

**33<sup>rd</sup> ARABMED Annual Meeting 2023**  
**9<sup>th</sup> Joint International Medical Conference**



**«The Advances in Cancer Medicine»**

المؤتمر السنوي الـ 33 لإتحاد الأطباء العرب في أوروبا و المؤتمر الطبي الدولي المشترك التاسع



**PROGRAM & ABSTRACTS**

**البرنامج العلمي والملخصات**

**GRAND CEVAHİR HOTEL & CONVENTION CENTER**

**ISTANBUL- TURKEY**

**27 – 28 MAI 2023**

## ARABMED in Europe Annual Conferences 1984 – 2023



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01 <sup>st</sup> Meeting	26.-28.08.1984	Cologne / Germany
02 <sup>nd</sup> Meeting	05.-07.09.1985	Stuttgart / Germany
03 <sup>rd</sup> Meeting	28.-30.08.1986	Wiesbaden / Germany
04 <sup>th</sup> Meeting	04.-06.09.1987	Frankfurt / Germany
05 <sup>th</sup> Meeting	09.-11.09.1988	Wiesbaden / Germany
06 <sup>th</sup> Meeting	07.-09.09.1989	Frankfurt / Germany
07 <sup>th</sup> Meeting	01.-03.09.1990	Frankfurt / Germany
08 <sup>th</sup> Meeting	31.08-01.09.1991	Wiesbaden / Germany
09 <sup>th</sup> Meeting	22.-23.08.1992	Manchester / G.B.
10 <sup>th</sup> Meeting	27.-29.08.1993	Hamburg / Germany
11 <sup>th</sup> Meeting	02.-04.09.1994	Paris / France
12 <sup>th</sup> Meeting	22.-24.09.1995	Berlin / Germany
13 <sup>th</sup> Meeting	30.08-01.09.1996	Frankfurt / Germany
14 <sup>th</sup> Meeting	28.-30.08.1997	Rome / Italy
15 <sup>th</sup> Meeting	28.-30.08.1998	Munich / Germany
16 <sup>th</sup> Meeting	17.-19.09.1999	Düsseldorf / Germany
17 <sup>th</sup> Meeting	29.12.2000-05.01.2001	Dubai / UAE
18 <sup>th</sup> Meeting	07.-09.09.2001	Hanover / Germany
19 <sup>th</sup> Meeting	27.-29.09.2002	London / G.B.
20 <sup>th</sup> Meeting	05.-07.09.2003	Bonn / Germany
21 <sup>th</sup> Meeting	06.-12.08.2004	Istanbul / Turkey
22 <sup>th</sup> Meeting	25.-31.03.2005	Ajman / UAE
23 <sup>th</sup> Meeting	28.10-4.11.2006	Aleppo- Syria
24 <sup>th</sup> Meeting	31.10-.2.11.2008	Berlin / Germany
25 <sup>th</sup> Meeting	30.10-1.11.2009	Vienna – Austria
26 <sup>th</sup> Meeting	29. - 31.10. 2010	Dublin -. Ireland
27 <sup>th</sup> Meeting	28.-30. 10.2011	Madrid - Spain
28 <sup>th</sup> Meeting	26.-28. 10.2012	Paris - France
29 <sup>th</sup> Meeting	4.-6. 10.2013	Berlin / Germany
30 <sup>ed</sup> Meeting	17.-19 10.2014	Rome / Italy
31 <sup>st</sup> Meeting	24 - 28. 10.2015	Fujairah/ UAE
32 <sup>nd</sup> Meeting	16 – 18. 09.2016	Vienna – Austria
33 <sup>rd</sup> Meeting	27.-28.05.2023	Istanbul / Turkey

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# Joint International Medical Conferences 2008 – 2022

01st Conference 02.-08.Oct. 2008	Nalchik/ Kabardino-Balkaria
02 <sup>ed</sup> Conference 28 Nov.-.3 Dez. 2008	Damaskus Syria.
03rd 10-12 October 2010	Alandalus University Syria
04 <sup>th</sup> Conference 07.-08. Oct. 2011	Istanbul / Turkey
05 <sup>th</sup> Conference 30 Sept. -06.Oct. 2012	Amman / Jordan.
06 <sup>th</sup> Conference 03-07 June 2013	Alexandria / Egypt
07 <sup>th</sup> Conference 03 -06.Oct. 2013	Berlin / Germany.
08 <sup>th</sup> Conference 15 – 16 October 2022,	Vienna- Austria
09 <sup>th</sup> Conference 27-28 May 2023	Istanbul / Turkey



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المؤتمر السنوي الـ 33 لإتحاد الأطباء العرب في أوروبا  
والمؤتمر الطبي الدولي المشترك التاسع

**«The Advances in Cancer Medicine»**

**Program & Abstracts**

البرنامج العلمي والملخصات

**GRAND CEVAHİR HOTEL & CONVENTION CENTER**

**ISTANBUL- TURKEY**

**27 – 28 MAI 2023**



Ladies and gentlemen, dear colleagues,

The 33rd ARABMED Annual meeting and the 9th International Medical Conference on "Advances in Cancer Medicine" will be held on May 27-28, 2023, at the GRAND CEVAHIR HOTEL&CONVENTION CENTER in Istanbul, in cooperation with several medical institutes and regional associations.

Cancer is still a dreaded disease that preoccupies most people and raises concerns about contracting it. That is why we have decided to make cancer management the theme of this conference. An important task of cancer research is to identify cancer triggers and ways to prevent it. We will discuss questions such as what makes one person sick and another healthy, and what are the benefits of a certain lifestyle. Through this two-day conference, we aim to review research and discuss new issues in cancer management.

Half a million people are diagnosed with cancer in Germany every year, which is an enormous number of patients in need of treatment.

The success of cancer therapy, which typically involves multiple treatment steps, also depends on the quality of the interface processes that result. Rapid transfer of proven medical innovations from research to healthcare is essential for oncological progress. Interfaces are important in various areas of oncology, such as when representatives of different medical disciplines and health professions discuss a case together in the tumor board, when patients transition between the inpatient and outpatient sectors, or during doctor-patient discussions. Human-machine interaction will also play an increasingly important role in the future. Dealing with interfaces is therefore a particularly relevant topic in oncology, and I am pleased that the ARABMED Cancer Congress 2023 will be addressing this issue.

ARABMED thrives on its interdisciplinary orientation, which sets it apart. As the organizer of this meeting, I am highly motivated by the exchange of ideas with other medical disciplines, institutes, representatives from research and politics, and those affected. On behalf of ARABMED in Europe, I cordially invite you all, especially young researchers, our colleagues of tomorrow, to actively participate in the 33rd Arabmed Congress 2023 in Istanbul. Be there, exchange ideas, expand your knowledge and possibilities with a view to the future, for the benefit of our patients of today and tomorrow.

The strong intention of our colleagues from Turkey is much appreciated, as the success of this event is only feasible through the great help and support of our colleagues contributing their attendance and elite scientific presentations.

We were all affected by the catastrophe of the earthquake that caused losses and injuries in Turkey and northern Syria on February 6. The damage, victims, injuries, displacement, loss, and horror caused by the earthquake were not evaluated enough. As a result, the organizational committee of the conference decided to allocate a special session on the earthquake in the conference to hear reports, experiences, and relief actions from many of you who lived through it in both Turkey and Syria.

I would like to express my gratitude to all the participants who have submitted their work from all countries, the organizing committee team who are behind the success of this scientific gathering, and all the speakers and members of the scientific and organizing committee for their endless and dedicated efforts.

I hope that our scientific program meets your expectations. We look forward to a stimulating meeting, and once again, I warmly welcome all of you to Istanbul

Dr Faidi Omar Mahmoud

President of ARABMED in Europe and Conference

## طب السرطان

السيدات والسادة الزملاء الأعزاء،

سيعقد المؤتمر السنوي الـ 33 لاتحاد الأطباء العرب في أوروبا في عام 2023 والمؤتمر الطبي المشترك التاسع حول "التقدم في طب السرطان" في الفترة ما بين 27 - 28 مايو 2023، في مركز المؤتمرات في فندق جواهر في اسطنبول، بالتعاون مع العديد من الجمعيات المحلية والإقليمية.

الهدف من هذا المؤتمر هو توفير الفرص لتبادل الخبرات في مجال التقنيات الجديدة في طب السرطان، وكذلك الالتقاء والتواصل بين الخبراء العرب الذين يعملون في المجال الطبي.

لا يزال السرطان هو المرض المخيف الذي يشغل بال معظم الناس ويخشون الإصابة به. لهذا السبب قررنا في هذا المؤتمر أن يكون موضوع المؤتمر هو إدارة السرطان، والبحث عن اسبابه وطرق الوقاية منه: ما الذي يجعل شخصا ما يصاب بالسرطان؟ ما هي الفوائد من نمط حياة معينة للوقاية من هذا المرض؟ وأسئلة كثيرة أخرى. من أجل توضيح هذه الأسئلة، سنحاول في هذا المؤتمر الذي يستمر يومين عرض الأبحاث ومناقشة القضايا الجديدة المتعلقة بالسرطان.

يتم تشخيص نصف مليون شخص بالسرطان في ألمانيا كل عام هذا بالإضافة الى أعداد هائلة من المرضى الذين يحتاجون إلى العلاج.

يعتمد نجاح علاج السرطان عادة على مراحل علاجية عديدة ومتكاملة، وأيضاً على سهولة وسيولة عمليات الانتقال السريع من مرحلة إلى أخرى.

ما أفكر فيه هنا هو التطبيق السريع للابتكارات الطبية الحديثة في مجال الرعاية الصحية وهو شرط أساسي مهم للتقدم في مجال الأورام وبالآخرى السرطانات. وتعتبر تطبيق هذه المراحل ذات أهمية بالغة على سبيل المثال، عندما يناقش ممثلو التخصصات الطبية المختلفة حالة سرطانية معينة معاً بدأ من التشخيص وحتى العلاج لا بد بأن تمر في عدة مراحل تبدأ بتحدث الطبيب للمريض ومناقشته ومن ثم إجراء الفحوصات التشخيصية وبناءً عليه يتم اتخاذ القرار بتحويل المريض من مريض خارجي إلى مريض داخلي. ومن الملاحظ أيضاً ازدياد أهمية دور التفاعل بين الإنسان والآلة وستزداد بشكل أكبر في المستقبل. لذلك فإن التعامل مع الابتكارات الجديدة هو أحد الموضوعات ذات الصلة بشكل خاص في علم الأورام، ولذلك يسعدني جداً أن يتناول مؤتمر ARABMED للسرطان 2023 هذا الموضوع بشكل تفصيلي.

يتميز اتحاد الأطباء العرب في أوروبا بتوجهاته المتعددة التخصصات، وبصفتي منظمًا لهذا اللقاء، فإنني متحمساً جداً للاستفادة من التبادل العلمي مع التخصصات الطبية المختلفة وذلك من خلال التعاون مع المعاهد الأخرى، ومع ممثلي مراكز البحوث والسياسة المختلفة. أدعوكم جميعاً - وخاصة الباحثين الشباب، زملاء الغد - للمشاركة وبشكل فعال في نقاشات مؤتمرنا في اسطنبول: كن فعالاً، لتبادل الخبرات، وتوسيع الافاق والإمكانيات من خلال نظرة إيجابية إلى المستقبل - لصالح مرضانا اليوم وغداً.

وهنا أود أن أشير أنه لولا الدعم الكبير والتصميم والإرادة القوية للزملاء من تركيا لم يكن عقد هذا المؤتمر ممكناً، كما أن المساعدة المستمرة والدعم الكبير من زملائنا الذين حضروا إلينا من مختلف بقاع الأرض للمساهمة في المؤتمر من خلال مشاركتهم وعرضهم لأخر الأبحاث كان له دور كبير في إنجاح المؤتمر.

تأثرنا جميعاً بكارثة الزلزال الذي أصاب تركيا وشمال سوريا في 6 شباط 2023 والأضرار والضحايا والإصابات التي تسببت في النزوح والضياع والربح، وهو ما لم يكن متوقفاً على الإطلاق، الأمر الذي جعل اللجنة التنظيمية تقوم بتخصيص جلسة خاصة حول الزلزال حيث سوف يتم الاستماع إلى بعض التقارير عن الأعمال الإغاثية التي قام بها العديد منكم ممن عاشوا هذه المحنة في كل من تركيا وسوريا

أود ان اشكر جميع المتحدثين والمشاركين الذين قدموا أعمالهم من جميع البلدان، وفريق وأعضاء اللجنة العلمية والتنظيمية على جهودهم المتفانية التي تقف وراء نجاح هذا التجمع العلمي.

أتمنى أن يلي برنامجنا العلمي توقعاتكم، ونتطلع إلى لقاء محفز ومثمر ونرحب بكم جميعاً بحرارة مرة أخرى في اسطنبول. ودمتم

الدكتور فيضي محمود

رئيس اتحاد الأطباء العرب في أوروبا

### Organising Bodies and Partners *الهيئات المنظمة*

Arab Medical Union in Europe (ARABMED) <http://www.arabmed.de>

### Associated Partners

- Union of Arab Medicals and Pharmacists in Austria
- Union of Arab Medicals in Italia
- Union of Arab Medicals in Irland
- Union of Arab Medicals in Ukrania
- Erlangen Hilft e.V.
- AGMAN (Arab-German Medical Alumni Network)
- The Circassian Medical Professionals Network (CircasMed)

### Title of the conference «Advances in Cancer Medicine» شعار المؤتمر

**President of ARABMED in Europe and Conference** رئيس اتحاد الأطباء العرب في أوروبا ورئيس المؤتمر

**Dr Faidi Omar Mahmoud**, President of the Conference, Surgeon & Cardiac Surgeon, Germany

Email: [faidi.mahmoud@gmail.com](mailto:faidi.mahmoud@gmail.com)

### Secretary General of the Conference السكرتير العام للمؤتمر

Dr. Hesham Dahshan Germany

### Scientific Committee: اللجنة العلمية

Dr. Ossama Al-Babbili, Secretary of Arabmed Scientific Award, Representative of Arabmed in UAE,

Ass. Prof Dr. Med Abdul Monem Hamid, Pneumologue (France)

OMR Dr. Tammam Kelani, Ophthalmologist, (Austria) Dr. Mohamed Haysam Sawaf France

Dr. Abdel Rahman Aljabi Gynecologist UAE Prof Abdulkader Martini, Plastic surgen

Dr. Hesham Dahshan General & Orthopedic Surgery (Germany)

Dr. Ghassan Elaghe Radiologist (Irland) Prof Sabri Shamsan Hasan Nephrologist (Italy)

Dr. Khalil Ekky, Gastroenterology (Irland) Dr. Sayed Tarmassi General Practitioner

(Germany), Prof Rami Abushamsiah General Surgoen Ukrania

### Organizing Committee: ARABMED

Dr. Hesham Dahshan Secretary General of the Conference Orthopedic Surgery (Germany)

Dr. Ossama Al-Babbili (UAE), Ass. Prof Dr. Abdul Monem Hamid, Pneumologue (France), Dr.

Tammam Kelani, (Austria), Dr. Ghassan Elaghe Radiologist (Irland) Prof Sabri Shamsan Hasan

Nephrologist (Italy), Dr. Khalil Ekky, Gastroenterology (Irland) Dr. Sayed Tarmassi General

Practitioner (Germany)

### Local Organizing Committee: Turkey

- Prof. Günsel Avci, Chair of Local Organizing Committee, İstanbul, Internist, Cardiologist, Founder of Circassian Women Association, TR, Vice President of Pluralist Democracy Party, TR
- Op.Dr. Nusret Bas, Ophthalmologist in Holland and İstanbul, President of Federation of Circassian Associations, TR
- Ayşe Pişkin, Chief Nurse, Co-Founder and General Secretary of Circassian Women Association, TR

### Contact & E-Mail Address for Registration عنوان المراسلات

#### ARABMED in Europe

**Germany:** Dr Med. Faidi Omar Mahmoud, Cardiac Surgeon, Erlangen, Germany Email:

[faidi.mahmoud@gmail.com](mailto:faidi.mahmoud@gmail.com)

**Turkey:** Prof. Dr. Günsel (Shurдум) Avci. Chair of Local Committee in Turkey, Consultant Cardiologist, Istanbul, Turkey. E mail [drgunselavci@gmail.com](mailto:drgunselavci@gmail.com)

**Language of conference** English or Arabic, (presentation only in English) Simultaneous translation not available

**Participating Countries**

Germany, France, Irland, Ukania, UAE, Bahrain, Palestine, Austria, Turkey, Italy, USA, Canada

**Conference Venue** مكان المؤتمر في استانبول

GRAND CEVAHİR HOTEL ve KONGRE MERKEZİ Cevahirler İnşaat Taahhüt Turizm İşletme ve Ticaret A.Ş Darülaceze Cad. No:5 Şişli / İSTANBUL Tel: +90 212 314 42 42 [www.gch.com.tr](http://www.gch.com.tr) /E- mail [info@gch.com.tr](mailto:info@gch.com.tr)

**Registration Fees** رسم المؤتمر لا تشمل الإقامة



Early Registration Until 31. March 2023	Late Registration 1. April 2023
250 Euro for the Participant 100 Euro for Partner 100 Euro	300 Euro for the Participant 150 Euro for Partner 150 Euro

Special Fee for the Member

**Registration fees will cover**

- Participation in the Opening Ceremony, Scientific Program 2x Lunch, 1X Dinner on Saturday, refreshments (Tee, Coffee and Water in the Breaks)
- All handouts of relevant papers presented at the conference

رسم المؤتمر 250 كتسجيل مبكر حتى نهاية آذار 2023 للمشاركين في البرنامج العلمي وبعد هذا التاريخ يضاف 50 يورو للجميع وأعضاء الإتحاد الذين سددوا الرسم السنوي 2023 لهم اسعار خاصة في التسجيل المبكر او المتأخر

- يغطي رسم التسجيل المشاركة في المحاضرات وحفل الافتتاح والختام والجلسات العلمية والإستراحات والغذاء لمرتين العشاء مرة واحدة والحصول على وثائق المؤتمر مع شهادة الحضور بإستثناء البرنامج الإجتماعي مساء الأحد. اللجنة المنظمة لا تتولى تنظيم الطيران والإقامة في استانبول

**Bank info of Arab Medical Union in Europe (ARABMED) in Germany**

**Name of the Bank :** Stadt- und Kreissparkasse Erlangen <https://www.sparkasse-erlangen.de>

**Name of the Street :** Hugentottenplatz 5,

**Name and Number of city:** 91054 Erlangen

**BIC-/SWIFT-Code :** BYLADEM1ERH

**IBAN-Number :** DE22 76350000060025142

**Liability:التأمينات والضمانه**

اتحاد الأطباء العرب في اوربوا لا تتحمل اية ضمانه لأية ضرر او فقدان حاجة او حادث تحدث خلال المؤتمر والسفر

- ARABMED Union does not bear any responsibility for any loss, accident or damage occur during the conference or traveling
- Participants and accompanying persons participate at their own responsibility in the Congress and all accompanying events.

**Cancellation of registration الغاء التسجيل**

Before 15 March.2023 will be deducted 25%	قبل 15 / آذار/ 2023 سيخصم(25%)
After 15 March.2023 will be deducted 50%	بعد 15 آذار 2023 سيخصم(50%)
After 15 May.2023 will be deducted 100%	بعد 15 ايار 2023 سيخصم 100%

**Information for the Chairman’s and speakers**

- *Mr. Chairman, please introduce the speakers in session with their name, short biography, title, position, and title of the lecture (info from the program) to the audience, lead the discussion and stick to the time available*



- Language of the conference is English or Arabic (Slide presentations in English only or plus other language), Simultaneous translation not possible
- The date and room of your presentation can be found in the conference program.
- Time management of your presentation is of at most importance, please do not exceed the allocated time for your presentation, **Oral presentation only 15 Minutes plus 5 minutes discussion**
- Please complete your preparations for your presentation before your Session starts in the conference hall. This guarantees a fluent course of Session
- Only presentation on USB sticks can be processed. To use your own laptop is not possible. Slide and Video tapes projection, not possible
- All speakers are responsible for the content of their lecture

### **Please note**

**Admission Control** There will be admission control at the entrances of Restaurant. The name badges serve as admission permit. Please wear them visibly!

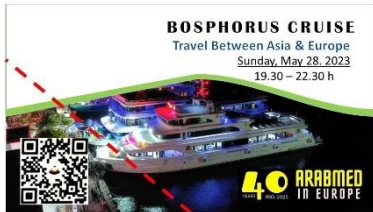
**Meals and Drinks** Costs for shared meals and Drinks (1x Water and 1X juice) for all participants will be covered. If your vouchers are used up, please pay the rest of your drinks yourself.

**Extras in the hotel** The ARABMED cannot cover costs for extra services, such as telephone, minibar, pay TV and high-speed Internet access. Please pay these costs before your departure.

**Photos** During the meeting, our photographer will take photos that might be used for public relation purposes (incl. internet and social media) by the ARABMED. He will also ask some of you for portrait photos for our next programmes. If you do NOT wish to have your photo published, let the photographer know.

### **Social Program** البرنامج الاجتماعي

Go together Bosphorus Cruise Extra cost 50 Euros for Dinner and Boat trip!



