that are potential drugs against cancers and other diseases

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## **Title: A Control of Glucose Level in Insulin Therapies for the Development of Artificial Pancreas by Atangana Baleanu Fractional Derivative**

**Muhammad Farman | The University of Lahore, Pakistan**

### **Abstract:**

In this work, ensures meticulous mathematical study for analyzing the dynamics of diabetes mellitus model and its impact on public health with Atangana Baleanu derivative technique. The primary aim of this article is to create and evaluate a fractional-order derivatives system for an extensive regulatory scheme of glucose-insulin regulation for the glucose-insulin pump to control diabetes. The existence and uniqueness are determined by a fixed point theorem and an iterative scheme. We suggest an impulsive differential equation model study plasma glucose control for diabetic patients with impulsive insulin injections and by measuring the glucose level which leads to normal levels of infinite time. It is regarded as a deterministic fractional derivative model related to diabetes mellitus which provides a better control strategy at fractional values for the development of the artificial pancreas. For different fractional orders, numerical simulations are performed to demonstrate the impacts of varying the fractional-order to achieve the theoretical outcomes and comparison is made for the Caputo and Caputo Fabrizio derivative. The results of these case studies by controlling plasma glucose with fractional-order model make it an appropriate candidate to control the type 1 diabetes in human.

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## **Title: Laparoscopic pancreatectomy : interest of abdominal drainage and lipase assay**

**soriba naby camara | Gamal Abdel Nasser University of Conakry, Guniea**

### **Abstract:**

Pancreatic surgery is one of the most difficult areas in digestive surgery. Pancreatectomy laparoscopic distal has been accepted worldwide because it does not require anastomosis or other reconstruction. Described for the first time by Ambroise Paré, the use of drainage of abdominal cavity after digestive surgery is a long tradition among digestive surgeons. Some surgeons have abandoned systematically the use of drains while others have taken a compromise position by removing the drains early in the postoperative period, depending on the volume of emptying and amylase / lipase content after pancreatectomy. The study was performed at the hepatobiliary and pancreatic surgery unit of the Saint-Luc university clinics. Pancreatic fistula is currently the major complication after pancreatectomy because of its consequences in terms of mortality, morbidity and duration of hospitalization. Nevertheless, there are few prevention methods currently available to prevent the occurrence of this event postoperatively. This work made it possible to isolate predictive factors that would make it possible to detect the occurrence of a pancreatic fistula early on the third day postoperative. These factors are represented by the higher lipase level 1000 IU / l at the 3<sup>rd</sup> day postoperative; or when the level of lipase in the drain is three times higher than the serum level, or if the amount of liquid in the drain is greater than 50 ml at the 3<sup>rd</sup> day.

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