في ختام المؤتمر ستجرى رحلة جماعية للمشاركين على مضيق البسفور ونأمل منكم بان تتمتعوا بهذه الأمسية الخاصة بنا لنستكشف سوية الملمس التاريخي الفريد لمضيق البوسفور مع احتساء كأس من الشاي. انها ليست وليمة بصرية فحسب وانما وليمة مصحوبة بطاولة رائعة لك لتتذوق بأذواق المطبخ الشرقي اللذيذ والموسيقا الهادئة وبجولة لا تُنسى، في هذا اليخت الخاص، لتتخلص من أجواء المؤتمرات العقيمة برفقة أعز اصدقائك في إطلالة فريدة من نوعها في اسطنبول. ARABMED in Europe thanks you for participating in this

conference. We hope you will enjoy this concluding evening as we explore together the historical background of the Bosphorus Strait with a cup of tea. It is not only a visual feast, but an accompanying feast with a wonderful table for you, to taste oriental cuisine, calm music, and an unforgettable tour of this yacht to get rid of the atmosphere of sterile conferences with your best friends in a unique view of Istanbul.

**Istanbul** is the most populous city and a cultural and financial center. Located on both sides of the Bosphorus, the strait between the Black Sea and the Marmara Sea, Istanbul bridges Asia and Europe both physically and culturally. Istanbul's population is estimated to be about 16 million people, making it also one of the largest in Europe and the world.



Istanbul offers a wealth of historic and religious places to take in.

The bulk of these ancient monuments, dating back to Roman, Byzantine, and Ottoman periods, including the Hagia Sophia, Topkapı Palace, Sultanahmet Mosque (Blue Mosque), and Basilica Cistern are located around Sultanahmet Square, while some others are dispersed throughout the peninsula of old city, such as Church of St Savior in Chora (Kariye Müzesi), entire interior of which is covered by mindblowing frescoes and mosaics. An impressive section of mostly intact Theodosian walls, which mark the full length of western boundary of the peninsula, is right next to this particular church.

To the North of the peninsula of old city, across the Golden Horn, is Galata, crowned by the Galata Tower. Istanbul Modern, art centre, with its exhibitions of contemporary Turkish art, is on the nearby waterfront of Karaköy. Another sight of religious significance close by is the Galata Whirling Dervish Hall of Sufi Mevlevi order, just North of the Tower. Further North is the Istiklal Avenue, Istanbul's prominent pedestrian street running from near Galata Tower to Taksim Square, the central square of the whole city. Heading West rather than North from the old city brings you deeper into the banks of the Golden Horn estuary. A neighbourhood perhaps well worth a visit here is Eyüp, to visit the city's holiest Islamic shrine and just to see what daily life in Ottoman Istanbul was like. On the opposite shores of the Horn, in Sütlüce, is the Miniaturk, the first miniature park in the city, with models from around the former Ottoman Empire. North of Taksim Square is New Istanbul, main business district of the city. If venturing

out to this direction, don't forget to check out the Military Museum, where Ottoman military music concerts (Mehter) were held every afternoon. Most of the skyscrapers of the city are located in the North of this district, around Levent and Maslak, with a totally different skyline from that of the old city. However Southern reaches of the very same district has some fine neo-classical and Art Nouveau buildings from the turn of the 20th century around the neighbourhoods of Osmanbey, Kurtuluş, and Nişantaşı. Just East from here, with a little drop in elevation as you approach the shore, is the banks of the Bosphorus, that is lined by pleasant neighbourhoods full of waterfront mansions, and more importantly a number of waterside palaces where you can admire what wealth meant some time.

Across the Bosphorus to the East is the Asian (Anatolian) Side, centred around the historical districts of Kadıköy and Üsküdar, and perhaps best symbolized by Maiden's Tower located at about halfway between these districts, on an islet just off the shore. Bosphorus and Marmara coasts of this half of the city is characterized by quite picturesque neighbourhoods, overlooked by Çamlıca Hill, one of the highest hills of the city which has a view of much of the rest of the city as well

## Timetable

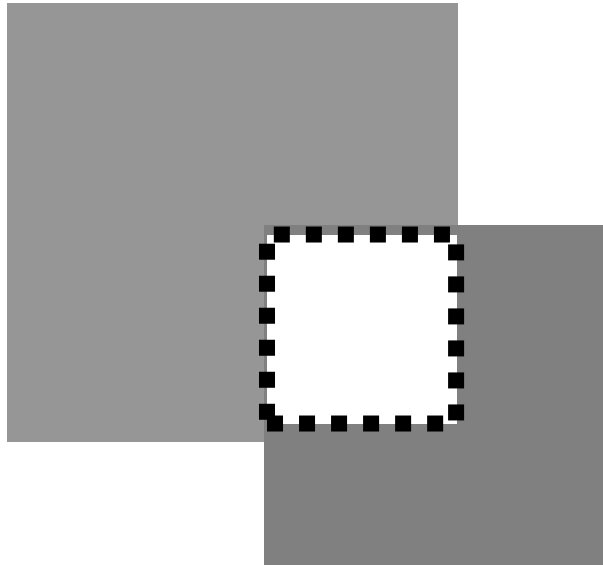
### *The 33rd ARABMED Annual Meeting 2023 and the 9<sup>th</sup> Joint International Medical Conference*

Friday, May 26, 2023	
Afternoon arrival in Istanbul	
4:00 p.m	Arrival at the hotels in Istanbul and check-in
5:00 p.m.	Registration
6:00 p.m.	ARABMED Board Meeting
Saturday 27 May 2023	
09.00 -10.30 am	1-Opening with greetings and lectures on earthquakes
10.30 - 11.00 a.m.	Coffee break
11.00 -01.00 a.m.	2- Interfaces between innovation and care
01.00 -2:00 p.m.	Lunch
2:00 -3:30 p.m.	3-Interventional & Surgical Session, Robotic Surgery
3.30 -4:00 p.m.	coffee break
4:00 -6:00 p.m.	4-Cancer medicine
7.30 - 9.30 pm	Dinner
Sunday May 28, 2023	
09.00 -10.30 am	5-Epidemiology Session
10.30 - 11.00 a.m.	Coffee break
11.00 -01.00 a.m	6-Esthetics Session
01.00 -2:00 p.m.	Lunch
2:00 -3:30 p.m.	7- Ethics Session Palliative medicine in end-stage cancer patients Round Table Discussion
3.30 -4:00 p.m.	coffee break
4:00 -6:30 p.m	8-Closing Session Final Comments and announcement of the winner of the best paper of the conference
07:30 p.m.	Go together Bosphorus Cruise with Dinner

The 33rd ARABMED Annual Meeting 2023 and  
the 9th joint International Medical Conference

**“The Advances in Cancer Medicine”**

27 – 28 May 2023



***Scientific Program***

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## ARABMED Board Meeting Nr 30 Mitgliederversammlung und Vorstandssitzung 30

إجتماع الهيئة الإدارية والعمومية ولأعضاء الإتحاد 30

In GRAND CEVAHİR HOTEL & CONVENTION CENTER ISTANBUL- TURKEY

26 Mai 2023 um 18,00-20.00



Dear Colleges

With this Letter, I invite you to a ARABMED Board Meeting Nr 30 in Istanbul, which is scheduled to be held on May 26, 2023 in Istanbul at 6:00 pm, which coincides with the annual medical conference, to set the strategic program for the Union in this year and the next, and to determine the timing of the next annual conference and the events that will take place. We strive to achieve it

We ask you to send your proposals to the ARABMED address in order for it to be added to the aforementioned agenda, especially for those who are unable to come to distribute it to you in a timely manner.

تحية طيبة وبعد

مع هذه الرسالة أدعوكم لإجتماع الهيئة الإدارية والعمومية لأعضاء الإتحاد ال 30 في مدينة استنبول و المقرر عقده في 26 ماي 2023 الساعة السادسة مساءً إقد ينغير التوقيت حسب وصول الاعضاء والتي تتزامن مع المؤتمر الطبي السنوي ال 33 ,لوضع البرنامج الاستراتيجي للإتحاد في هذه السنة والسنة القادمة وتحديد توقيت المؤتمر السنوي القادم و الفعاليات التي سوف نسعى لتحقيقها بإذن الله  
العنوان مذكور في اعلى الرسالة نرجو منكم إرسال مقترحاتكم الى عنوان الإتحاد لكي يتم إضافته الى الأجنده وخاصة للذين لا يتمكنون من الحضور لتوزيعها اليكم في الوقت المناسب واحب ان اذكر الجميع او بالأحرى الذين لم يسددوا الرسم السنوي لعام 2023 بدفعها لكي يكون لدينا رصيد في فعاليتنا

Sehr geehrte Mitglieder der Union

Zu unsren Mitgliederversammlung und Vorstandssitzung laden wir Sie In GRAND CEVAHİR HOTEL & CONVENTION CENTER ISTANBUL- TURKEY am 26 Mai 2023 um 18,00-20.00 Dieses Treffen ist von äußerster Priorität

Mit Kollegialen Grüßen

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إتحاد الأطباء العرب في أوروبا

منظمة طبية علمية إجتماعية انسانية غير سياسية و غير دينية, غير ربحية  
تعمل لمصلحة النفع العام اسست في ألمانيا 1983

ساهموا فيها بأرائكم وخبراتكم

# 1- Opening Session

Safir Hall 09.00-10.30

## Welcome Speeches

### **Moderation:**

- Dr. Hesham Dahshan Secretary General of the Conference
- Dr. Faidi Omar Mahmoud, President of ARABMED in Europe



### **1) Humanitarian aid projects for victims of the earthquake in Turkey and Syria**

#### **A Gratitude to All Who Showed Solidarity and Support During the Earthquake Catastrophe of the Century**



- **Prof. Dr. Günsel (Shurdum) Avci.**  
Chair of Local Organizing Committee in Turkey, Cardiologist, Founder of Circassian Women Association, TR, Vice President of Pluralist Democracy Party, Istanbul, Turkey
- **OMR Dr. Tammam Kelani**  
President of Arab Physicians and Pharmacists Association in Austria Vice President of the ARABMED
- **Dr. Anas Chaker**  
Consultant Anesthésiologist, Paris. France, Past president of medical association Avicenne, Cofounder of Union International of Medical Care and relief Organizations (UOSSM-International)



#### **The 2023 Devstating Earthquake in Turkey in Syria**

- **Prof Dr. Orfan Shouakar-Stash**  
Isotope Hydrogeochemist Adjunct Professor at the School of Engineering at the University of Guelph and of the Department of Earth and Environmental Sciences, University of Waterloo Chairman of (CRO) Canada
- **Dr. Faidi Omar Mahmoud**  
President of the Meeting an ARABMED in Europe Germany



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**Coffee Break 10:30 – 11:00 Safir Foyer**



## 2-Cancer Medicine

### Interfaces between Innovation and Care

#### Safir Hall 11.00-13.00

**Chair:** Prof. Abbas Agaimy (Germany)  
Prof Dr. Ridwan Shabsigh (USA)  
Prof Nedret Taflan (Turkey)

#### 2) Ensuring the best for patient's care: Emerging roles of multidisciplinary tumor boards in the era of high precision oncology

الرعاية المثلى لمريض السرطان من خلال تقييم الحالة من مجلس الأورام المتعدد التخصصات بشكل دقيق

##### Prof Abbas Agaimy

Professor of Pathology & Deputy Director, Institute of Pathology,  
University Hospital of Erlangen, Germany



#### 3) Health Crisis Management in Hospital Systems, Lessons Learned from COVID19

COVID19 إدارة الأزمات الصحية في أنظمة المستشفيات الدروس المستفادة من الكوفيد

##### Prof Dr. Ridwan Shabsigh

Chairman, Department of Surgery, SBH Health System & Professor of Clinical  
Urology,  
SBH Health System & Weill Cornell Medical School, New York, USA



#### 4) The Effect Of Social Constrains And Spouse role on feasibility of skin and nipple sparing mastectomy in a cohort of eastern women.

تأثير الضغوط الاجتماعية و شريك الحياة على مدى نجاعة استئصال الثدي المحافظ على الثدي في المجتمعات المحافظة

##### Prof Rami Jalal Yaghan.

Chair of the Department of Surgery- College of Medicine and Medical Sciences,  
Arabian Gulf University- Bahrain; Manama-Kingdom of Bahrain  
Professor of Surgery and Surgical Oncology at Jordan University of Science and  
Technology.



#### 5) NEW CANCER TREATMENTS العلاجات الجديدة للسرطان

##### Prof Nedret Taflan

Oncologist Medikal Park Gaziosmanpaşa  
Hospital University of Istinye, Istanbul, Turkey



#### 6) Situation of Onco-Urology in Syria, and presentation of 3 rare cases.

Prof. Dr. Khalil Al Oumari Consultant Urologist Damascus, Syria

##### 1. Maestas of Colon carcinoma in the pelvis of the kidney

انتشار ورم الكولون الى حوض الكلية

##### 2. Fungal infect seems as renal pelvic carcinomas

العدوى الفطرية تبدو مثل سرطان الحوض الكلوي

##### 3. Very big liposarcoma above the kidney in 18. Years old Jung man

عرض حالة ساركوما شحمية كبيرة فوق الكلى لدى مريض شاب 18 سنة



**Lunch Break 13:00– 14:00 SultanRestaurant**

## 3-Interventional & Robotic Surgery

Safir Hall 14.00-15.30

**Chair:** Prof Rami Jalal Yaghan (Bahrain)  
Prof. Ayman Agha (Germany)  
Prof Rami Abu Shamsieh (Ukraine)

### 7) Robotic distal Pancreatectomy for Pancreatic Cancer

استئصال سرطان البنكرياس بتقنية الروبوتيك

**Prof. Dr. med. Ayman Agha**

Head of the Department of General, Visceral, Vascular and Thoracic Surgery, Oncological, Lung and pancreatic cancer center, Bogenhausen Hospital Munich, Germany



### 8) Robotic Adrenalectomy for adrenal Tumors

استئصال سرطان الغدة الكظرية بتقنية الروبوتيك

**Prof. Dr. med. Ayman Agha**

Head of the Department of General, Visceral, Vascular and Thoracic Surgery, Oncological, Lung and pancreatic cancer center, Bogenhausen Hospital Munich, Germany



### 9) COLORECTAL CANCER SURGERY – ROBOTIC SURGERY

استئصال سرطان الكولون بتقنية الروبوتيك

**Assoc.Prof Dr Ali Kilic**

General Surgeon, SBU Umraniye EAH General Surgery, Health Sciences University Istanbul  
Istanbul, Turkey



### 10) Minimally Invasive Surgery in Gynecological Oncology

الجراحة التنظيرية في السرطانات لدى النساء

**Dr. Cem Yalcinkaya**

Gynecological Oncology Specialist  
Umraniye Research Hospital, Istanbul



### 11) Multidisciplinary approach in performing laparoscopic interventions

الاستئصال المتزامن بالمنظار للعديد من الأفات الورمية في أحشاء البطن مع العقد الليمفاوية

**Prof Abu Shamsieh Rami**

Doctor of philosophy (M.D., PH. D Medicine)  
President of the Association of Arab Doctors in Ukraine  
BOGOMOLETS NATIONAL MEDICAL UNIVERSITY  
Clinic Dievo - Ukraine



**Coffee Break 15:30 – 16:00 Safir Foyer**





## 4- Cancer medicine

Safir Hall 16.00-18.30

**Chair:** Prof. Arzu Özcelik. (Germany)  
Prof. Prof. Dr. Aksam Yassin (Germany)  
Dr. Ismail Abbara (UAE)

### 12) Liver transplantation in malignant diseases

زرع الكبد في الأمراض الخبيثة

#### Univ.-Prof. Dr. med. Arzu Özcelik

Head of Liver Transplantation, West German Center for Organ Transplantation  
University Hospital Essen, Germany

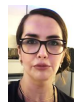


### 13) Genetic Tests in Breast Cancer

الاختبارات الجينية في اكتشاف سرطان الثدي

#### Dr. Sezin Canbek

Department of Medical Genetics, Umraniye Research and Training Hospital,  
Istanbul, Turkey



### 14) Testosterone doesn't cause Prostate Cancer and Testosterone Therapy Can be Protective against high-grade Prostate Cancer: The Paradigm Shift

التستوستيرون لا يسبب سرطان البروستات والعلاج بالتستوستيرون يمكن أن يكون وقائيًا ذات جودة عالية : التحول النموذجي

#### Prof. Dr. Aksam Yassin

Professor of clinical Urology/Andrology Weill Cornell Medical School,  
New York, USA, Norderstedt-Hamburg, Germany



### 15) Early detection of Penis carcinoma and therapy (Case Report)

الكشف المبكر عن سرطان القضيب والعلاج (عرض حالة)

#### Dr. Ismail Abbara

Medical Director qwne abbara polyclinic Consultant Urologist, Andrologist &  
General Surgeon , Dubai UAE



### 16) Effects of Long-Term Testosterone Therapy (TTh) over 14 Years in Men with Classical vs. Functional Hypogonadism, and Urologic Events and Mortality

آثار علاج التستوستيرون على المدى الطويل (TTh) على مدى 14 عامًا لدى الرجال المصابين بقصور الغدد التناسلية الكلاسيكي مقابل قصور الغدد التناسلية الوظيفي ، وأحداث المسالك البولية والوفيات

#### Ahmad Haider1, Karim Haider1, Gheorghe Doros2, Abdulmaged Traish3

1Private Urology Practice, Bremerhaven, Germany

2Department of Epidemiology and Statistics, Boston University School of Public Health, Boston, MA, USA

3Department of Biochemistry and Department of Urology, Boston University School of Medicine, Boston, MA, USA



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**19:30 – 22:30 DINNER to FACULTY and PARTICIPANTS of  
CONFERENCE with Music, Sultan Restaurant**



## 5-Epidemiology Session Cancer Medicine

Safir Hall 09:00 – 10:30

Chair: Ass. Prof. Abdul Monem HAMID (France)

Prof. Abdul kader Martini, Germany

Dr. Khalil Ekky, (Ireland)

### 17) Awareness of Palestinians about lung cancer symptoms: a national cross-sectional study

دراسة مقطعية وطنية عن توعية الفلسطينيين بأعراض سرطان الرئة

**Dr. Wafa Aqel**

General Physician and Researcher, Founding Director of Al-Quds Medical Research Association, Al-Quds University, Jerusalem/ Palestin

Health education and scientific research unit, Palestinian Ministry of Health,



### 18) Management of metastatic Non-Small Cell Lung Cancer

تدبير سرطان الرئة غير صغير الخلايا المنتشر

**Associate Professor Dr. Abdul Monem HAMID**

Pneumology and Lung Transplant Department Foch Hospital, Paris France

College of Medicine of Paris



### 19) Equity of access to innovative cancer care: the "e-health pro" project.

المساواة في الحصول على رعاية مبتكرة لمرضى السرطان: مشروع "الصحة الإلكترونية"

**Dr. Jihad YOUSSEF**, Ahmad ZOHBi, Hammed RAMDANI

IMEAH/ CHU BORDEAUX

CEO / Hospital Practitioner



### 20) Electronic device use during the COVID-19 pandemic and adolescents' anxiety and depression: a cross-sectional study

دراسة مقطعية باستخدام الأجهزة الإلكترونية أثناء جائحة COVID-19 لكشف القلق والاكتئاب لدى المراهقين

**Dr. Qawasma Abdalla Ahmad**, Kamal Al-Shakhra, Beesan Maraqa

Head Of Health Education and Scientific Research Unit, Ministry of Health

Ramallah, Palestinian

Autor, s: Suha HAMSHARI, Shaban Yaseen, Mosab Zayed, Asala Dallashi, Zaher Nazzal,



### 21) Management of central giant cell granuloma in the lower jaw A case report

عرض حالة عن معالجة ورم الغراندولوم المركزي في الفك السفلي

**Ing. Dr. med. dent. Omar Hamid** MSc Aesthetic Medicine,

Vienna Austria



Coffee Break 10:30 – 11:00 Safir Foyer

## 6-Esthetics Session Cancer Medicine

Safir Hall 11:00 – 13:00

Chair: Prof. Prof Dr Mustafa Seyhan, (Turkey)

Prof. Uğur Coşkun (Turkey)

Dr. Adham Mansour (UAE)

### 22) Cardiac interventions in multimorbid patients, especially cancer patients.

التدخلات القلبية في مرضى الأمراض المتعددة ، وخاصة مرضى السرطان

**Prof. Uğur Coşkun**

Prof. Dr. Interventional Cardiologist

Istanbul Bahçelievler Memorial Hizmet Hospital



### 23) Current treatment of elderly hip fractures العلاج الحالي لكسور الورك لدى المسنين

**Prof Dr Mustafa Seyhan**

Orthopedics and Traumatology Specialist

Acıbadem Altunizade Hospital Istanbul – Türkiye



### 24) What's new in Hair Transplantation, 25 Years Syrian experience with moist exposed burn treatment by (MEBO) ointment

ما الجديد في زراعة الشعر ومعالجة الندبات في الحروق

**Dr. Adham Mansour**

Specialist Plastic Surgeon, Medicine Director Owner of Style Age Clinic,  
Dubai, UAE



### 25) MEMORY AND BEHAVIOUR PROBLEMS IN CANCER PATIENTS

مشاكل الذاكرة والسلوك لدى مرضى السرطان

**Dr Bülent Madi M.D.**

Pediadtric Neurologist

Istanbul, Turkey



### 26) The modern approaches to the prevention of complications in hematological AE of chemotherapy patients with breast cancer

الأساليب الحديثة للوقاية من الإختلاطات الدموية بالمعالجة الكيميائية لسرطان الثدي

**Associate Professor Mohamed Hojouj**, Prof Rami Abu Shamsia

Dept Oncology and Medical Radiology."Dnipropetr ovsk medical academy of Health Ministry of Ukraine" SE Dnipropetrovsk, Ukraine



### 27) Papillary Squamous cell Carcinoma of the Head and Neck – A case report.

عرض حالة عن سرطان الخلايا الصدفية الحليمية في الرأس والرقبة.

**Dr Rania Al Chbib**

Vienna Austria



Lunch Break 13:00– 14:00 Sultan Restaurant



## 7-Ethic Session, Round Table Discussion Palliative medicine in end-stage cancer patients

Safir Hall 14:00 – 15:30

### Moderation:

**Prof Abbas Agaimy** Professor of Pathology, Institute of Pathology,  
University Hospital of Erlangen, Germany



**Prof. Dr. Fethi GÜNGÖR, Dr. med. Sayed Tarmassi, Dr. Anas Chaker**

### 28) In Maintaining the Total Well-Being of Cancer Patients and Their Relatives, The Role of Spiritual Support: The Case of Turkey

دور الدعم الروحي: في الحفاظ على الرفاهية الكاملة لمرضى السرطان وأقاربهم النظرة في تركيا

#### **Prof. Dr. Fethi GÜNGÖR**

Dean of the Faculty of Humanities and Social Sciences  
Department of Social Work, Yalova University –Türkiye  
Board Member of UNIW International Family Institute



### 29) Palliative therapies and care for terminally Refractory cancer patients

العلاجات الملطفة ورعاية مرضى السرطان في المراحل الاخيرة للعلاج

#### **Dr. Anas Chaker**

Consultant anesthésiologist, Clinic Yvette. Paris., bioethics specialist, medical hypnosis specialist, FRANCE

Cancer patients and the late stages of the disease:

- What is the role of the doctor and the medical staff at this stage?
- Pain management for a cancer patient, does it have limits?
- What is the doctor's role when the patient asks him to stop treatment? Or to give him a medicine that helps him end his life?
- Are there legal and ethical controls?



### 30) Pain Management in Palliative Care

إدارة الألم في الرعاية التلطيفية

#### **Dr. med. Sayed Tarmassi**

Doctor of the medicine, General medical practice with pain therapy, naturopathic treatments, acupuncture and chirotherapy  
Braunschweig, Germany



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**Coffee Break 15:30 – 16:00 Safir Foyer**



## 8- ARABMED AWARDS CEREMONY

### Final Comments and Conclusions

Safir Hall 16:00 – 18:30

**Moderator:** Dr. Hesham Dahshan

#### 31) The 40th years Anniversary of the founding of ARABMED in Europe

40 عاما على تأسيس إتحاد الأطباء العرب في أوروبا

- Dr Faidi Omar Mahmoud  
President of ARABMED in Europe and Conference



#### 32) Words of thanks from partners, Friends and ARABMED representatives in countries, News about the activities of international medical associations

صوت الجمعيات الطبية العربية في المهجر واصدقاء الاتحاد

- Dr. Osama Al-Babbili Secretary of Arabmed Scientific Award
- Dr. Sayed Tarmassi Arabmed in Germany
- Dr. Omar Kezze Arabmed in Germany
- Dr. Tammam Kelani Representative of ARABMED in Austria
- Dr. Abdul Mounem Hamid Representative of ARABMED in France
- Prof Dr Sabri Shamsan Hasan Representative of ARABMED in Italy
- Dr. Ghassan Elahga Representative of ARABMED in Ireland
- Dr. Khalil Ekky Representative of ARABMED in Ireland
- Prof. Dr. Rami Abu Shamsiya. Representative of ARABMED in Ukraine

#### 33) Announcement of the winner of the excellence award for the best scientific research (lecture) for the Arabmed in Europe 2023

- (Certificates of the conference will be given)
- Evaluation, the Final Declaration and Concluding Remarks of the 33 ARABMED Conference
- Determining the Location and the Topic of the ARABMED 34 Conference
- Group Photo for the Participants



19:30 – 23:30 Evening program

Go together Bosphorus Cruise with Dinner



# Opening Session

## Welcome Speeches

Moderation: *Dr. Hesham Dahshan*  
*Dr. Faidi Omer Mahmoud*

## Humanitarian Aid to Support Victims of the Earthquake Disaster in Turkey and Syria

### 1. A Gratitude to All Who Showed Solidarity and Support During the Earthquake Catastrophe of the Century

شكر وتقدير لكل من أظهر التضامن والدعم خلال كارثة زلزال القرن

Prof. Dr. Gungel (Shurдум) Avci. Chair of Medical Committee of Turkey, Consultant Cardiologist, Istanbul, Turkey  
Istanbul, Turkey

#### **Professor Gungel (Shurдум) Avci**

Consultant Cardiologist and Chief of ECP, s Treatment Unit, Memorial Hospital, Istanbul, Turkey.



She graduated from Istanbul University Medical Faculty in 1970, specialized in internal medicine and cardiology and became a professor in 1990.

She was elected to the board of Turkish Society of Cardiology for 12 years consecutively beginning from 1984 and took part in the organization of many scientific meetings and research.

Since 2001, she has been interested in ECP and applying it in a private hospital and also in her office. She has made visits to Pittsburgh, San Diego and Stony Brook University Hospitals in USA and Sun Yat-sen University in China, to meet Worldwide known ECP experts to discuss various aspects of this treatment.



### 2. Humanitarian aid to support earthquake victims in Turkey and northern Syria from the Arab Physicians and Pharmacists Association in Austria

المساعدات الإنسانية لضحايا الزلزال في تركيا وشمال سوريا من جمعية الأطباء والصيداللة العرب في النمسا

OMR Dr. Tammam Kelani, President of Arab Physicians and Pharmacists Association in Austria, Vice President of the ARABMED Senior Ophthalmic Consultant, Vienna, Austria



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### 3. The 2023 Devstating Earthquake in Turkey in Syria

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Prof Dr. Orfan Shouakar-Stash  
Chairman of (CRO) Canada

An earthquake is a natural phenomenon that occurs when there is a sudden release of energy in the Earth's crust. This release of energy causes seismic waves to travel through the Earth, resulting in ground shaking and other effects. Earthquakes are usually caused by the movement of tectonic plates, which are large pieces of the Earth's crust that float on the molten rock layer below. As these plates move, they can grind against each other, causing friction that results in an earthquake.

Several different types of tectonic plate movements can cause earthquakes: 1) convergent Plate Boundaries; 2) Divergent Plate Boundaries; 3) Transform Plate Boundaries; and 4) Intraplate Earthquakes. Other factors can also contribute to the occurrence of earthquakes, such as changes in groundwater levels, the weight of large buildings or structures, and human activities such as drilling or mining. However, the primary cause of earthquakes is the movement of tectonic plates.

Earthquakes can vary in size and intensity, ranging from small shocks that are barely felt to massive earthquakes that can cause widespread destruction and loss of life. The size and intensity of an earthquake are typically measured using the Richter scale, which is a logarithmic scale that measures the amplitude of the seismic waves produced by the earthquake. Earthquakes can also trigger other natural disasters, such as tsunamis, landslides, and volcanic eruptions.

The earliest recorded earthquake occurred in China in 1177 BC. This earthquake was described in historical records as a "great shock" that caused widespread damage and loss of life. The ancient Greeks and Romans also recorded earthquakes. The Lisbon earthquake of 1755 was one of the most devastating earthquakes in history. It had an estimated magnitude of 8.5-9.0. The earthquake caused a tsunami that flooded much of Lisbon, Portugal, and it was felt as far away as Finland and North Africa. The earthquake is estimated to have killed between 10,000 and 100,000 people.

Recently, on Feb. 6, a magnitude 7.8 earthquake occurred in southern Turkey near the northern border of Syria. This quake was followed approximately nine hours later by a magnitude 7.5 earthquake located around 95 kilometers to the southwest. The first earthquake was the most devastating to hit earthquake-prone Turkey in more than 20 years and was as strong as one in 1939, the most powerful recorded there. It was centered near Gaziantep in south-central Turkey, home not just to Turkish citizens but also to thousands of Syrian refugees and the many humanitarian aid organizations working with them. As a result, the Turkish government declared a level-4 emergency leading to a call for international assistance. Governments and NGOs worldwide quickly responded to requests for international assistance, deploying rescue teams and offering aid.

The disaster impacted nearly 18 million people in Turkey and Syria, with over 55,000 dead and almost 130,000 injured. Millions have been displaced, with over 10 million needing urgent aid. Cities across the region suffered widespread destruction, with nearly 50,000 buildings — including apartment buildings, schools, and hospitals — now in ruins or too damaged to use again. People are struggling to access essential healthcare, with only 1 in 7 health centers even partially functional, according to the U.N. Children also face exposure to waterborne diseases and hypothermia without access to clean water or shelter.

**Prof. Orfan Shouakar-Stash**

Dr. Shouakar-Stash is the Chairman of (CRO). The CRO is a Not-for-profit, humanitarian, charitable, and peaceful Organization. The CRO's foremost objective is to provide aid, primarily through difficulties, and to elevate their hardships.



Dr. Shouakar-Stash is an Isotope Hydrogeochemist with over 20 years of experience. He is an Adjunct Professor at both the School of Engineering at the University of Guelph and the Department of Earth and Environmental Sciences, University of Waterloo.

He developed numerous isotopic technical methodologies and initiated and participated in many international and domestic collaboration research projects with researchers from various institutions across the globe. He authored and co-authored tens of scientific papers in international journals and delivered more than 75 presentations at international conferences, some of which were invited talks. He trained and supervised undergraduate and graduate students (Master's and Ph.D. students), visiting scientists, and technical personnel. He serves as a peer reviewer in several international Journals.

He is an active member of several scientific associations, such as the American Geological Society and the International Association of Geochemistry and Cosmochemistry. He has served since 2014 as the Secretary of the International Association of Geochemistry and Cosmochemistry (IAGC).

Dr. Shouakar-Stash is Isotope Tracer Technologies Inc. (IT2) CEO, the only Privet Isotope Laboratory in Canada. IT2 is a state-of-the-art facility that offers a large variety of isotopic analyses on different materials. IT2 is involved in projects and collaboration agreements with various government agencies, consulting companies, and research institutions and universities in Canada, the USA, Europe, and other parts of the world.

**4. The response of Syrian relief organizations to the earthquake disaster in Syria and Turkey, for example / UOSSM International**

Dr Anas CHAKER

Founder of the Federation and Secretary General of the International UOSSM  
Sainte Geneviève des Bois, FRANCE

UOSSM INTERNATIONAL, founded in January 2012 in France, the Union of Medical Care and Relief Organizations (UOSSM) is a coalition of humanitarian, non-governmental, and medical organizations from the United States, Canada, United Kingdom, France, Switzerland, and Turkey. Member organizations pool their resources and coordinate joint projects to provide independent and impartial relief and medical care to victims of war in Syria. UOSSM chapters work under a unified strategic framework to increase the effectiveness of the humanitarian response in areas of crisis.

Earthquakes are natural disasters that people are exposed to from time to time, which lead to great human and material damage and require a large local, regional and international response in order to save the lives of the injured and reduce the number of civilian casualties.

- The health situation and infrastructure in northern Syria before the earthquake
- International and local response



- Civil Society Organization Response: How AWESOME International (International Federation of Medical Care and Relief Organizations) contributed
- International UOSSM: history, present and future
- Coordination and cooperation between Syrian and international relief organizations
- From pain comes hope

استجابة المنظمات الإغاثية السورية لكارثة الزلزال في سوريا وتركيا، الإتحاد الدولي لمنظمات الإغاثة والرعاية الطبية  
مثالاً / أوسوم الدولي  
د أنس شاكور / مؤسس الإتحاد والأمين العام للأوسوم الدولي

تعتبر الزلازل من الكوارث الطبيعية التي يتعرض لها البشر من حين لآخر والتي تؤدي إلى أضرار بشرية ومادية كبيرة  
وتتطلب استجابة محلية وإقليمية ودولية كبيرة من أجل إنقاذ حياة المصابين وتقليل عدد الضحايا المدنيين  
الوضع الصحي والبنية التحتية في الشمال السوري قبل الزلزال  
الاستجابة الدولية والمحلية

- استجابة منظمات المجتمع المدني: كيف ساهمت منظمة أوسوم الدولي (الإتحاد الدولي لمنظمات الإغاثة والرعاية الطبية)
- الأوسوم الدولي: تاريخ وحاضر ومستقبل
- التنسيق والتعاون بين المنظمات الإغاثية السورية والدولية
- من الألم يولد الأمل

د أنس شاكور



- استشاري تخدير وانعاش / باريس . فرنسا
- متخصص ومحاضر في الاخلاقيات الطبية
- متخصص في المعالجة بالإيحاء
- مؤسس الإتحاد الدولي لمنظمات الإغاثة والرعاية الطبية
- رئيس سابق لجمعية ابن سينا الطبية في فرنسا

### Dr Anas CHAKER

Consultant anesthesiologist, Clinic Yvette. Paris. France, bioethics specialist, medical hypnosis specialist, Past president of medical association Avicenne, Cofondateur of Union International of Medical Care and relief Organizations (UOSSM-International)

### **5. Cancer Medicine: Interfaces Between Innovation and Care**

الصلات بين الابتكار والرعاية الصحية، التفاوت ما بين الواقع المرير وما يمكن عمله في طب السرطان

Dr Faidi Omar Mahmoud,  
Surgeon & Cardiac Surgeon,  
Erlangen, Germany

Cancer is still a dreaded disease that preoccupies most people and raises concerns about contracting it. The chances of surviving this dreaded disease are unequal around the world. In higher-income countries, patients live longer on average, and the system of early detection and the speed at which new medicines become available in a country also play an important role. This was the result of a study recently published in the specialist journal The Lancet. An important task of cancer research is to identify cancer triggers and ways to prevent it.

Currently, 44 million people are living with the disease, and it claims around ten million lives every year. 18 million people were newly diagnosed with cancer worldwide, and the trend is rising. Half a million people are diagnosed with cancer in Germany every year, which means an enormous number of patients in need of treatment. This presents a tremendous challenge for healthcare systems, society, and research. We need a lot more knowledge.

The more one learns, the more complex the disease proves to be, and the naive earlier hopes of finding a single cure for cancer prove unrealistic. Today, science assumes that people react differently to influences such as an unhealthy diet or smoking due to their genetic makeup. (This may be the reason why former Chancellor Helmut Schmidt lived to an advanced age despite excessive cigarette consumption.) Personal risk varies greatly from person to person.

For several years, researchers have been collecting as much genetic information as possible from cancer patients to gain insights into both individual cases and the disease in general. They hope to use this information to develop a precise molecular diagnosis and a therapy based on it. As Stefan Wiemann, head of the Department of Molecular Genome Analysis at the DKFZ, explains, a person's cancer is "just as individual as their genetic makeup". It is also now known that the same therapy can have very different effects on different patients.

There have been significant innovations in diagnostics in recent years. In addition to molecular tests, this also includes imaging methods that are so detailed that they can spare many patients a biopsy or detect the tiniest metastases in an advanced stage. Another new method is the linking of imaging with genetic and clinical data to make more precise statements about the cancer and the effectiveness of therapy.

The success of cancer therapy, which typically involves multiple treatment steps, also depends on the quality of the interface processes that result. Rapid transfer of proven medical innovations from research to healthcare is essential for oncological progress. Interfaces are important in various areas of oncology, such as when representatives of different medical disciplines and health professions discuss a case together in the tumor board, when patients transition between the inpatient and outpatient sectors, or during doctor-patient discussions. Human-machine interaction will also play an increasingly important role in the future. Dealing with interfaces is therefore a particularly relevant topic in oncology.

لا يزال السرطان مرضًا مخيفًا يشغل بال معظم الناس ويخشون الإصابة به. إن فرص النجاة من هذا المرض غير متكافئة في جميع أنحاء العالم. في البلدان ذات الدخل المرتفع، يعيش المرضى لفترة أطول في المتوسط، ويلعب نظام الكشف المبكر والسرعة التي تتوفر بها الأدوية الجينية في بلد ما دورًا مهمًا أيضًا. كانت هذه نتيجة دراسة نُشرت مؤخرًا في مجلة **The Lancet** من المهام المهمة لأبحاث السرطان تحديد مسببات السرطان وطرق الوقاية منه.

حاليًا، هناك 44 مليون شخص يعيشون مع المرض، ويودي بحياة حوالي عشرة ملايين شخص كل عام. تم تشخيص إصابة 18 مليون شخص حديثًا بالسرطان في جميع أنحاء العالم، والاتجاه أخذ في الارتفاع. يتم تشخيص نصف مليون شخص بالسرطان في ألمانيا كل عام، وها يعني عددًا هائلًا من المرضى الذين يحتاجون إلى العلاج. ويمثل تحديًا هائلًا لأنظمة الرعاية الصحية والمجتمع والبحث. نحن بحاجة إلى المزيد من المعرفة.

ومن المعلوم أن المرض أكثر تعقيدًا، وثبت أن الآمال الساذجة في إيجاد علاج واحد للسرطان غير واقعية اليوم، يقترض العلم أن الناس يتفاعلون بشكل مختلف مع التأثيرات مثل اتباع نظام غذائي غير صحي أو التدخين بسبب تركيبته الجينية. (قد يكون هذا هو السبب في أن المستنتر السابق هيلموت شميدت عاش حتى سن متقدمة على الرغم من الاستهلاك المفرط للسجائر). تختلف المخاطر الشخصية بشكل كبير من شخص لآخر.

لعدة سنوات، كان الباحثون يجمعون أكبر قدر ممكن من المعلومات الجينية من مرضى السرطان لاكتساب نظرة ثاقبة لكل من الحالات الفردية والمرض بشكل عام. إنهم يأملون في استخدام هذه المعلومات لتطوير تشخيص جزئي دقيق وعلاج يعتمد عليه. كما يوضح ستيفان وييمان، رئيس قسم تحليل الجينوم الجزيئي في DKFZ، فإن سرطان الشخص "فردى مثل تركيبته الجينية". ومن المعروف الآن أيضًا أن نفس العلاج يمكن أن يكون له تأثيرات مختلفة جدًا على مرضى مختلفين.

كانت هناك ابتكارات كبيرة في التشخيص في السنوات الأخيرة. بالإضافة إلى الاختبارات الجزيئية ، يشمل هذا أيضًا طرق التصوير التي تم فصلها بحيث يمكنها توفير خزعة للعديد من المرضى أو الكشف عن أصغر النقال في مرحلة متقدمة. طريقة أخرى جديدة هي ربط التصوير بالبيانات الجينية والسريية لتقديم بيانات أكثر دقة حول السرطان وفعالية العلاج. يعتمد نجاح علاج السرطان ، الذي يتضمن عادةً خطوات علاجية متعددة ، أيضًا على جودة عمليات الواجهة الناتجة. يعد النقل السريع للابتكارات الطبية المثبتة من الأبحاث إلى الرعاية الصحية أمرًا ضروريًا لتقدم الأورام. تعتبر الواجهات مهمة في مجالات مختلفة من علم الأورام ، مثل عندما يناقش ممثلو التخصصات الطبية المختلفة والمهنة الصحية قضية معًا في لوحة الأورام لتقديم العلاج المثالي للمريض ، الانتقال بين قطاعي مرضى العيادات إلى المشافي ، أو أثناء مناقشات الطبيب والمريض عن خطة العلاج والبرنامج الزمني . وسيلعب التفاعل بين الإنسان والآلة أيضًا دورًا متزايد الأهمية في المستقبل. لذلك فإن التعامل مع الواجهات هو موضوع ذو صلة خاصة في علم الأورام. سنحاول في ها اللقاء تسليط الضوء على هذه التناؤولات

أتمنى أن يلي برنامجنا العلمي توقعاتكم، وننتقل إلى لقاء محفز ومثمر ومناقشات ساخنة ونرحب بكم جميعًا بحرارة مرة أخرى في اسطنبول.

### Dr. Faidi Omar Mahmoud

President of ARABMED in Europe and Conference Surgeon & Cardiac Surgeon, born in Bir Ajam /Golan- Syrian, He studied medicine in the University of Damascus. Since 1975 he lives in Germany and worked as a Cardiac surgeon at the University Hospital in Erlangen until retirement in 2013. He has published more than 100 articles and 3 chapters in 5 books and has performed 3 000 open cardiac surgery. He is Member of many local and international professional societies



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## 2-Cancer Medicine

### Interfaces between Innovation and Care

Safir Hall 11.00-13.00

#### 6. Ensuring the best for patient's care: Emerging roles of multidisciplinary tumor boards in the era of high precision oncology

Prof. Abbas Agaimy, MD  
Professor of Pathology & Deputy Director  
Institute of Pathology, University Hospital of Erlangen  
Erlangen, Germany

Traditionally, patients (as essentially nonexperts) used to seek the help or advise of a specific medical specialty based on several clinical, socioeconomic, and administrative-political factors. This is further influenced by the nature of the patient's symptoms. This result frequently in selecting either a suboptimal or the false specialty for the clinical problem under consideration. The way how the patient be further treated is again significantly influenced by diverse factors as above and the treatment offered to the patient usually corresponds to the one practiced by the selected specialty without critical discussion of other alternate or most appropriate therapeutic options. This frequent malpractice was the inspiring idea to the emerging concept of multidisciplinary case discussion which historically started by advocating clinicopathological conferences. However, most patients were then sent from one specialty to another

seeking further opinions, a practice that was most time consuming and demanding for both clinicians and patients. This was then further influenced by the ever-expanding treatment strategies and guidelines for diverse cancer types.

To solve this issue, national cancer societies in several countries put together rigid guidelines to be strictly maintained as basis to certify large clinical centers treating cancer patients (certified organ centers). These regulations anticipate that >95% of cancer patients be discussed preoperatively in an MDT meeting that include all relevant subspecialties (radiologists, pathologists, internal medicine, oncologists, radiation oncologists, surgeons and others) to decide in time which most relevant and appropriate investigations, biopsy type and treatment option be offered to the patient on an individualized patient care basis. The postoperative discussion focusses on the necessity and type of adjuvant therapies as well as follow-up strategies.

With the rapidly evolving molecular pathology, the possibilities of patient's tumorspecific genetic alterations became a challenging issue, necessitating the establishment of "molecular tumor boards" as a new additional specialized platform to discuss the results of NGS sequencing studies and their therapeutic, and prognostic implications in a wellselection expert panel including molecular pathologists and human geneticists in addition to the physician team dealing with the patient. Consideration of the recent scientific advances in disease assessment and treatment, available new clinical guidelines, and, most importantly, new FDA-approved drugs and indications are the basis of these "molecular tumor boards". This overview highlights these key points related to the practice of classical as well as molecular tumor boards and their benefits for individual patients.

**Prof Abbas Agaimy, M.D.**

Professor of Pathology & Deputy Director,  
Institute of Pathology, FriedrichAlexander-University Erlangen-Nuremberg, University Hospital, Erlangen, Germany

**Honors & Awards:**

- Dr. Hans und Elisabeth Birkner-Stiftung's Award, Klinikum Nürnberg, 2007.
- Schönlein's Scientific Award, „Bamberger Morphologietage“, Bamberg, 2009.
- Wolf & Christine Unterberg's award for oncological gastroenterology, German Society for Digestive & Metabolic diseases (DGVS), Hamburg, 2009.
- Sarcoma Research Price, German Interdisciplinary Sarcoma Group (GISG) and das Lebenshaus e. V., Berlin, 2016.
- GIST Price 2016, Swiss GIST group, Zurich, Nov 24, 2016
- Nominee in The Power List 2020 – A Solid Foundation. The Pathologist.
- Among the top 2% most-cited scientists across the globe (published by Stanford University, 2021), ranking 18 among the top 50 scientists in pathology in the country.
- Regular invited speaker at several national German & international conferences on Pathology, Oncology & Oncological Surgery including the annual European Congress of Pathology & the United States and Canadian Academy of Pathology (USCAP).
- Regular Tutor of the International Academy of Pathology (IAP), German Division on the Topics: Renal Tumor Pathology, Pathology of Hereditary Tumor Syndromes, Head & Neck Neoplasms, and Soft Tissue Tumors.

**Research Focus:**

Head & Neck Cancer with focus on salivary gland and sinonasal tract neoplasms.

GI stromal tumors (GIST) with focus on molecular progression pathways, therapy effects and drug resistance.



GI & pancreaticobiliary cancer with focus on neuroendocrine and poorly differentiated/dedifferentiated neoplasms.

Soft tissue tumors/ sarcoma Undifferentiated malignancies with focus on dedifferentiated melanoma.

Hereditary tumor syndromes with focus on SWI/SNF complex-related syndromes, neurofibromatosis type 1 & hereditary GI & urological cancer syndromes.

SWI/SNF-deficient neoplasia with focus on the role of SWI/SNF complex in the initiation, progression and dedifferentiation of neoplasms of different organs.

**Languages:** Arabic, German and English

## **7. Health Crisis Management in Hospital Systems, Lessons Learned from COVID19**

Prof Dr. Ridwan Shabsigh

SBH Health System & Weill Cornell Medical School, New York, USA

Chairman, Department of Surgery, SBH Health System & Professor of Clinical Urology, Weill Cornell Medical School

The COVID19 crisis came as an unpleasant surprise and a shock to many healthcare systems and hospitals in the USA, especially in the crisis epicenter New York City. The Bronx was one of the hardest hit areas of New York City with significant negative impact of the COVID19 pandemic on its indigent population. SBH Health System (formerly known as St. Barnabas Hospital) is an integrated system of an acute care hospital, ambulatory care center, trauma center, dialysis center, stroke center and other services and facilities serving the community of the Bronx. The story of SBH in preparing for and managing the rapidly escalating surge of severely-ill patients at the onset of the COVID19 crisis is a treasure of lessons in health crisis preparedness and management at all levels, clinical, administrative, and financial. This is memorialized in a recently published book, drawing lessons from the success of tackling the dramatically fast unfolding pandemic from the perspective of the system as a whole and from each of the specific departments, which all played a significant role in managing the local crisis of the largest threat to human health the world has seen in recent years. Such lessons may benefit other health systems and hospitals elsewhere in planning and preparing for future similar crises.

Within a short 3-week period, the SBH Health System increased its in-patient capacity by 50%. However, during the same short time span, it increased its critical care capacity by >500% providing critical care to severely ill patients on ventilators with multi-organ failures. Step by step drastic adaptations were made rapidly to reach this incredible accomplishment in such a short time, to ultimately save the lives of many patients. Accounts from the frontline healthcare workers and clinical and administrative leaders alike describe important aspects of crisis management, such as team building, multi-departmental coordination, effective communications, dynamic decision-making in response to rapidly changing situations, keeping up the morale, caring for the healthcare workers themselves and managing the supply chain and essential resources.

Case studies are presented from positive and negative experiences to draw lessons on what worked and what didn't and how challenges were addressed. This is a prescription of "how it works" and "how to do it". The fact that this report is accumulated by those who worked directly in the field witnessing first-hand the distressing reality of the clinical devastation caused by the rapid surge in the pandemic and living every decision and adaptation every day that dynamically changed the provision of care helping minimize loss of life, makes for a unique perspective. The uniqueness of the experience of SBH Health System is enhanced by the fact that it is a capital-constrained "safety net" hospital serving the poorest population in New York City. The

worldwide trend is toward tighter healthcare budgets with demands for higher efficiency and productivity. Low-budget safety-net hospitals faced unique and often amplified challenges. Many healthcare senior administrators, chairpersons of clinical departments and frontline workers are eager to learn lessons from health systems that experienced the severe surge of such an unprecedented crisis. These lessons show how to effectively plan and prepare for a health crisis in a speedy and efficient manner. Such planning and preparation involve clinical departments, critical care teams, nursing, respiratory therapy, physical therapy, nutrition, pharmacy, laboratory, information technology, facilities, biomedical engineering, supply chain, senior administration, and others. Therefore, healthcare workers at all levels will be eager to learn about the procedures, policies and operations that were implemented in the successful crisis management. Similarly, such lessons will be of interest to public health officials and planners, disaster management planners and educators, healthcare educators and universities that teach public health administration, to learn how capital-constrained healthcare systems can adapt and cope with such a health crisis. The lessons learned also touch on the recovery from a health crisis and the “new norm” emerging from the COVID19 pandemic.

### **Prof Ridwan Shabsigh**

Chairman, Department of Surgery, SBH Health System, Bronx; professor of clinical urology, Weill-Cornell Medical School, and affiliate professor of medicine at CUNY School of Medicine, New York, USA. Dr. Shabsigh received his medical degree from Damascus University Medical School and did 2 urology residencies in Germany and the USA. He completed a residency in urology and a fellowship in sexual medicine, urinary incontinence, and urologic prostheses at Baylor College of Medicine in Houston, USA. Dr. Shabsigh is a Fellow of the American College of Surgeons, a Diplomate of the American Board of Urology, and an active member of several professional societies. He is also the past president of the International Society of Men’s Health and the editor-in-chief of the Journal of Men’s Health. A leading clinician and researcher in urology, sexual medicine and men’s health, Dr. Shabsigh has participated in numerous clinical trials on investigational drugs for the treatment of sexual dysfunctions. Over the past 30 years, Dr. Shabsigh provided consulting services to the pharma and medical device industries in a broad scope, ranging from pre-clinical to all phases of clinical research and development, with involvement in strategy, multidisciplinary commercialization teams and internal and external professional affairs. He is a frequent contributor to the medical press and has authored numerous original papers and abstracts in addition to review articles, book chapters, and editorials, in journals such as the New England Journal of Medicine, Lancet, British Medical Journal and the Journal of Urology.



Prior to joining SBH Health System 9 years ago, he worked for 16 years as a faculty member at the department of urology of Columbia University and 6 years as director of urology at Maimonides Medical Center in Brooklyn, where he achieved remarkable growth and substantial increase in quality.

He took on his position as the chairman of the Department of Surgery at the SBH Health System, with the goals of growth and improvement. Over the past 10 years, he led the development of the department, with 16 surgical specialties, 2 residency programs. The various surgical divisions were restructured and teams were organized. Processes and systems were put in place for quality assurance, performance improvement and patient safety. Furthermore, growth and improvement were achieved in an efficient and fiscally-responsible fashion. During the COVID19

crisis, Dr. Shabsigh led the multidisciplinary critical care committee coordinating all critical care activities during the crisis. His book "Health Crisis Management in Acute Care Hospitals, Lessons Learned from COVID19 and Beyond" was published in March 2022 both in paper and as ebook by Springer Nature.

## 8. The Effect of Social Constrains And Spouse role on feasibility of skin and nipple sparing mastectomy in a cohort of eastern women.

تأثير الضغوط الاجتماعية و شريك الحياة على مدى نجاعة استئصال الثدي المحافظ على الثدي في المجتمعات المحافظة

Professor Rami Jalal Yaghan.

Chair of the Department of Surgery- College of Medicine and Medical Sciences, Arabian Gulf University- Bahrain; Manama-Kingdom of Bahrain

Professor of Surgery and Surgical Oncology at Jordan University of Science and Technology.

**Background:** Skin and nipple sparing mastectomy (SNSM) is an oncologically safe procedure in terms of local recurrence and survival. Involving patients actively in selecting a particular treatment modality for breast cancer is essential to meet their individual needs. This study aimed to evaluate the feasibility of SNSM in a conservative eastern society. The freedom of patients to express their wishes regarding the expected post-surgery body shape and sexual performance were addressed. Our technique of SNSM will also be highlighted.

**Patients and methods:** This study was conducted at Arabian Gulf University- Manama, and King Abdulla University Hospital-Jordan from January 2017 until Nov 2022. IRB approval and a written informed consent were obtained.

Female patients with early invasive breast cancer, ductal carcinoma in situ (DCIS), and phyllodes tumors were offered the option of SNSM. Smokers and patients with large ptotic breasts were excluded.

**Results:** 30 patients were included with a total of 33 implants. Indications included invasive ductal carcinoma (T1, T2) in 23 patients (76.7%), DCIS in 3 patients (10%), phyllodes tumors and extensive Idiopathic granulomatous mastitis in 4 patients (13.3%). Early explantation was encountered in three patients due to total nipple necrosis in 2 patients, and residual microscopic disease in 1 patient. Delayed explantation due to fibrous contraction occurred in two patients.

Further 10 candidates for SNSM chose mastectomy because they were convinced that mastectomy is safer, despite realizing the cosmetic advantages of SNSM. Only one candidate for SNSM decided to have mastectomy because she and her husband thought that cosmesis and body shape were not justified.

Patient's cosmetic satisfaction was considered as excellent, good, fair, in 88.5 %, 3.8%, 7.8% of patients. Surgeon's satisfaction was considered as excellent, good, fair, in 73 %, 19.3 %, 7.7% of patients. 57.7 % retained nipple sensation.

**Conclusion:** Despite social constraints, women in our society freely expressed their body -shape and sexual expectations after surgery for breast cancer. The complication rates and cosmetic satisfaction indicators after SNSM were comparable to those reported elsewhere. Thus, SNSM was feasible in our conservative community.

**Prof. Rami Jalal Kalajari Yaghan**

Professor of Surgery and Surgical Oncology

Chairman, Department of Surgery- Arabian Gulf University-Bahrain

Chair of the Department of Surgery- College of Medicine and Medical Sciences, Arabian Gulf University- Bahrain; Professor of Surgery and Surgical Oncology at Jordan University of Science and Technology.



**Qualifications**

M.B,B.S., F.R.C.S., JBGS, Fellowship in Surgical Oncology- Glasgow University., JBSO

**Research interest:**

Breast Cancer (Epidemiology, Immediate Breast Reconstruction, Post Mastectomy Reconstruction, Male Breast Carcinoma) Idiopathic Granulomatous Mastitis, Hydatid Cyst of the Breast,

**9. NEW CANCER TREATMENTS**

Prof NEDRET TAFLAN

Oncologist Medikal Park Gaziosmanpaşa

Hospital University of Istinye, Istanbul, Turkey

**Breast Cancer Treatment:**

- CDK inhibitors combined with hormonal treatment. Letrozole and ribociclib or fulvestrant and ribociclib. Letrozole and ribociclib 64 months vs placebo and ribociclib 51 months.
- Trastuzumab- Pertuzumab in C-erb B2 (Her2) positive breast cancer.
- trastuzumab emtansine (Kadcyla): HER2-targeted antibody-drug conjugate. Trastuzumab emtansine for residual invasive HER2- positive breast cancer. % 50 reduction the risk of death.
- trastuzumab deruxtecan (Enhertu): HER2 –directed antibody and topoisomerase İnhibitör conjugate. OS: 23.4 months vs 16.8 months.
- Immunotherapy for triple negative breast cancer. Pembrolizumab and chemotherapy OS: 23 vs 16.1 months.

**Lung Cancer Treatment:**

- EGFR, ALK, ROS1, B-RAF, K-RAS, N-RAS, NTRK 1,2,3 inhibitors. EGFR: erlotinib, afatinib, gefitinib; mOS > 2 years vs 9 months (chemo). Osimertinib (adjuvant treatment) 4-year survival rate: 73 % vs 38 %.
- ALK: crizotinib, brigatinib, alectinib, lorlatinib.
- ROS -1: crizotinib, ceritinib, entrectinib, lorlatinib. B-RAF: dabrafeniband trametinib. K-RAS: p.G12C sotorasib. OS:12.5 months (Phase 2 trial)
- İmmunotherapy for lung cancer.
- NSCLC: pembrolizumab, nivolumab.
- Pembolizumab and chemo vs placebo and chemo: OS (12 months); 69% vs 49.4 m.
- SCLC: atezolizumab and chemotherapy. 12 months vs 10 months.

**3- Colon Cancer Treatment:**

- Immunotherapy for MSI-H colon cancer: Unfortunately, only 3% of patients with Metastatic colorectal cancer have MSI-high disease. It is possible to cure them with immunotherapy. Pembrolizumab and nivolumab are the most effective immune checkpoint inhibitors in treating colorectal cancer. Predominantly in right sided CRCs

**Prof Nedret Taflan Salepci**

Medical oncology Medikal Park Gaziosmanpaşa

Hospital University of Istinye, Istanbul

SALEPCI Oncologist,

**EDUCATION**

1982 Doctor of Medicine Istanbul Faculty of Medicine: Istanbul University.

1993 Internal Medicine Istanbul Beyoğlu Teaching Hospital

1997 Medical Oncology Istanbul Faculty of Medicine Istanbul University.

**EXPERIENCE**



1983-1986 Etibank: General Practitioner and Occupational Medicine.  
 1986-1988 Emergency Medicine Istanbul Kartal State Hospital.  
 1997- 2012 Medical Oncology and Internal Medicine Istanbul Kartal State Hospital  
 2012- 2014 Medical Oncology Alberto Agnelli Giovanni Italian Hospital Istanbul  
 2014- 2016 Medical oncology Gaziosmanpaşa Hospital University of yeniyyuzyl.  
 2017- to Current Medical oncology Medikal Park Gaziosmanpaşa Hospital University of Istinye.

## 10. Situation of Onco-Urology in Syria, and presentation of 3 rare cases.

**Prof. Dr. Khalil Al Oumari**

Consultant Urologist and Specific Urology-Germany  
 Damascus, Syria

### 1-Maestas of Colon carcinoma in the pelvis of the kidney

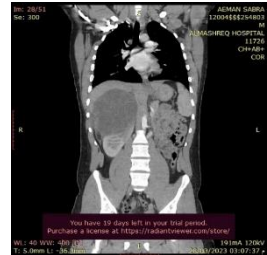
انتشار ورم الكولون الى حوض الكلية

Young lady, 36 years old suffering of abdominal and left renal pain. Ultra-sound showed hydronephrosis in the left kidney grade 3 and a big ovarian tumor in the left side. CT scan showed a pelvic mass in the left kidney and a big oedema in the sigma and descending colon. Laparoscopic and coloscopy and biopsy showed a colon adenocarcinoma grade 3 with multiple abdominal metastasis.

### 2-Fungal infect seems as renal pelvic carcinomas

العدوى الفطرية تبدو مثل سرطان الحوض الكلوي

Lady, 63 years old suffering from fever and cold shivers and hydronephrosis in the right kidney with many lyco-cytosis in the urine. The fungal culture was positive. CT Scan showed a big mass in the right pelvis of the kidney, but after intensive treatment of the fungi, the mass disappeared.



### 3-Very big liposarcoma above the kidney in 18. Years old Jung man

عرض حالة ساركوما شحمية كبيرة فوق الكلى لدى مريض شاب 18 سنة

Young man, 18 years old suffering of uncomfortable feeling in the stomach. Ultra-sound shows a big mass in the right adrenal gland.

All investigations were done. The patient underwent a big surgery and we removed the 15cm radius mass saving the kidney and cava, but during surgery we saw the adrenal gland was complete. The histology of the mass showed a liposarcoma with focal myxoid variant.

**Prof Dr. Khalil Al Oumari**

Professor Doctor Khalil Oumari has more than 30 years of experience in Urology. He studied Medicine at Damascus University where he graduated with an excellent mark.

Later on he moved to Germany and specialized in General Surgery in Melsungen, Germany and then specialized in Urology at Bad Soden Germany. After completion of studies, he worked as Head of Department of Urological Clinic in Main Taunus Circle, Bad Soden am Taunus.

He worked as a Professor of Urology for seven years in Johan Wolfgang v Goetho University, Frankfurt and teaching urological Anatomy of Urology in MTK. He was appointed as chief physician of a private Urological clinic and the "Center for Prostate Cancer" in Dar El Shifaa



hospital. Dr. Oumari was a leader of Pilot project Mobile Lithotripter in Ministry of Health, Hessen.

Dr. Khalil Oumari is also a Member of Urologist Society in Germany, Europe, Syria and Arabic Society and a member of Professional Association of Urologist and Society of Shockwave Lithotripsy in Germany. Has a large experience in the kidney stone therapy, transurethral techniques, Ureteroscopies and Endourology since 1988 and Auxiliary treatment & management of the ESWL (Extracorporeal shock wave lithotripsy) patients. Well experienced in Nerve-Sparing technique and Prostate Cancer. We are proud to have Dr Khalil on board to supervise the prostate disease and kidney clinic.

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## 3-Interventional & Surgical Session

### Robotic Surgery

Safir Hall 14.00-15.30

#### 11. Robotic distal Pancreatectomy for Pancreatic Cancer

Prof. Dr. med. Ayman Agha

Head of the Department of General, Visceral, Vascular and Thoracic Surgery, Oncological, Lung and pancreatic cancer center, Bogenhausen Hospital Munich, Germany

#### 12. Robotic Adrenalectomy for adrenal Tumors

Prof. Dr. med. Ayman Agha

Head of the Department of General, Visceral, Vascular and Thoracic Surgery, Oncological, Lung and pancreatic cancer center, Bogenhausen Hospital Munich, Germany



#### **Prof. Dr. med. Ayman Agha**

Since March 1, 2014, Prof. Dr. Ayman Agha boss the surgical clinic of the municipal clinic Bogenhausen.in Munchen born Palestinians

For many years, Agha has established, developed and introduced the minimally invasive surgery in Regensburg. In the nineties, such procedures were initially focused on benigns in the nineties

Medical studies at the Friedrich Alexander University in Erlangen-Nuremberg in 1993, a German clinic leading in liver surgery. In 2001 he became a specialist in surgery, 2004 specialist in visceral surgery. Three surgical schools of three nationally and internationally renowned Ordinaria shaped its wide surgical spectrum, especially in tumor surgery of the entire gastrointestinal tract, i.e. the main part of the digestive system, which ranges from the esophagus to the anus.

#### 13. COLORECTAL CANCER SURGERY – ROBOTIC SURGERY

Assoc.Prof Dr Ali Kilic

General Surgeon, SBU Umraniye EAH General Surgery, Health Sciences University Istanbul Istanbul, Turkey

**Introduction**

Colorectal surgery is an important and common procedure performed by surgeons. Traditional methods of colorectal surgery, have limitations and drawbacks. With the advancing technology, some innovations have emerged in the applications of colorectal cancer surgery. Among these methods are conventional laparoscopy, single-incision laparoscopic surgery, robotic surgery.

Traditional Methods and Robotic Technology in Colorectal Surgery

For many years, the standard techniques for colorectal surgery were open and laparoscopic. These methods do have certain restrictions, though. Open surgery is more invasive, requires a larger incision, and requires more time to heal. Although laparoscopic surgery is minimally invasive, the surgeon must work through tiny incisions while using long equipment, which reduces visibility and control.

The use of robotic technology has a number of benefits over conventional approaches. For instance, the da Vinci surgical system has a console, a robotic arm, and a camera. The robotic arm and camera are introduced through tiny incisions in the patient's belly, and the surgeon operates them with hand and foot controls while seated at the console. This enables more control, visualization, and precision during surgery.

It has been demonstrated that patients can gain from robotic colorectal surgery in a number of ways. Robotic colorectal surgery, compared to laparoscopic surgery, had a reduced conversion rate to open surgery, shorter hospital stays, and quicker recovery durations, according to a systematic evaluation of 12 studies published in 2019. A different study discovered that that robotic colorectal surgery resulted in less blood loss and fewer complications compared to laparoscopic surgery. The evidence on oncological outcomes is still emerging, but some studies have suggested that robotic colorectal surgery may be associated with better oncological outcomes. (Case video presentation)

**Conclusion**

Numerous advantages for patients and medical professionals come with robotic colorectal surgery. During surgery, it enables more control, accuracy, and vision, which reduces the need for hospitalization and speeds up recovery. Early studies indicate that robotic colorectal surgery may be related to improved outcomes in terms of oncological outcomes, while the data is still developing in this area. With prospective improvements in enhanced imaging and artificial intelligence, the future of robotic colorectal surgery appears bright.

**Assoc.Prof Dr Ali Kilic**

SBU Ümraniye EAH General Surgery Istanbul  
General Surgeon

I was born in Tokat, Turkey. I graduated from the Faculty of Medicine at Bursa Uludağ University and became a doctor in 1991. I completed my General Surgery residency at Atatürk University in Erzurum and became a General Surgery specialist in 1997. I worked as a General Surgery specialist at Erzurum Numune Hospital from 1997 to 1998. From 2000 to 2005, I worked as a General Surgery specialist at Erzurum Numune Hospital and Horasan State Hospital. Since 2005, I have been working as a General Surgery specialist at Istanbul SBU Ümraniye Training and Research Hospital.

**14. Minimally Invasive Surgery in Gynecological Oncology**

Dr. Cem Yalcinkaya  
Gynecological Oncology Specialist  
Umraniye Research Hospital, Istanbul

**Introduction:** Minimally invasive surgeries are surgical techniques are limiting the size of incisions. They are associated with a lower postoperative patient morbidity compared with a conventional approach for the same operation. The three main types of gynecological cancers are cervical ovarian and uterine cancers, and the use of minimally invasive surgical techniques in the surgical treatment of these cancers is increasing.

**Aims:** To discuss the use of minimally invasive surgical techniques and new developments in the surgical treatment of gynecological cancers. To determine the percentage of minimally invasive procedures among gynecological oncology surgeries performed in our clinic and to evaluate the success of the procedures.

**Analysis & Results:** Approximately 38.4% of abdominal gynecological oncology surgeries performed in our clinic in the last two years were performed with minimally invasive surgery. While almost all of these minimally invasive surgeries were performed laparoscopically, only 0.9 % were performed with the robotic surgery technique. Recovery time was shorter in procedures performed with minimally invasive surgical techniques. The need for analgesics was less and the hospital stay was significantly shorter than in similar abdominal surgeries.

**Conclusion:** The notable benefits of minimally invasive surgeries are also seen in patients operated on in our clinic. Although not documented, minimally invasive surgeries seem to be advantageous in comparisons such as bleeding, infection, and hospital fees. The disadvantages of minimally invasive surgeries are the long learning curve and high initial setup costs. In our clinic, a significant part of gynecological oncology surgeries are performed laparoscopically and successful results are obtained.

### Dr. CEM YALCINKAYA

Cem Yalcinkaya, MD, Gynecological Oncology Specialist

Umraniye Research Hospital, Istanbul

Home Address Hospital Address

Dumankaya Trend Sitesi 15A2/44 Umraniye Research Hospital, Istanbul

Yenisehir, Pendik, Istanbul



### **EDUCATION**

Apr 2015 – July 2018 Marmara University Medicine Faculty, Gynecology & Obstetrics Department, Gynecologic Oncology Department, Gynecologic Oncology Surgery Subspecialty Residency Program

2001 - 2006 Baskent University Medicine Faculty, Obstetrics & Gynecology Department Ob&Gyn Speciality Residency Program

1994 - 2000 İstanbul University Cerrahpasa Medicine Faculty Medical Doctor

### **WORK EXPERIENCE**

May 2006 - Sep 2007 Urgup Government Hospital (Mandatory Government Service)

Aug 2008 - July 2009 Edremit Military Hospital (Mandatory Military Service)

Aug 2009 - Nov 2009 Chaim Sheba Medical Center, Gynecology & Obstetrics Department Ultrasound Unit (observer, 4 months)

Dec 2009 - Mar 2015 Baskent University Adana Training Hospital, Gynecology Department

Apr 2015 – July 2018 Marmara University Medicine Faculty Gynecology & Obstetrics Department Gynecologic Oncology Department Gynecologic Oncology Surgery Subspecialty Residency Program

Feb 2018 – Apr 2018 Charite Hospital, Berlin, Germany Gynecological Oncology Department (observer, 2 months)

2018- Present Umraniye Research Hospital Gynecologic Oncology Department

## **15. Multidisciplinary approach in performing laparoscopic interventions**

Prof Abu Shamsieh Rami

Doctor of philosophy (M.D., PH. D Medicine)

President of the Association of Arab Doctors in Ukraine  
BOGOMOLETS NATIONAL MEDICAL UNIVERSITY  
Clinic Dievo - Ukraine



**Introduction** Simultaneous operations are surgical procedures performed synchronously on two or more sites for different unrelated diseases. With the accumulation of experience in laparoscopic operations, reports of simultaneous interventions on one or more organs performed under the control of a laparoscope began to appear

### **Aim of the work**

The main purpose of these operations is to free the patient from several diseases simultaneously and to achieve a long-lasting remission or cure

### **Materials and methods**

25 patients undergoing surgery at the Surgical Department of **BOGOMOLETS NATIONAL MEDICAL UNIVERSITY, Clinic Dievo Ukraine**, during 2020–2021 were entered into this study. The patient age varied from 42 to 83 years. Three patients were female and 22 were male.

Factors influencing the possibility of combined and simultaneous operations

- the effort and time of the surgeon and the team
- operating room equipment
- economic factors
- personal capabilities and beliefs of the surgeon
- anesthesia risks and concomitant pathology
- the desire of the patient

### **Principles of simultaneous surgical interventions**

- The principle of the underlying disease
- The principle of asepsis
- The principle of ablasticity
- Choice of initial and final stage
- The rule of separate drainage

### **Surgical interventions with a combination of SCC**

with other urological pathology

- Laparoscopic cystectomy and PNL under laparoscopic control 2 operations
- Laparoscopic nephropexy + rigid retrograde laser pyelolithotripsy 3 operations
- Laparoscopic nephropexy and flexible retrograde pyelolithoextraction (ureteroscopy) 4 operations
- Laparoscopic nephropexy and PNL under laparoscopic control 3 operations
- Laparoscopic plasticity of the pyelourethral segment + flexible retrograde pyelolithoextraction under laparoscopic control.4 operations
- Laparoscopic plastics of the pyelourethral segment and PNL under laparoscopic control 3 operations
- Laparoscopic cystectomy and plastic surgery of the pyelourethral segment 3 operations
- Laparoscopic cystectomy and pyelotomy with flexible pyelolithoextraction under laparoscopic control 1 operation

### **Clinical case 1**

The patient is 60 years old

- ASA 1
- Diagnosis: Simple cyst of the upper pole of the right kidney (size 6 cm). Concretion of the pelvis and concretion of the upper group of cups of the right kidney.
- Stages of the operation:
- Stage 1 - Laparoscopic resection of a cyst of the right kidney.

- Stage 2 - Pyelolithotomy. Pyelolithoextraction.
- Stage 3 - Transtroacar endoscopic flexible pyelolithoextraction.
- Terms of hospitalization: 2 days
- **Simultaneous operations with a combination of urological pathology with general surgery**
- Laparoscopic varicocelelectomy and TARR hernioplasty. 2 operations
- Laparoscopic cystectomy and TARR hernioplasty.1 operation
- Transurethral resection of the prostate, laparoscopic cystolithotomy and bilateral hernioplasty TAP 1 operation
- Laparoscopic varicocelelectomy and cholecystectomy2 operations
- Laparoscopic diaphragmatic hernia, cholecystectomy and left nephrectomy 1 operation
- Laparoscopic cystectomy and cholecystectomy 1 operation

**Clinical case 2**

The patient is 58 years old.

- Diagnosis: Hernia of the esophageal orifice of the diaphragm, calculous cholecystitis, cyst of the left kidney. ASA 2
- Operation in stages:
- Stage 1: laparoscopic cholecystectomy.
- Stage 2: fundoplication "floppy Nissen", fundocrurorophy.
- Stage 3: excision of the cyst of the left kidney
- Operation time: 5.5 hours
- Blood loss volume 200 ml
- Terms of hospitalization 2 days.

**Clinical case 3**

The patient is 43 years old.

- Diagnosis: Tumor of the anterior-upper wall of the bladder.
- Terms of hospitalization: 4 days.
- Operation: Laparoscopic resection of a bladder neoplasm with endoscopic control and laser navigation.
- PGD (DMS 23.04.21) - Leiomyosarcoma of the bladder with low malignant potential on the leg, ingrowth into the wall (to a depth of 0.8 cm), tumor necrosis and inflammatory infiltration. ICD-O code - 8890/3. No tumor growth was detected at the edges of the resection of the bladder wall. Lymph nodes without signs of metastatic lesions were examined.
- PGD (CSD 11.05.21) Spindle cell tumor requiring immunohistochemical verification. Papillary urothelial tumor with low malignant potential (PUNLMP) (ICD-O code 8130/1). Immunohistochemical examination is required to determine the histogenesis and biological potential of the spindle cell tumor.
- IHC (CSD 20.05.21): Inflammatory myofibroblast tumor of the bladder (ICD-O code 8825/1).

**Clinical case 4**

- The patient is 67 years old
- Diagnosis:
- 1A: ça. cecum T3N1M0 2kl.gr, sub compensated small intestinal obstruction
- 1B: Ca. right kidney T2N0M0. 2kl.gr.
- 1C: Gastric cancer T2N0M0 class 2 Adenocarcinoma G1-2
- The first operation (22.06.21):
- Stage 1: Laparoscopic right nephrectomy

- Stage 2: Laparoscopic right hemicolectomy with the formation of ileo-transverse anastomosis side to side.
- Blood loss volume 30 ml
- Hospitalization 2 days.
- Second operation (13.07.21): Laparoscopic subtotal-distal resection stomach according to Billroth-II.
- Blood loss volume 45 ml
- Hospitalization 4 days.

**Conclusions**

- Analysis of the experience of Department of BOGOMOLETS NATIONAL MEDICAL UNIVERSITY, Clinic DievO Ukraine, demonstrates that simultaneous procedures may become operations of choice in cases with synchronous diseases.
  - It should also be emphasized that simultaneous operation means completion of treatment and, if the prognosis is good, it is promising for early somatic and social rehabilitation
  - Simultaneous surgical interventions can save the patient from several diseases
  - Performing combined operations does not affect the surgical and anesthetic risk, the course of the postoperative period and does not lead to prolongation of postoperative treatment
  - Simultaneous laparoscopic intervention is the optimal method of treatment and significantly reduces the cost (both time and financial) of the patient for comprehensive treatment and examination by various specialists
  - Simultaneous surgery is indicated for urological patients with combined surgical pathology, but requires a multidisciplinary team of surgeons and the necessary equipment.
  - Simultaneous stage cannot be contraindicated in patients of different ages, who have no contraindications to perform the main stage of intervention with laparoscopic access
- thank you for your attention

**Prof Abu Shamsieh Rami, M.D., Ph. D**

Prof. Dr. Med Rami N Abu Shamsiya

President Association of Arabic Physicians in Ukraine

Department of Surgery №1 National Medical University A.A. Bogomolets. Kiev. Ukraine.

Specialist General Surgery and laparoscopic Surgery

**Clinical Experience:**

Special Areas of Interest: Thoracic and Vascular surgery, General Surgery, General Surgery, Vascular Surgery, Gynecology & Obstetrics, Plastic Surgery, Thoracic surgery, Neurosurgery, Emergency Department

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# 4- Cancer medicine

**Safir Hall 16.00-18.30**

**16. Liver transplantation in malignant diseases**

Univ.-Prof. Dr. med. Arzu Özcelik  
Head of Liver Transplantation, West German Center for Organ Transplantation  
University Hospital Essen, Germany

**Prof. Dr. Arzu Oezcelik**

Prof Dr. Arzu Oezcelik graduated as a medical doctor from Medical School, University of Essen/ Germany in 2003. She was a Surgical Assistant Resident at Department of General, Visceral and Transplantation Surgery at University Hospital of Essen from 2004 to 2007 and she had a Research Fellowship at the Department of Surgery, University of Southern California, Los Angeles/ CA/ USA from 2007 to 2009. She was the Chief Resident in Surgery, University Hospital of Essen from 2009 to 2010. She got bored certification from German Board of General Surgery in 2011. Professorin, Fakultät für Medizin, Universität Duisburg-Essen, Universitätsklinikum Essen  
Visceral transplantation considering gender-specific aspects  
main areas of work

- Liver transplantation, especially living liver transplantation
- Role of frailty in liver transplantation
- Use of artificial intelligence in surgery
- Gender-specific differences in transplantation medicine

Univ.-Prof. Dr. med. Arzu Özcelik  
Universitätsklinikum Essen, Hufeland Straße 55, 45147 Essen

**17. Genetic Tests in Breast Cancer**

Sezin Canbek, M.D.

Department of Medical Genetics, Umraniye Research and Training Hospital, Istanbul, Turkey

One of the most prevalent cancers and the main cause of death for women worldwide is breast cancer. There is a 20% familial risk for breast cancer.

Familial forms of breast and ovarian cancer are still mostly caused by germline mutations in the BRCA1 and BRCA2 genes. When a harmful BRCA1/2 variation is detected in a family, it has a significant impact on risk management strategies such as increased surveillance, preventive surgery, and chemoprevention alternatives. BRCA1/2 testing fails to find a causal mutation in many families with a strong history of breast and/or ovarian cancer, nevertheless.

In hereditary breast and ovarian cancer, panel testing has been made possible by advancements in sequencing technologies. The utilization of large multi-gene disease-targeted panels is a cost-effective strategy that also enables the incorporation of our enhanced understanding of the genetic architecture of illness.

NGS method, panel test and BRCA1-2 MLPA test are mostly applied to patients who apply to the Medical Genetics outpatient clinic with the diagnosis of Breast Cancer. We will be happy to share with you the current approach to breast cancer genetics with the results of our patients.

**Sezin Canbek**, as a Medical Genetics Specialist, works at Umraniye Research and Training Hospital, Istanbul. Ümraniye Training and Research Hospital is a health institution affiliated to the Ministry of Health.





## 18. Testosterone doesn't cause Prostate Cancer and Testosterone Therapy Can be Protective against high-grade Prostate Cancer: The Paradigm Shift

Prof. Dr. Aksam Yassin MD PhD EdD FEBU

Professor of clinical Urology/Andrology Weill Cornell Medical School,  
New York, USA, Norderstedt-Hamburg, Germany

With prostate cancer not observed in eunuchs and total androgen suppression by castration an effective first-line treatment for advanced prostate cancer, the dramatic regression seen in tumour symptoms after castration, lead to the theory that high levels of circulating androgens were a risk factor for prostate cancer. This theory however, ignored the effects testosterone variations within a physiologic range could have on early tumor events and since the early 2000s, clinical evidence discounting testosterone as a linear mechanistic cause of prostate cancer growth mounted, with alternative mechanistic hypotheses such as the saturation model being proposed. Together with a growing understanding of the negative health effects and decreased quality of life in men with testosterone deficiency or hypogonadism, a paradigm shift away from testosterone as a prostate cancer inducer occurred allowing clinicians to use testosterone therapy as potential treatment for men with difficult and symptomatic hypogonadism that had been previously treated for prostate cancer. In this review we contextualize the idea of testosterone as a risk factor for prostate cancer inducement and compile the most current literature with regards to the influence of testosterone and testosterone therapy in prostate cancer. Also we present results of our research as a study investigated the role of testosterone replacement therapy (TRT) in prostate safety and cancer progression. A cohort of 553 patients, 42 treated and 162 untreated hypogonadal men, and 349 eugonadal men were included.

Pathological analysis of prostate biopsies examining the incidence and severity of PCa revealed that: 16.7% of treated hypogonadal men had a positive biopsy, a Gleason score of 6 in 71.4% and 46 in 28.6% of men, a predominant score of 3 and tumour staging of II in 85.7% men; 51.9% of untreated hypogonadal men had a positive biopsy, a Gleason score of 6 in 40.5% and 46 in 59.5% men, a predominant score of 3 (77.4%) and tumour staging of II (41.7%) or III (40.5%); 37.8% of eugonadal men had a positive biopsy, a Gleason score of 6 in 42.4% and 46 in 57.6% of men, a predominant score of 3 (82.6%) and tumour staging of II (44.7%) or III (47.7%). The incidence of positive prostate biopsies was lowest in hypogonadal men receiving TRT, with significantly lower severity of PCa in terms of staging and grading in the same group. These results suggest that TRT might have a protective effect against high-grade PCa.

### Presentation's Skills

The magic of communication - How to be an effective speaker!

Prof. Dr. Aksam Yassin MD PhD EdD FEBU

Professor of clinical Urology/Andrology Weill Cornell Medical School,  
New York, USA, Norderstedt-Hamburg, Germany

A lecture on presentations skills to improve quality of lectures demonstration and respect time limits

### Objectives:

- 1) Develop effective planning, preparation, presentation and evaluation skills
- 2) Develop speaking and presentation skills for MD's & medical Staff
- 3) Give instruction on speaker orientation, content development, choice of format and style of presentation
- 4) Presentation workshops with video recording, replaying and comments is the optimum

**Aksam Yassin MD PhD EdD FEBU**

- Professor of clinical Urology/Andrology Weill Cornell Medical School, New York, USA, Scientific Director of Preventive Medicine Program and Men's Health
- Centre of Medicine and Health Sciences, Dresden International University, Dresden, Germany
- Editor-in-Chief Journal of Men's Health
- Certified by German Board for Urology. PhD in medical sciences at Hamburg University.
- 1996 Doctor of Education (EdD), University of Sarasota (today: Argosy University), Florida/USA and appointment as adjunct professor for Human Sexuality in the clinical psychology program at the College of Behavioural Sciences
- Published: 220 original reports, 21 reviews, 3 Books and 7 Book Chapters



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**19. Early detection of Penis carcinoma and therapy (Case Report)**

Dr. Ismail Abbara  
 Medical Director qwne abbara polyclinic  
 Consultant Urologist, Andrologist & General Surgeon  
 Dubai UAE

**Dr. Ismail Abbara****Professional Experience**

Medical Director qwne abbara polyclinic, Consultant Urologist, Andrologist, General Surgery, German Board Certified, 40 Years' Experience, Former Lecturer of Urology at Dubai Medical College

**20. Effects of Long-Term Testosterone Therapy (TTh) over 14 Years in Men with Classical vs. Functional Hypogonadism, and Urologic Events and Mortality**

Ahmad Haider<sup>1</sup>, Karim Haider<sup>1</sup>, Gheorghe Doros<sup>2</sup>, Abdulmaged Traish<sup>3</sup>  
<sup>1</sup>Private Urology Practice, Bremerhaven, Germany  
<sup>2</sup>Department of Epidemiology and Statistics, Boston University School of Public Health, Boston, MA, USA  
<sup>3</sup>Department of Biochemistry and Department of Urology, Boston University School of Medicine, Boston, MA, USA

**Introduction:** The FDA recommends treating hypogonadism only in men with "certain medical conditions" (classical hypogonadism) but not low testosterone due to aging (functional hypogonadism).

**Methods:** In an ongoing registry, 481 men receive TTh. 79 have classical hypogonadism (Klinefelter's syndrome, orchiectomy, cryptorchidism), 402 functional hypogonadism. Men are treated by testosterone undecanoate (TU) injections 1000mg/12weeks following an initial 6-week interval (T-group). Means and standard deviations of absolute measures over 14 years and adjusted mean difference (AMD) between groups are reported. We then compared outcomes in testosterone-treated and -untreated men. 417 men had opted against TTh and served as controls (CTRL).

**Results:** Mean age at baseline: 49.7±9.4 (classical), 57.8±7.0 (functional) ( $p<0.0001$ ). Mean (median) follow-up: classical 11.4±2.9(13), functional 10.9±3.2(12) years.

Mean age at baseline: CTRL: 62.7±5.3, mean (median) follow-up: CTRL 11.1±3.3(12) years.

Weight, BMI, and waist circumference decreased in the same magnitude in men with classical compared to men with functional hypogonadism.

Total, HDL and LDL cholesterol and triglycerides improved in the same magnitude in men with classical compared to men with functional hypogonadism.

Quality of life, assessed by erectile function (IIEF-EF), urinary function (IPSS), and a general QoL questionnaire (AMS) improved in the same magnitude in men with classical compared to men with functional hypogonadism. 182 (20.3%) of patients died during up to 16 years of follow-up: 49 (10.2%) in the T-group and 133 (31.9%) in CTRL. 74 patients (8.2%) were diagnosed with prostate cancer (PCa): 13 (2.7%) in the T-group and 6 (14.6%) in CTRL ( $p<0.001$ ).

Of the PCa patients, 26 men in CTRL had a biochemical recurrence of PCa. No patient in the T-group had a biochemical recurrence ( $p<0.001$ ). A second biochemical recurrence occurred in 3 men in CTRL.

Acute urinary retention (AUR) occurred in one patient in the T-group and 25 patients in CTRL ( $p<0.001$ ).

**Conclusion:** Long-term treatment with TU in men with classical and functional hypogonadism improved all measured parameters in a similar magnitude.

During a median follow-up of 12 years, all-cause mortality was approximately three times higher in the untreated control group compared to men receiving TTh. The incidence of urological events was significantly lower in the T-group.

This may in part be explained by the age-difference at baseline. Further analyses using propensity-matching will be performed.

#### **Dr. Ahmad Haider**

has spent more than two decades researching the long-term effects of testosterone undecanoate and of testosterone therapy. During the last years he presented 300+ Abstracts, authored and co-authored 50+ pubmed-listed publications. He is working in his private medical office in Bremerhaven, Germany where he has been since 1991, serving as the longest working urologist in the ambulatory sector in Bremen and Bremerhaven. He is a regular editor for various pubmed-listed journals.



Dr. med. Ahmad Haider

Facharzt für Urologie & Andrologie

Doctor of Urology & Andrology

Bremerhaven, Germany

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## 5-Epidemiology Session Cancer Medicine

Safir Hall 09:00 – 11:00

### 21. Awareness of Palestinians about lung cancer symptoms: a national cross-sectional study

Dr. Wafa Aqel

Health education and scientific research unit, Palestinian Ministry of Health,  
General Physician and Researcher  
Founding Director of Al-Quds Medical Research Association, Al-Quds University  
Jerusalem/PS

Mohamedraed Elshami<sup>1,2\*†</sup>, Hanan Abukmail<sup>2,3†</sup>, Wafa Aqel<sup>4†</sup>, Mohammed Alser<sup>5</sup>, Ibrahim Al-Slaibi<sup>6</sup>, Hanan Shurrab<sup>7</sup>, Shahd Qassem<sup>4</sup>, Faten Darwish Usrof<sup>8</sup>, Malik Alruzayqat<sup>4</sup>, Roba Nairoukh<sup>9</sup>, Ahmad Mansour<sup>4</sup>, Rahaf Kittaneh<sup>10</sup>, Nawras Sawafta<sup>4</sup>, Yousef M. N. Habes<sup>4</sup>, Obaida Ghanim<sup>4</sup>, Wesam Almajd Aabed<sup>11</sup>, Ola Omar<sup>12</sup>, Motaz Daraghme<sup>12</sup>, Jomana Aljbour<sup>3</sup>, Razan Elian<sup>3</sup>, Areen Zuhour<sup>12</sup>, Haneen Habes<sup>4</sup>, Mohammed Al-Dadah<sup>3</sup>, Nasser Abu-El-Noor<sup>13†</sup> and Bettina Bottcher<sup>3†</sup> †Mohamedraed Elshami, Hanan Abukmail and Wafa Aqel contributed equally as a first co-author. †Nasser Abu-El-Noor and Bettina Bottcher contributed equally as a senior co-author. Full list of author information is available at the end of the article

### **Background**

The majority of lung cancer (LC) cases are diagnosed at an advanced stage. Poor awareness of LC symptoms is a contributor to late diagnosis. This study aimed to assess the awareness of LC symptoms among Palestinians, and to examine the factors associated with displaying good awareness.

### **Methods**

Participants were recruited from hospitals, primary healthcare centers and public spaces using convenience sampling. A translated-into-Arabic version of the validated LC awareness measure was used to assess recognition of 14 LC symptoms. One point was given for each recognized symptom. The total score was calculated and categorized based on the number of symptoms recognized: poor (0–4), fair (5–9), and good (10–14). Multivariable logistic regression was used to examine the association between participant characteristics and having good awareness. The multivariable analysis adjusted for age-group, gender, education, monthly income, occupation, residence, marital status, any chronic disease, knowing someone with cancer, smoking history, and site of data collection.

### **Results**

Of 5174 potential participants approached, 4817 completed the questionnaire (response rate = 93.1%) and 4762 were included in the final analysis. Of these, 2742 (56.9%) were from the West Bank and Jerusalem (WBJ) and 2020 (43.1%) were from the Gaza Strip. Participants from the WBJ were older, had higher monthly income but lower education, and suffered from more chronic diseases. The most recognized respiratory LC symptom was ‘worsening in an existing cough’ (n = 3884, 81.6%) while the least recognized was ‘a cough that does not go away for two or three weeks’ (n = 2951, 62.0%). The most recognized non-respiratory LC symptom was ‘persistent tiredness or lack of energy’ (n = 3205, 67.3%) while the least recognized was ‘persistent shoulder pain’ (n = 1170, 24.6%).

A total of 2466 participants (51.8%) displayed good awareness of LC symptoms. Participants from both the Gaza Strip and the WBJ had similar likelihoods to have good awareness levels. Factors associated with a higher likelihood to display good awareness included female gender, having post-secondary education, being employed, knowing someone with cancer, and visiting hospitals and primary healthcare centers.

### **Conclusion**

About half of the study participants displayed a good level of awareness of LC symptoms. Further improvement in public awareness of LC symptoms by educational interventions might reduce LC mortality by promoting early diagnosis.

### **Author details**

1Division of Surgical Oncology, Department of Surgery, University Hospitals Cleveland Medical Center, 11100 Euclid Avenue, Lakeside 7100, Cleveland, OH 44106, USA. 2 Ministry of Health, Gaza, Palestine. 3 Faculty of Medicine, Islamic University of Gaza, Gaza, Palestine. 4 Faculty of Medicine, Al-Quds University, Jerusalem, Palestine. 5 The United Nations Relief and Works Agency for Palestine Refugees in the Near East, Gaza Strip, Palestine. 6 Almakassed Hospital, Jerusalem, Palestine. 7 Faculty of Pharmacy, Al-Azhar University of Gaza, Gaza, Palestine. 8 Department of a Medical Laboratory Sciences, Faculty of Health Sciences, Islamic University of Gaza, Gaza City, Palestine. 9 Faculty of Dentistry, AlQuds University, Jerusalem, Palestine. 10Faculty of Nursing, Al Najah National University, Nablus, Palestine. 11Faculty of Dentistry, Al Azhar University of Gaza, Gaza, Palestine. 12Faculty of Medicine, Al Najah National University, Nablus, Palestine. 13Faculty of Nursing, Islamic University of Gaza, Gaza, Palestine.

**Dr. Wafa Aqel AbuKhalil****PROFESSIONAL SUMMARY**

Disciplined and confident medical intern with experience in medicine, research and leadership. Adept in properly diagnosing and strategizing for the best treatment plans for patients. Bringing forth an empathetic and professional attitude, committed to providing patients with the best care possible .

A strong leader who works well under pressure and with other medical professionals.

**EDUCATION**

- United States Medical Licensing Examination- USMLE STEP 2 Preparing. Planned to do on mid 2023
- Israeli Medical Licensing Exam- IMLE. July2022
- Doctor of Medicine Al-Quds University Medical School. Jerusalem.PS. Class of 2021

**WORK EXPERIENCE**

- ICU Doctor/ Cardiac Surgery Intensive Care Unit CSICU at Al-Makassed Hospital/ Jerusalem (Jan2023-Present)
- Emergency Physician at Al-Etihad Emergency Center/Ramallah (Jun2022-Jan2023)
- Volunteer Doctor at Pediatric-Neurology Private Clinic (Jan2021-Aug2022)
- Intern Doctor at Palestine Medical Complex PMC (Nov2021-Sep2022)

**PROFESSIONAL MEMBERSHIPS**

- Jul2019-present; Researcher at Cancer awareness in Palestine team.
- Sep2019-Mar2022; MD Researcher. Palestinian Neuroscience Initiative PNI.
- Dec2019-Dec2021; Founding Director of Al-Quds Medical Research Association AMRA

**22. Management of metastatic Non-Small Cell Lung Cancer**

Associate Professor Abdul Monem HAMID

Pneumology and Lung Transplant Department Foch Hospital, Paris France

Associate Professor, College of Medicine of Paris, France

There are two major types of lung cancer: non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC). NSCLC accounts for about 85 percent of lung cancers.

Tumors are classified by stage.

The past decade has seen a revolution of new advances in the management of NSCLC with remarkable progresses in screening, diagnosis, and treatment.



Through genetic testing of tumor samples, doctors can identify specific types of lung tumors and prescribe treatments designed to target them. Immunotherapy has also emerged as a treatment option for certain types of lung cancers.

People with non-small cell lung cancer can be treated with surgery, chemotherapy, radiation therapy, targeted therapy, or a combination of these treatments.

The advances in systemic treatment and immunotherapy have transformed this field with significantly improved patient outcomes.

These advances have made treatments more effective, often with fewer side effects.

**Associate Professor Abdul Monem HAMID****Professional address:**

Department of Pulmonary and Critical Care Medicine

Pulmonary Transplant Unit

1-Hôpital Foch, 40 rue Worth, 92150 Suresnes, France

2- American hospital of paris

**UNIVERSITY TITLES AND DIPLOMAS**

- Member of college de Medicine de PARIS
- Lecturer in Medical Science (MAITRE SCIENCES MEDICALES): Paris Sud University, UFR Kremlin-Bicêtre, France since November 2005
- Assistant Professor (Chef de Clinique): Paris Sud University, UFR Kremlin-Bicêtre, France: November 2003-October 2005
- Inter-University Diploma in Thoracic Oncology: Lyon University, France, 2003-2004
- Emergency Medicine Diploma: Paris V University, France, 2001-2003
- University Diploma in Critical Care Medicine: University of Reims, France, 2001-2002
- Inter-University Diploma in Pulmonary Medicine: Paris V University, France, March 2002
- Clinical and Therapeutic Certificate: Paris V University, France, 2000-2001
- University Diploma in Pulmonary Environmental and Occupational Diseases: University of Nancy, France, 1996-1997
- Doctorate of Medicine: University of Damascus, August 1994
- Inter-University Diploma in Sleep Medicine, Paris Sud University, France, (ongoing)
- Inter-University Diploma in Organ Transplantation, Paris Sud University, France, (ongoing)

**HOSPITAL POSTS**

- Residency and Fellowship in Pulmonary Medicine (Interne des Hôpitaux Inter-région Ile de France), Paris University Hospitals: 1998-2002
- Assistant Professor and Consultant (Assistant Chef de clinique) et Praticien Consultant Paris University Hospitals: 2002-2007
- Practician Consultant: since 2007

**MEMBERSHIPS**

A member of many local and international medical associations and a member of the ARABMED Board

**23. Equity of access to innovative cancer care: the "e-health pro" project.**

Dr. Jihad YOUSSEF, Ahmad ZOHBi; Hamed RAMDANI

IMEAH/ CHU BORDEAUX

CEO / Hospital Practitioner

**Introduction:**

Access to high level medical expertise is not equitably ensured, particularly in oncology. The expertise highly developed in university hospitals is not always available for patients followed in non-university medical institutions. The use of telemedicine in the organization of health services has shown its evidence in remote access to health services. Use of "tele expertise" solutions is growing

Aim of the project:

We are developing a digital platform "e-health pro" for Expert Health Promotion, whose main objective is to organize collaboration between networks of locoregional, national and international at all levels of expertise for cancer patients.

**Properties:**

It is a SaaS platform developed by health professionals in partnership with a large French hospital "CHU de Bordeaux".

The functionalities of this tool exceed those known from traditional medical teleexpertise. It has the particularity of being adapted to all levels of expertise ranging from a simple opinion to multidisciplinary meetings. The exchanged medical record can be easily customized by the required medical team. Each institution manages access to its network of expertise according to its availability, needs and research activities. It allows an innovative management of networks of experts and health institutions. It uses a new economic model of remuneration of medical time based on the notion of "ETN" "equivalent temps numérique" or "DTE" for "digital time equivalent". Students in university hospitals have their space to access digital data exchanged between experts to improve their training.

**Expected results:**

Patient will have easier, smoother, and more equitable access to excellence in medical expertise and innovative therapeutic protocols in oncology.

Health professionals working in an establishment with low qualifications, by having access to "e-health pro" services, will provide their patients with a very high level of expertise.

The required university hospital will promote its offer of care in harmony with its mission. It will thus be able to increase the volume of data in its database with better exploitation for its academic and scientific research activities. This would participate to accelerate cancer research.

Humanitarian organizations can use e-health pro as a platform to direct poor patients to the right network of experts corresponding to their medical problems and thus participate in the development of innovation in cancer care.

**Conclusion:**

The e-health pro platform is an innovative telemedical expertise project developed by health professionals in partnership with Bordeaux University Hospital. It is designed to promote equity in access to excellence in care services, particularly in oncology.

Jihad YOUSSEF, Ahmad ZOHBI; Hammed RAMDANI  
IMEAH/ CHU BORDEAUX  
CEO / Hospital Practitioner

**Dr. Joseph Jihad YOUSSEF**

Jihad YOUSSEF, MD, Internal Medicine and Critical Care

Date of Birth: July 09, 1977

Address: 36 rue Bernard Adour, 33200 Bordeaux

Mobile +33-7-86953804

E-mail: jihad.youssef@imeah.com

**CURRENT TITLES:**

- CEO and co founder of "IMEAH"
- President of "Dannieh for health care" association



- M.D. at Bordeaux university Hospital since January 2021
- Former Chef de Clinique in Internal Medicine and inflammatory diseases. (2008-2011)
- Former head of Medicine department and intensive care unit at Nini Hospital

**DIPLOMAS:**

- Diploma in medical intensive care medicine (Diplôme d'études spécialisées complémentaires « DESC » en réanimation médicale) Bordeaux university 2010
- Diploma in general internal medicine (Diplôme d'études spécialisées « DES » en Médecine Interne). Bordeaux university 2008
- University diploma of Echocardiography. Bordeaux university 2007
- Interuniversity diploma of Rheumatism and inflammatory diseases. Paris XI university 2006
- Doctor of medicine. Saint Joseph University Beyrouth. 2001

**PROFESSIONAL & ASSOCIATIVE MEMBERSHIPS:**

- French society of internal medicine (SNFMI)
- French society of intensive care medicine (SRLF)
- European society of intensive care medicine (ESICM)
- Former general secretary of Avicenne French Medical Association (AMAF)

**24. Electronic device uses during the COVID-19 pandemic and adolescents' anxiety and depression: a cross-sectional study**

Dr. Qawasma Abdalla Ahmad

Head Of Health Education and Scientific Research Unit, Ministry of Health, Ramallah, Palestinian

Autor, s Suha HAMSHARI, Shaban Yaseen, Mosab Zayed, Asala Dallashi, Zaher Nazzal, **Abdallah Qawasmeh**, Kamal Al-Shakhra, Beesan Maraqa

**INTRODUCTION**

Adolescents Have Many Mental Illnesses, Including Anxiety Disorders. The Covid-19 Pandemic Affects Our Emotional, Physical, And Economic Health. During Their Quarantine, Teens Slept More And Exercised Less, And They Used More Electronic Devices. Digital Devices Are Now Part Of Our Daily Lives, Especially For Students Who Use Them For Studying, Reading, And Other Tasks Due To Rapid Technological Advancement. Due To The Move From Face-To-Face To Online Classrooms, Electronic Devices Were Employed During The Covid-19 Pandemic

**STUDY PURPOSE**

The Main Purpose Of This Study Was To Examine And Estimate The Prevalence Of Depression And Anxiety Among Adolescents, As Well As The Impact Of These Devices On Their Mental Health.

**RESEARCH AIMS:**

The Sub-Objectives Of The Study Are As Follows:

- To Measure the Prevalence of Depression Among Adolescent Age In Secondary School In West Bank.
- To Measure the Prevalence of Anxiety Among Adolescent Age In Secondary School In West Bank.
- To Investigate the Relationship Between Anxiety And Depression And The Use Of Electronic Devices By Secondary School Students In Palestine

**METHODS**

This Cross-Sectional Study Included 1,140 Adolescents. Data On Sociodemographic Characteristics, Electronic Device Use, The Beck Depression Inventory II, And The 7-Item Generalized Anxiety Disorder Scale Were Collected Using A Self-Administered Online Questionnaire. To Explore The Independent Association Between Anxiety And Depression And Numerous Independent Characteristics, We Computed Odds Ratios (ORs) And Their 95% Confidence Intervals (CIs) Using A Binary Logistic Regression Model.



RESULTS

CONCLUSION

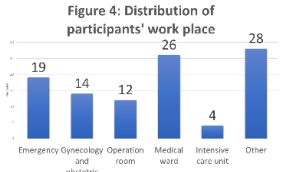
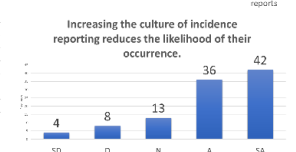
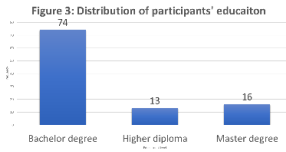
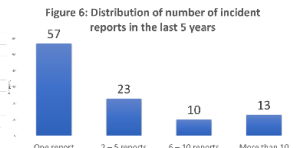
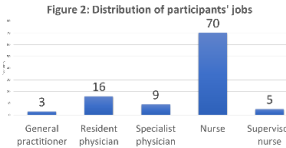
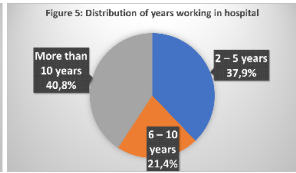
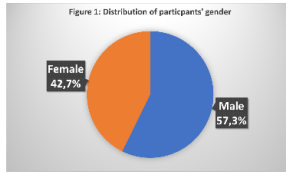
Approximately one-third of Palestinian adolescents' experience symptoms of moderate to severe depression and one-fourth experience symptoms of moderate to severe anxiety during the COVID pandemic. While exercise duration was only significantly related to anxiety and smoking was only significantly related to depression, district, gender, grade, academic performance, and time spent using electronic devices were all significantly related to both anxiety and depression.

**Dr. Qawasma Abdalla Ahmad**  
 Head Of Health Education and Scientific Research Unit,  
 Ministry of Health, Ramallah,  
 Palestine

Experience

- 2019- Till Now: Head Of Health Education And Scientific Research Unit, Ministry Of Health, Ramallah, I Follow All Education Issues In Ministry As Residency Program, Medical Student. In Addition To Follow Up Research Process In Palestine.
- 2016- 2019: Adviser to the Minister for Education Affairs and The Specialization Program, Ministry of Health, Ramallah
- 5/ 2012- 5/2016: Head Of The Pediatric Emergency Department, Aleah Governmental Hospital, I Started Working in Pediatric and Nicu Wards After I Had Been Got the Palestinian Board in Pediatrician, My Dedication, Loyalty and Passion Qualified Me to The Position of Hospital Head of Department.
- 8 / 2009- 2012: Officer Of The Resident Doctors, Aleah Governmental Hospital , I Was Responsible for All The Medical Residents In The Hospital.
- 8/2004- 8 / 2009: Resident Pediatric Doctor, Aleah' Governmental Hospital. Hebron, I Joined The Residency Program In Pediatrician At The Same Governmental Hospital, And Jordan University Hospital
- 11/08/2001- 8/2004: General Physician, Aleah' Governmental Hospital. Hebron, I Started Working with Aleah' Governmental Hospital. One Of The Largest Hospitals In Palestine, As General Physician In Emergency Department Then In Pediatric Ward
- 8/1999 - 9/2000: Internship, At Alahli Hospital - Hebron - Palestine.

Education



2001- 2008: Pediatric Residency Program, Hebron Hospital and Jordanian University Hosp, - Palestine \ Jordan. Specialty Of Pediatric and Neonate (Pediatrician)  
 August 1999: B.A Medicine, At Saint-Petersburg State Medical Academy (Ii Mechnicov).  
 General Physicain  
 July 1994: Secondary School, Al Hussin Inb Ali- Hebron- Palestine HI School Degree

## 25. Management of central giant cell granuloma in the lower jaw A case report

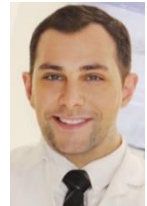
عرض حالة عن معالجة ورم الغراندولوم المركزي في الفك السفلي

Ing. Dr. med. dent. Omar Hamid MSc Aesthetic Medicine,  
 Vienna Austria

Central Giant Cell Granuloma (CGCG) is a benign, yet locally aggressive, osteolytic lesion primarily affecting the mandible and maxilla. This case report elucidates the management of CGCG in the lower jaw, emphasizing diagnostic approaches, treatment modalities, and follow-up strategies. By examining the case's clinical presentation, radiographic features, and therapeutic interventions, the report contributes valuable knowledge for healthcare professionals confronted with this uncommon condition, promoting a better understanding of its pathogenesis and optimal management.

### Ing. Dr. med. dent. Omar Hamid

Dr. med. dent.: Medical University of Vienna 2007/08 – 2013/2014 with studies at the University of California Los Angeles, USA – UCLA – AEGD  
 Advanced education in general dentistry 2011  
 Karolinska Institut Stockholm, Sweden, Pediatric surgery 2011  
 University of Barcelona, Barcelona, Spain 2012  
 International lecturer on CAD/CAM, Implantology  
 President of OEGAZ 2016



Implantology diploma - Zahnärztliches Fortbildungsdiplom Implantologie 2017  
 Engineer in IT (3D) 2017 M.Sc. Aesthetic Medicine Queen Mary University of London, London's Academic Plastic Surgery Group - Master of Science Aesthetic Medicine, London, UK 2018 - ongoing

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# 6-Esthetics Session Cancer Medicine

Safir Hall 11:30 – 13:00

## 26. Cardiac interventions in multimorbid patients, especially cancer patients.

التدخلات القلبية في مرضى الأمراض المتعددة ، وخاصة مرضى السرطان

Prof. Uğur Coşkun

Prof. Dr. İnterventional Cardiologist

İstanbul Bahçelievler Memorial Hizmet Hospital

### Introduction:

Multimorbidity is defined by the World Health Organization as the co-occurrence of two or more chronic conditions. Multimorbidity affects health care system use, and the burden of multimorbidity will increase as

the aging population increases over the next 10 years. Approximately 40 million individuals in the United States over the age of 65 have cardiovascular disease (CVD), which remains the leading cause of morbidity and mortality.

The main noncardiac morbid conditions in cardiac patients are: cancers, cerebrovascular diseases, diabetes mellitus, anemia, chronic lung diseases, chronic kidney failure, chronic liver failure, chronic inflammatory gastrointestinal diseases, rheumatological diseases, etc. The high number of these comorbid diseases in patients undergoing coronary artery interventional procedures increase complications and events during the procedure, the early and late after these procedures and finally causes poor clinical outcomes.

Coronary artery disease (CAD) and cancer are still the leading causes of death worldwide. They account for more than two-thirds of disease-related deaths worldwide. They are similar to each other due to their common risk factors and their emergence in later ages. Both with the prolongation of general life expectancy and increased survival in oncology patients, CAD is increasingly seen. Moreover, although current cancer treatments have increased the chances of survival of patients, they have also increased the proportion of patients with cardiac problems due to the cardiotoxic side effects of cancer treatments.

CAD in cancer patients is not caused solely by cancer therapy toxicity. Although some cancer treatments such as radiotherapy or tyrosine kinase inhibitors accelerate the atherosclerotic process, CAD in this group of patients usually occurs due to aging or progression/acceleration of underlying cardiovascular disease. In patients with mild CAD before their oncologic diagnosis, CAD progresses more rapidly due to the proinflammatory and prothrombotic state that occurs both as a result of the effects of certain cancer therapies and cancer itself has been seen. This prothrombotic environment increases both the risk of thrombotic events in patients with atherosclerotic plaques in their coronary arteries and the risk of stent thrombosis in patients previously treated with percutaneous coronary intervention (PCI).

All cancer drug therapies, including targeted drug therapies, which cause vascular damage and predispose to the development of CAD. Different chemotherapeutic agents contribute to this process with one or more effects. Cardiovascular side effects triggered by anticancer drugs; acute myocardial infarction, hypotension, myopericarditis, thromboembolism, hypertension, heart failure, etc can be examined in a wide range such as cardiomyopathy and dysrhythmias. QT prolongation is very important clinically in dysrhythmias. Tyrosine kinase inhibitors are also associated with myocardial ischemia, myocardial infarction, and arterial thromboembolism. 5-Fluorouracil (5-FU) and capecitabine from the antimetabolite group cause significant vasospasm. One of the platinum-based drugs, especially cisplatin, has been associated with acute coronary thrombosis. Targeted drug therapies act by binding to carcinogenic sites of cancer cells without affecting any peripheral normal cells. This group of drugs, particularly monoclonal antibodies and tyrosine kinase inhibitors, act on the cell signaling pathway associated with CAD. This group of drugs can cause thrombosis and microvascular dysfunction as well as accelerating atherosclerosis.

Radiotherapy (RT), the primary treatment for solid organ tumors and hematological malignancies, is applied to more than 50% of all cancer patients. Numerous studies have confirmed that RT causes endothelial damage, plaque growth, plaque rupture, and consequent CAD. RT, especially in left breast cancer and lung cancer, may cause damage and accelerated atherosclerosis in the LAD, diagonal arteries and especially in the ostium or proximal regions of these vessels.

When coronary ischemia is detected in an oncology patient, 5-fluorouracil and capecitabine, which are known to increase the risk of ischemia drugs such as should be discontinued. Anticancer treatment may be temporarily interrupted if ACS or heart failure develops. It has been shown that the use of aspirin, beta-blockers and especially long-term statins has a positive effect on survival in cancer patients.

Revascularization should be considered in patients who are symptomatic despite standard medical treatment and PCI should be the first choice. In oncologic patients who develop ACS, PCI has been shown to

be superior to conservative medical therapy in reducing in-hospital mortality. Thrombocytopenia can be seen frequently in these patients.

If the platelet count is above 50000/mL, standard dose heparin can be applied during the procedure. In cases where platelet count is < 50000/mL dose should be reduced (30-50U/kg). Platelet transfusion for prophylactic purposes is not required, except in special circumstances. Although the radial route is primarily recommended to reduce the risk of bleeding femoral route should be preferred in patients on hemodialysis or with bilateral mastectomy. However, vascular closure devices should not be preferred due to suppressed immunity. New generation thin-strut drug-eluting stents (DES) should be preferred because they allow rapid endothelialization and shorter duration dual antiplatelet therapy (DAPT). In coronary bifurcation interventions, provisional strategy should be chosen as much as possible to avoid endothelialization delay due to double-layer stent struts. Again, too long and consecutive overlapping stent placement should be avoided as much as possible because they cause delay in endothelialization.

**Results:**

I would like to present the coronary interventional procedure we performed on 2 different cancer patients in our laboratory with short videos.

**Concluding Remarkas:**

For cardiologists, the coexistence of coronary artery disease and cancer is still under-documented and lack of evidence-based guidelines patient group. Multidisciplinary cooperation is essential in the diagnosis, treatment and follow-up of these patients. Registry and clinical studies in collaboration with cardiologists and oncologists will play an important role in individualizing the treatments given to this patient group and improving the prognosis.

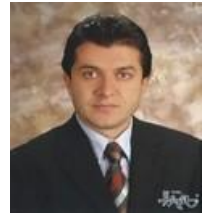
**PROF. DR. UĞUR COŞKUN**

Prof. Dr. Interventional Cardiologist

İstanbul Bahçelievler Memorial Hizmet Hospital

Business Address: : Bahçelievler Mah. Sun 1 Sok. No:4 E-5 on the side road Bahçelievler / Istanbul

- University: Uludag University Faculty of Medicine (1984-1990)
- Internal Diseases Specialization Training: SSK Istanbul Training Hospital (January 1993-July 1994)
- Cardiology Specialization Training: Turkish Cardiology Foundation Florence Nightingale Hospital (July 1994-February 1995)
- Cardiology Specialization Training: Istanbul University Cerrahpaşa Institute of Cardiology (February 1995-July 1998)
- Current Position: : Interventional Cardiologist at Istanbul Memorial Bahçelievler Service Hospital.



**27. Current treatment of elderly hip fractures**

Prof Dr Mustafa Seyhan

Orthopedics and Traumatology Specialist

Acıbadem Altunizade Hospital, Istanbul – Türkiye

Hip fractures are an important health problem, especially in old age, mostly as a result of simple falls. Studies have shown that about 1 in 5 elderly people will have a hip fracture in their lifetime. Osteoporosis plays an important role in the occurrence of fractures.

The aim of hip fracture treatment is to get the patient out of bed and to walk as before. The only way to achieve this is surgery.

Elderly patients with hip fractures often have other health problems as well. In order to minimize the problems that may occur during and after the operation, it is necessary to get help from the relevant branches of medicine.

The type of surgical treatment is determined by the patient and the type of fracture. The option that should be preferred whenever possible is osteosynthesis surgeries, where fracture healing is aimed by bringing together the broken parts. These operations can be performed in trochanteric region fractures with high fracture union potential and in non-displaced femoral neck fractures. Prosthesis surgeries are preferred in displaced elderly femoral neck fractures, since union of the fracture is almost impossible. In prosthetic surgeries, the femoral head is removed and replaced with a metal prosthesis. After these operations, it is possible for the patient to walk immediately with full weight bearing.

### Prof Dr Mustafa Seyhan

Orthopedics and Traumatology Specialist

Acıbadem Altunizade Hospital Istanbul – Türkiye

#### EDUCATION

1998 Haydarpaşa Numune Training and Research Hospital Orthopedics and Traumatology

1986 Ege University Faculty of Medicine

#### WORK EXPERIENCE

2011 - Still Acıbadem Healthcare Group

1997 - 1999 Haydarpaşa Numune Training and Research Hospital Orthopedics and Traumatology Clinic / Specialist Physician

1993 - 1999 Haydarpaşa Numune Hospital

1993 Ankara GATA Support Troops Command / Military Service

1992 - 1997 Haydarpaşa Numune Training and Research Hospital Orthopedics and Traumatology Clinic / Assistant

1989 - 1992 Istanbul University Cerrahpaşa Faculty of Medicine Department of Forensic Medicine / Assistant

1988 - 1989 Ankara Numune Training and Research Hospital / Practitioner

1986 - 1988 Çınar Health Center / General Practitioner

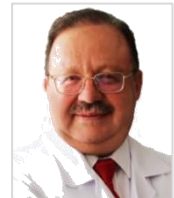


## 28. What's new in hair transplantation, 25 Years Syrian experience with moist exposed burn treatment by (MEBO) ointment

Dr. Adham Mansour

Specialist Plastic Surgeon, Medicine Director Owner of Style Age Clinic,  
Dubai, UAE

25 years Syrian experience  
with moist exposed burn  
treatment by (MEBO) ointment  
25 عاماً من الخبرة السورية في علاج  
الحروق بالطريقة الرطبة المكشوفة  
(ميبو)



For 30 years, Dr. Adham Mansour has helped countless victims of traumatic accidents or defects to rediscover their vibrant wellness, beauty and zest for life. Having graduated from Aleppo University in 1983, he chose not to settle into a comfort zone but instead pursued further studies, culminating in a Master's Degree in Plastic Surgery, and a Diploma in Scalp Surgery and Hair Transplant. Dr. Mansour uses the most sophisticated technology and techniques in: Hair transplant, Face lifts, Breast surgeries, Liposuction, Fat transfer, Tummy tuck, Body lift, Botox & filler, Burns and Reconstruction Surgeries and many more. As an internationally respected specialist, Dr. Mansour is a member of: IPRAS (International Confederation for Plastic Reconstructive and Aesthetic Surgery) ESLAS (European Society of Laser Aesthetic Surgery) ISHRS (International Society of Hair Restoration Surgery) Supreme Council of Jurisdiction of Plastic Surgery And many other elite organizations.



## 29. MEMORY AND BEHAVIOUR PROBLEMS IN CANCER PATIENTS

" مشاكل الذاكرة والسلوك لدى مرضى السرطان "

Dr Bülent Madi M.D.

Pediadtric Neurologist

Istanbul, Turkey

Memory and behavior changes can be observed after the decline of mobility and intelligence depending on the origins of the cancer cells, whether in the body or brain, where they migrated to in the body through metastasis and the effects of cancer treatment in parts of the brain.

Behavioral changes can be more frequently observed after polineuropathy, caused by some types of medicine used in cancer treatment, or psychological and neurological effects arising from the immunological effects of cancer; more frequently during lung cancer. Behavioral changes and sleep disorders can cause loss of memory.

Memory and behavior changes can also be caused by cancer cells reaching into the brain and spinal membrane and causing meningitis.

Brain is also affected in addition to many other organs during colon cancer.

Effects on brain can cause paralysis, visual, speech and hearing disorders, as well as memory loss and behavior change.

The cancer patient will experience anxiety after learning about the diagnosis, where the cancer is located and to where it can spread. This anxiety itself can cause a breakdown in social relations, depression, disruption in daily chores and even memory loss.

Survival periods are exceptionally short in brain cancers, that is why those patients must be supported for their problems in memory loss and behavior change. In addition, Alzheimer's can be observed if cancer cells settle the middle sections of the brain and affect the hippocampus, or memory loss and behavior change can be observed when cells metastasize to the cortex. Because of these reasons psycho-neuro- rehabilitation support is crucial. It is rarer for cancers that did not in the brain or did not metastasize into the brain to cause memory loss but can cause sudden or gradually worsening behavioral problems in social relations.

**DR BÜLENT MADİ**

Pediatric Neurologist, Istanbul, Turkey

- He graduated from Istanbul University Çapa Faculty of Medicine in 1976 and received his Neurology Specialization from the same university in 1980 .
- He has been working in his practice since 1980. He works as a consultant physician in nursing
- He coordinates neurodevelopmental support activities for individuals and families from infancy to old age at the Altis Communication and General Counseling Center that he is the
- Between 1982 and 2002, he worked as a neurologist at the Spastic Children Foundation, of which he was one of the board members.
- He supported families in 1987 for the establishment of the Autism Association .
- He still teaches undergraduate, graduate and doctoral courses at universities as a lecturer .
- He has written chapters in many books related to education. "Aşk ve Beyin" in 2010, "Öğrenme Beyinde Nasıl Oluşur" in 2011. is the author of books.



### **30. The modern approaches to the prevention of complications in hematological AE of chemotherapy patients with breast cancer**

الأساليب الحديثة للوقاية من الإختلاطات الدموية بالمعالجة الكيميائية لسرطان الثدي

**Associate Professor Mohamed Hojouj**, Prof Rami Abu Shamsia

Dept Oncology and Medical Radiology.

"Dnipropetr ovsk medical academy of Health Ministry of Ukraine" SE

Dnipropetrovsk, Ukraine

**Dr. Hojouj Mohammad MD PhD**

Member of Arabmed 2015

GMC Specialist Register in Oncology Ukraine (2017),

Member of UK Royal college of Oncology & Radiology,

Member of British Medical Association

Experienced Oncologist with expertise in management of solid tumours and specific expertise in breast, gynaecology and GI cancers. Consultant in Oncology at Ukraines's second largest oncology unit with responsibilities including; head of the hospital's central multi disciplinary team (MDT), lead physician for the chemotherapy & managing teams of physicians. Associate Professor at Dnipropetrovsk Medical University, lecturing in Oncology. Passionate about improving outcomes for patients with cancer and has a keen interest in research; outcomes from MSc and PhD clinical research influenced patient management at Dnipropetrovsk Clinical Hospital. Developed the capacity and capability of the Dnipropetrovsk City Hospital to conduct Ph II/ III clinical studies for Pharma; this hospital is now the largest clinical trial site in the Ukraine.



Dr. Hojouj Mohammad, MD, MSo, PHD

Dept Oncology and Medical Radiology.

Dnepropetrovsk Medical Academy,

31, Blyzhnya Str., Dnepropetrovsk, 49102, Ukraine

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# 7-Ethic Session

## Palliative medicine in end-stage cancer patients

### Round Table Discussion

Safir Hall 14:00 – 15:30

#### 31. In Maintaining the Total Well-Being of Cancer Patients and Their Relatives, The Role of Spiritual Support: The Case of Turkey

Prof. Dr. Fethi GÜNGÖR

Dean of the Faculty of Humanities and Social Sciences

Department of Social Work, Yalova University –Türkiye

Board Member of UNIW International Family Institute

Research highlighting the importance of providing psychosocial support to cancer patients and their relatives has increased significantly at the beginning of the third millennium in Turkey. The empowering support provided during the exhausting treatment process, which negatively affects the normal life flow of all family members, especially the relatives who provide more intensive care to the cancer patient, improves the quality of life of the patient as well as the relatives. Spiritual support services, as a type of psychosocial support that is needed more in severe cases such as cancer and has more pronounced effects, is becoming more widespread in Turkey as it is all over the world.

Human beings, who have a spiritual dimension as well as biological, psychological and social dimensions, can achieve total well-being when their needs related to all these dimensions are met satisfactorily. In this context, spiritual support plays an important role in increasing the coping skills of family members as well as the patient and strengthening their well-being. As a matter of fact, although weaker than in Europe, it has been observed that spiritual support practices in Turkey provide a concrete support to cancer patients as well as their family members to increase their commitment to life by strengthening their spirituality, to be at peace with themselves in their inner world, with their social and physical environment in their outer world, and to protect them from spiritual fears and deviations.

Human beings build their own spirituality by connecting either to a transcendent being, the Supreme Creator, or to an animate or inanimate object or idea. Even if a person does not belong to a particular religion, the spiritual support offered to him/her within the scope of his/her own belief values serves the function of revealing and developing his/her talents and thus helping him/her to lead a meaningful and peaceful life. As Florence Nightingale emphasized, spiritual needs for health are as important as the physical organs that make up the body.

In addition to its biological, psychological and sociological negative effects, cancer can have devastating effects on the spirituality of the patient and his/her relatives.

Spiritual support service functions as an important resilience tool in coping with feelings that break the spiritual resistance of the person such as despair, loss of meaning in life, feeling dependent on others, and regaining hope, inner peace and a sense of dignity.

This paper focuses on how the right to receive spiritual support, which is included in international and national documents such as the UN Lisbon Declaration of Patients' Rights (1981), the Declaration on the Promotion of Patients' Rights in Europe (1994), and the Medical Deontology Regulation (1960), is reflected in Turkish legislation and the spiritual support services offered by public institutions. In Turkey, the spiritual support services provided by the Presidency of Religious Affairs within the framework of protocols



signed with the Ministry of Health and some other institutions play an extremely important role in ensuring the total well-being of cancer patients.

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**Keywords:** Spiritual Support, Cancer Patients, Patient Relatives, Patient Rights, Total Well-Being.

### دور الدعم الروحي في الحفاظ على رفاهيّة مرضى السرطان وأقاربهم: الحالة التركية

الأستاذ الدكتور فتحى غونغور، قسم الخدمة الاجتماعية بجامعة بولفا - تركيا في تركيا ومع بداية الألفية الثالثة ازدادت بشكل ملحوظ الأبحاث التي لفتت الانتباه إلى أهمية تقديم دعم نفسي واجتماعي لمرضى السرطان، ونظراً لكون علاج السرطان عملية مرهقة وتؤثر سلباً على سير الحياة الطبيعية لجميع أفراد الأسرة، خاصة الأقارب الذين يعتنون بالمرضى؛ فإن دعماًلالتقوية المقدمة خلال هذه العملية جاءت لتعمل على تحسين جودة حياة المريض وكذلك حياة أقاربه. الدعم المعنوي هو نوع من الدعم النفسي الذي تنشأ الحاجة إليه عند مواجهة ظروف صعبة، مثل مرض السرطان، ونظراً لما يلعبه هذا الدعم من دور إيجابي كبير بالنسبة لمرضى السرطان وأقاربهم، فقد بات يتمتع بشعبية واضحة في تركيا كما هو الحال في مختلف أنحاء العالم.

يتمتع الإنسان ببعد روحي بالإضافة إلى أبعاد بيولوجية ونفسية واجتماعية، وعندما تتم تلبية احتياجات هذه الأبعاد الأربعة بشكل مرض، يمكن عند ذلك الوصول إلى حالة من الرفاهية الكاملة. في هذا السياق، يلعب الدعم المعنوي دوراً مهماً في زيادة مهارات التأقلم لدى أفراد الأسرة وتعزيز رفاهيّتهم. تقوي ممارسات الدعم الروحي في تركيا الحالة الروحية لمرضى السرطان وتوحيهم، وتزيد من تمسكهم بالحياة وتساعدهم على أن يكونوا في سلام مع أنفسهم في علمهم الداخلي ومع بيئتهم الاجتماعية والمادية في علمهم الخارجي، فضلاً عن حمايتهم من المخاوف والانحرافات الروحية.

يبنى الإنسان روحانيته من خلال الارتباط إما بالخالق، الكائن الأسمى، أو بشيء ما أو فكرة ما أو كائن حي أو جامد، وحتى إن لم يكن الفرد منتبهاً لأين معين، فإن بإمكانه الحصول على الدعم المعنوي في نطاق قيمه ومعتقداته الخاصة. الدعم الروحي فعال في الكشف عن قدرات المرء وتمييزها، وبالتالي عيش حياة هادئة وسلمية، هذا ما أكدته فورنر نايتنجيل، حين أشارت إلى أن الاحتياجات الروحية للصحة لا تقل أهمية عن احتياجات الأعضاء التي يتكون منها الجسم.

بالإضافة إلى آثاره البيولوجية والنفسية والاجتماعية السلبية، يمكن للسرطان أن يترك آثاراً مدمرة تهز روحانية المريض وأقاربه. تعمل خدمة الدعم الروحي كدأة مهمة للصمود عند التعامل مع مشاعر مثل اليأس وفقدان المعنى في الحياة والاعتماد على الآخرين، مما يؤدي إلى كسر المقاومة الروحية للفرد، واستعادة الأمل والسلام الداخلي والشعور بالكرامة.

تم تضمين الحق في الحصول على الدعم المعنوي في الوثائق الدولية والوطنية، مثل إعلان لشبونة الطبي العالمي لحقوق المريض (1981)، وإعلان تعزيز حقوق المريض في أوروبا (1994)، وقانون علم الأخلاق الطبي التركي (1960). تركز هذه الورقة على كيفية انعكاس الحق في الحصول على الدعم المعنوي في التشريعات في تركيا وخدمات الدعم المعنوي التي تقدمها المؤسسات العامة. تلعب خدمات الدعم المعنوي المقدمة في إطار البروتوكولات التي وقعتها رئاسة الشؤون الدينية مع وزارة الصحة وبعض المؤسسات الأخرى دوراً مهماً للغاية في ضمان الرفاهية الكاملة لمرضى السرطان.

**الكلمات المفتاحية:** الدعم الروحي، مرضى السرطان، أقارب المرضى، حقوق المريض، الرفاهية الكاملة.

### الأستاذ الدكتور فتحى غونغور

عيد كلية العلوم الإنسانية والاجتماعية، قسم الخدمة الاجتماعية بجامعة بولفا - تركيا تخرج غونغور من كلية اللاهوت/اللاهيات بجامعة مرمره عام 1986، وحصل منها على درجة الماجستير في التفسير عام 1990، قبل أن ينال درجة الدكتوراة في علم الاجتماع من جامعة إسطنبول عام 2004.

نشرت دراساته حول الأسرة والمجتمع المدني وحقوق الإنسان والهجرة واللجئين والفئات المحرومة والعلم الإسلامي في مجلات علمية مختلفة، كما نشر عدداً من المجلات الشهرية متناولاً قضايا المجتمع المدني والدراسات القرآنية والشؤون القوقازية. شغل منصب المحرر المؤسس لمجلة Yalova بالولفا للعلوم الاجتماعية التي اعتمدت مراجعة منشوراتها من قبل الأقران.

بالإضافة إلى التركية، يتقن غونغور اللهجتين الشرقية والغربية للغته الأم الشركسية، كما يجيد اللغتين العربية والعثمانية بمستوى متقدم، والإنجليزية والفارسية بمستوى جيد، ويلم بمبادئ اللغة الروسية.

## **Kanser Hastalarının ve Yakınlarının Topyekûn İyilik Halini Korumada Manevi Desteğin Rolü: Türkiye Örneği**

Prof. Dr. Fethi GÜNGÖR – TürkiyeYalova Üniversitesi Sosyal Hizmet Bölümü  
ÖZ

Kanser hastalarına ve yakınlarına psikososyal destek sağlamanın önemine dikkat çeken araştırmalar Türkiye’de üçüncü bin yılın başında belirgin şekilde artmıştır. Kanser hastası yanında ona daha yoğun bakım

hizmeti veren yakını başta olmak üzere tüm aile üyelerinin normal hayat akışını olumsuz etkileyen yorucu tedavi sürecinde sağlanan güçlendirici destekler, hasta kadar yakınlarının da yaşam kalitesini yükseltmektedir. Manevi destek hizmeti, kanser gibi ağır vakalarda daha ziyade ihtiyaç duyulan ve daha belirgin etkiler doğuran bir psikososyal destek çeşidi olarak tüm dünyada olduğu gibi Türkiye’de de yaygınlık kazanmaktadır.

Biyolojik, psikolojik ve sosyal boyutları yanında manevi boyuta da sahip olan insan, tüm bu boyutlarına ilişkin ihtiyaçlarını doyurucu şekilde karşıladığında topyekûn iyilik haline erişebilmektedir. Bu bağlamda manevi destek, hasta yanında aile üyelerinin başa çıkma becerilerini arttırmada ve iyilik hallerini güçlendirmede önemli bir işlev görmektedir. Nitekim Avrupa’ya kıyasla daha zayıf olmakla birlikte Türkiye’deki manevi destek uygulamalarının, kanser hastalarının yanı sıra aile üyelerinin de maneviyatını güçlendirmek suretiyle hayata bağlılıklarını arttırmada, iç dünyalarında kendileriyle, dış dünyalarında sosyal ve fizik çevreleriyle barışık olmalarında, keza manevi korku ve sapmalardan korunmalarında somut bir destek sağladığı gözlenmiştir.

İnsan ya aşkın bir varlık olan Yüce Yaratıcı’ya ya da canlı veya cansız bir nesne yahut düşünceye bağlanarak öz maneviyatını inşa etmektedir. Belli bir dine mensup olmasa da kişiye kendi inanç değerleri kapsamında sunulacak manevi destek, onun yeteneklerini ortaya çıkarıp geliştirme ve böylece anlamlı ve huzurlu bir hayat sürmesine yardımcı olma işlevi görmektedir. Florence Nightingale’in vurguladığı üzere sağlık için manevi ihtiyaçlar, bedeni meydana getiren fiziki organlar kadar önemli bir unsurdur.

Kanser hastalığı biyolojik, psikolojik ve sosyolojik olumsuz etkileri yanında hasta bireyin ve yakınlarının maneviyatını büsbütün sarsan yıkıcı etkiler doğurabilmektedir. Umutsuzluğa kapılma, hayattaki anlamını yitirme, başkalarına bağımlı olma hissi gibi kişinin manevi direncini kıran duygularla baş etmesinde, umudunu, iç huzurunu ve saygınlık hissini yeniden kazanmasında, manevi destek hizmeti önemli bir rezilyans aracı olarak işlev görmektedir.

Bu tebliğ, BM Lizbon Hasta Hakları Bildirgesi (1981), Avrupa’da Hasta Haklarının Geliştirilmesi Bildirgesi (1994), Tıbbi Deontoloji Nizamnamesi (1960) gibi uluslararası ve ulusal belgelerde yer alan manevi destek alma hakkının Türkiye’de mevzuata nasıl yansdığına ve kamu kurumları tarafından sunulan manevi destek hizmetlerine odaklanmaktadır. Türkiye’de Diyanet İşleri Başkanlığının Sağlık Bakanlığı ve diğer bazı kurumlarla imzaladığı protokoller çerçevesinde sunulan manevi destek hizmetleri, kanser hastalarının topyekûn iyilik halini temin etmede son derece önemli bir rol üstlenmektedir.

**Anahtar Kelimeler:** Manevi Destek, Kanser Hastaları, Hasta Yakınları, Hasta Hakları, Topyekûn İyilik Hali.

### **Prof. Dr. Fethi GÜNGÖR**

Dean of the Faculty of Humanities and Social Sciences Department of Social Work, Yalova

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He graduated from Marmara University Faculty of Theology in 1986. He completed his MA

in Tafseer at Marmara University in 1990 and his doctorate in Sociology in 2004 at Istanbul University.

His studies on family, civil society, human rights, migration and refugees, disadvantaged groups and the Islamic world have been published in various publications. He published monthly journals on civil society, Qur’an research and the Caucasus. He is the founding editor of the peer-reviewed scientific Journal of Yalova Social Sciences.

He uses Arabic, Ottoman, Circassian (advanced), English, Persian (good) and Russian (elementary level) languages.

### **32. Topic for the Round table Discussion related to humanitarian measures or palliative treatment for cancer patients:**

Dr Anas CHAKER



Consultant anesthesiologist, Clinic Yvette. Paris. France, bioethics specialist, medical hypnosis specialist, Past president of medical association Avicenne, FRANCE

Cancer patients and the late stages of the disease:

- What is the role of the doctor and the medical staff at this stage?
- Pain management for a cancer patient, does it have limits?
- What is the doctor's role when the patient asks him to stop treatment? Or to give him a medicine that helps him end his life?
- Are there legal and ethical controls?



- المدخلة في مناقشة الطاولة المستديرة المتعلقة بالاجراءات الانسانية او العلاج الملطف لمرضى السرطان ستكون بما يلي :
- مريض السرطان و المراحل المتأخرة من المرض :
  - ماهو دور الطبيب والطاقم الطبي في هذه المرحلة ؟
  - معالجة الالام عند مريض السرطان ، هل لها حدود ؟
  - ما هو دور الطبيب عندما يطلب منه المريض ان يوقف العلاج ؟ او ان يعطيه دواء يساعده على انتهاء حياته ؟
  - هل من ضوابط قانونية وأخلاقية ؟

### 33. Pain Management in Palliative Care

Dr. med. Sayed Tarmassi

Doctor of the medicine, General medical practice with pain therapy, naturopathic treatments, acupuncture and chirotherapy (mAnnual therapy).

Braunschweig, Germany

In Germany, severely ill and dying patients are entitled to symptom-relieving medical care, which is also referred to as palliative medical therapy. For years, the demand has been continuously increasing. 220,000 people die each year as a result of tumor disease in Germany solely.

Due to demographic change, the number of elderly and sick people continues to increase, making pain therapy more in demand. Despite highly developed treatment methods, only just under half can be cured. Instead of a painful and suffering death, patients experience almost a painless end without suffering thanks to palliative medicine.

The palliative care patient faces many factors. From one day to the next, the patient is pulled out of his everyday life routine and confronted with a serious illness. The future plans one had made for oneself can now no longer be achieved and one is forced to plan the little time left of his life. Therefore, palliative care serves as a help, it is based on the ideas of the patient and his environment.

The illness of the patient includes the family and friends. It is a must to take care of the relatives appropriately during the process in order not to endanger the functioning of the family system.

The aim of the therapy is to alleviate the consequences of the disease as much as possible, as soon as a cure seems impossible. The approach is to improve the quality of life of patients and their families. This can take the form of drug therapy as well as emotional support. Palliative care can take place in a non-specific setting, i.e. in the patient's own home, in a hospital, in a nursing home or in a hospice.

Every patient is entitled to individual counselling and support in the selection of services and supplies.

Significant for this is the aspect of symptom relief, in the form of a balanced pain therapy, also follows the planning of the usual everyday life by assistants and the emotional and psychological support of the patient and the relatives.

**Important elements are:**

- alleviation of symptoms (medicinal)
- emotional support of the patient and relatives

- support with costs (health insurance, insurance)
- Organization of everyday life with helping nursing staff.

The following care is provided by a multi-professional treatment team and an integrative treatment concept. The team consists of doctors, nurses, social workers, pastors, psychotherapists, creative therapists and physiotherapists, they contribute to the relief to ensure a high-quality therapy.

Physical, psychological, emotional and spiritual aspects are taken into account, as patients usually also suffer from anxiety, worry, hopelessness, loneliness, isolation, despair, sleep disorders, depression and aggression.

According to WHO classifications, pain is divided into three subtypes:

1. non-opioids (ibuprofen, paracetamol, diclofenac, novaminsulfone).
2. non-opioids + weak opioids (tilidine, tramadol): mild to moderate pain
3. non-opioids + strong opioids (fentanyl, morphine, oxycodone): for moderate to severe pain.

**In drug therapy, there is the following to consider:**

- the administration routes
- the dosage
- the duration
- the site of treatment
- interaction with other medication

**Die Schmerztherapie in der Palliativmedizin**

Sterbende und starkerkrankte Menschen haben in Deutschland ein Anspruch auf symptommildernde medizinische Versorgung, diese wird auch als palliativmedizinische Therapie bezeichnet.

Seit Jahren steigt die Nachfrage kontinuierlich, allein in der BRD sterben jährlich 220.000 Menschen an den Folgen einer Tumorerkrankung. Durch den demographischen Wandel nimmt die Anzahl an Älteren und Kranken immer weiter zu, wodurch die Schmerztherapie höher gefragt ist.

Trotz hochentwickelter Behandlungsverfahren können trotzdem nur knapp die Hälfte geilt werden. Statt ein schmerzvoller und leidender Tod, erfahren die Patienten dank der Palliativmedizin nahezu ein schmerzloses Ende ohne Leiden.

Dem palliativmedizinischen Patienten stehen viele Faktoren entgegen. Von einem auf den anderen Tag wird man aus dem gewohnten Alltag gezogen und mit einer schweren Erkrankung konfrontiert. Die Zukunftspläne, die man sich vorgenommen hatte kann man nun nicht mehr erreichen und muss gezwungenermaßen sein bevorstehendes Lebensende planen. Daher dient die Palliativmedizin als Hilfe, denn sie richtet sich den Vorstellungen des Patienten und seinem Umfeld. Die Erkrankung des Patienten schließen die Familie und Freunde mit ein. Es ist Aufgabe die Zugehörigen angemessen während des Prozesses zu betreuen, um das Funktionieren des Familiensystems nicht in Gefährdung zu bringen.

Ziel der Therapie ist die Folgen der Erkrankung weitgehend zu lindern, sobald eine Heilung unmöglich erscheint. Ansatz ist die Verbesserung der Lebensqualität von Patienten und ihren Familien. Diese kann sowohl in Form einer medikamentösen Therapie, als auch in Form emotionalen Unterstützung auftreten. Dabei kann die Palliativversorgung in einer unspezifischen Umgebung stattfinden, d.h. im eigenen Haus, im Krankenhaus, im Pflegeheim oder im Hospiz. Jeder Patient hat ein Anrecht auf eine individuelle Beratung und Unterstützung bei der Auswahl von Leistungen und Versorgungsleistungen. Bedeutend dafür ist der Aspekt der Symptomlinderung, in Form einer ausgewogenen Schmerztherapie, außerdem folgt die Planung des gewohnten Alltags durch Hilfskräfte und die emotionale und psychische Unterstützung des Patienten und der Zugehörigen.

**Wichtige Elemente sind:**

- Linderung der Symptome (medikamentös)
- emotionale Unterstützung des Patienten und der Angehörigen
- Unterstützung bei Kostenaufkommen (Krankenkasse, Versicherung)

➤ Organisation bei helfendem Pflegepersonal.

Folgende Versorgungen erfolgen durch ein multiprofessionelles Behandlungsteam und einem integrativen Behandlungskonzept. Dieses besteht aus Ärzten, Pflegern, Sozialarbeitern, Seelsorger, Psychotherapeuten, Kreativtherapeuten und Physiotherapeuten, sie tragen zur Entlastung bei, um eine hochwertige Therapie zu gewährleisten. Dabei werden physische, psychische, emotionale und spirituelle Aspekte beachtet, da Patienten meist außerdem unter Ängsten, Sorgen, Hoffnungslosigkeit, Einsamkeit, Isolation, Verzweiflung, Schlafstörungen, Depressionen und Aggressionen leiden.

Nach der WHO Klassifikationen werden die Schmerzen in drei Stufen eingeteilt:

1. Nichtopioid (Ibuprofen, Paracetamol, Diclofenac, Novaminsulfon)
2. Nichtopioid + schwache Opioid (Tilidin, Tramadol): milde bis mäßige Schmerzen
3. Nichtopioid + starke Opioid (Fentanyl, Morphin, Oxycodon): für mäßige bis starke Schmerzen.

**Bei der medikamentösen Therapie sollte man:**

- die Applikationsform
- die Dosis and die Dauer
- die behandelnde Stelle
- die Wechselwirkung mit anderen Medikamenten bestimmen.

**Dr. Sayed Tarmassi**

Doctor of the medicine, General medical practice with pain therapy, naturopathic treatments, acupuncture and chirotherapy (mAnnual therapy).

Study of the human medicine of 1983-1989 at the university Erlangen-Nuremberg in Bavaria with the main city Munich

End of the human medicine study with the mark very well

**1995 obtaining the doctorate of medicine**

The promotional theme: Clinical results of primary ligament suture with augmentation and plastic cruciate ligament reconstruction after modified belong Brückner

Since October 1997 I am also a GP in their own practice and treat all diseases with a focus on pain management, such as back pain, headaches, migraines, joint pain, and others.

Braunschweig, Germany



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## 8-ARABMED AWARDS CEREMONY Final Comments and Conclusions Safir Hall 16:00 – 18:30



### 34. The 40th years Anniversary of the founding of ARABMED in Europe

## 40 عاما على تأسيس إتحاد اطباء العرب في أوروبا



يتزامن مؤتمرا هذه السنة مع الذكرى الـ 40 لتأسيس اتحاد الأطباء العرب في أوروبا. فقد شهد انطلاقته الأولى في صيف عام 1983 في مدينة كولن الألمانية وكان ذلك الحدث ثمرة لرؤى وجهود مؤسسيها من قادة البحث العلمي في ألمانيا وتعبيراً عن تطلعاتهم وطموحاتهم لتحقيق مستقبل عربي أفضل للأطباء العرب في أوروبا مبني على التعاطي الإيجابي والفاعل مع الأطباء والممارسين في الحقل الطبي وفي العلوم والتكنولوجيا كما عكست هذه المبادرة الإيمان الراسخ لدى القائمين عليها بأن العمل التعاوني العلمي الطبي العربي في أوروبا يمكن أن يوفر قوى دفع أوسع إضافة إلى ما يمكن تحقيقه عبر جهودهم في بلدانهم.

لقد كانت من أولويات اهتمامات إتحاد أطباء العرب في أوروبا في ذلك الحين تنمية القدرات العلمية والتقانية للأطباء العاملين في أوروبا، فبرزت الضرورة لتجميع العاملين العرب في المجالات العلمية من أساتذة جامعات وباحثين وأطباء بإدارة تجميعهم. وهكذا تحددت الغاية الأولى للملتقى العربي للعلوم الطبية والتكنولوجية المتمثلة بتوفير ملتقى لقاعدة واسعة من العلمين والخبراء العرب. أما الآلية المعتمدة لتحقيق هذه الغاية فقد تمحورت أساساً حول إقامة مؤتمرات وتنظيم حلقات تخصصية وندوات علمية مميزة يتم التخطيط لها تبعاً بحيث تستجيب للحاجات المنظورة والمستجدة.

لقد عقد الإتحاد حتى الآن أكثر من 33 مؤتمراً علمياً على مدار السنوات الماضية وخمسين حلقة تخصصية وندوات مع الكثير من المؤسسات العلمية والجامعات في شتى العواصم الأوروبية والعربية حضرها ما يقارب من 3000/ اختصاصي من مختلف البلدان الأوروبية والعربية، كما حاضر في هذه الحلقات أكثر من 600/ أستاذ وخبير علمي دولي، وبذا بات الإتحاد يتمتع بسمعة إقليمية وعالمية مرموقة تم التعبير عنها عبر الدعم الذي لاقاه باستمرار من عددٍ من الهيئات العربية والإقليمية والدولية وهو عضو في الأمم المتحدة في قوائم المنظمات غيرالحكومية. ويتضح من سجل البرامج العلمية لمؤتمرتنا أننا تناولنا طيفاً واسعاً من المواضيع العلمية والتقنية خلال المسار الطويل، وإضافة إلى ذلك، فقد سعينا من خلال نشاطاتنا إلى تحقيق أهدافٍ اجتماعية وثقافية أخرى

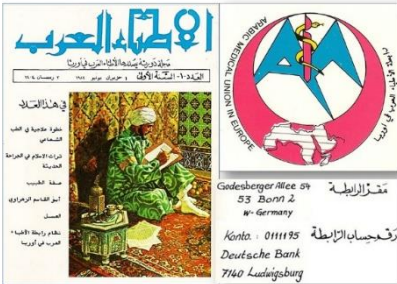
وبمناسبة الذكرى الـ 40 لتأسيس الإتحاد فقد اعتمدت هيئة الإشراف مبادرة تشجيع العلماء والباحثين العرب وبث روح البحث العلمي بين أوساط العاملين فيها بتخصيص جائزة البحث العلمي المميز وخاصة للباحثين العرب الشباب لقاء أعمال علمية مميزة خلال مؤتمرا هذا.

دونى أعنتم هذه الفرصة لأحيي أولئك الذين ساروا عبر مقاطع متواصلة من هذا الدرب الطويل بدءاً بإنشاء هذا الإتحاد ومن ثم الحفاظ عليه وتطويره. فمنهم الرواد الأوائل الذين شقوا الطريق بثقةٍ ورسخوا دعائم العمل ووفروا له سبل النجاح والديمومة (وهنا يطيب لي أن أتوجه بوافر التحية والاحترام للدكتور حسان نجار بصفتة من المؤسسين الأوائل وأيضاً

بصفتة كأول رئيس لاتحاد الأطباء العرب في أوروبا). ومنهم الرعيل الثاني الذي بنى على هذه القاعدة الصلبة وأشرف على توسيع النشاط وتطويره وتوجيهه نحو آفاق جديدة. إعتماً على مستوى العمل العلمي المنطأ أساساً باللجان العلمية والمستشارين والمحاضرين والمشاركين في اللجان المختلفة، على هذه المستويات كافة تم تحقيق هذا الإنجاز العلمي العربي الهام.

إن احتفالنا معكم في هذه السنة بالنجاح البارز والمستمر الذي حققه الإتحاد عبر تاريخه الطويل الذي امتد إلى أكثر من 40 عاماً من الزمن هو بمثابة احتفال بجميع الذين ساهموا في تحقيق هذا النجاح. لقد بات لنا تاريخ مشرف يتوجب علينا الحفاظ عليه. يعتبر هذا الإنجاز ملك لكل الذين تناوبوا على صياغته ومنتابته. نجاحنا هذا يدفعنا للتطلع إلى الأمام والسعي لتفعيل العمل البحثي والتقني العربي وعليه فإننا ندعوكم كما ندعو أنفسنا لمواصلة السير الحثيث. وإننا في لقائنا هذا نأمل و نتطلع لبذل جهود مضاعفة من أجل استقطاب عدد أكبر من الباحثين ومن المؤسسات البحثية الجامعية والعلمية العالمية لنوسع دائرتنا في أرجاء أخرى من عالمانا العربي. إن وجود التشارك الواسع قد صار حقيقة تفرض نفسها، إذ لابد من الدخول في إطار بحثي متواصل وشامل ليستفيد الإتحاد مما يجري حوله في العالم، وليستطيع هو

أيضاً القيام بدور مكمل لنشاطه ولمشروعته الدكتور فيضي محمود.



غلاف المجلة الطبية التي صدرت في 1 حزيران 1984 عن رابطة الأطباء العرب في أوروبا

## Speakers and Chairpersons

1. Dr. Ismail Abbara, Medical Director qwne abbara polyclinic Consultant Urologist, Andrologist & General Surgeon, Dubai UAE
2. Prof Dr. Rami Abu Shamsieh, Specialist General Surgery and laparoscopic Surgery, Department of Surgery, National Medical University A.A. Bogomolets. Kiev. President Association of Arabic Physicians in Ukraine
3. Prof Abbas Agaimy, MD, Professor of Pathology & Deputy Director, Institute of Pathology, University Hospital of Erlangen Germany
4. Prof. Dr. med. Ayman Agha, Head of the Department of General, Visceral, Vascular and Thoracic Surgery, Oncological, Lung and pancreatic cancer center, Bogenhausen Hospital Munich, Germany
5. Dr Rania Al Chbib, Vienna Austria
6. Dr. Abdel Rahman Aljabi UAE
7. Dr. Wafa Aqel MD, Health education and scientific research unit, Palestinian Ministry of Health, General Physician and Researcher, Founding Director of Al-Quds Medical Research Association, Al-Quds University, Jerusalem/ Palestin
8. FARUK ARSLANDOK, Banker, Inspector, President of Pluralist Democracy Party, TR
9. AYŞE PİŞKİN, Chief Nurse, Co-Founder and General Secretary of Circassian Women Association, TR
10. Dr. Ossama Al-Babbili, Secretary of Arabmed Scientific Award, Representative of Arabmed in UAE,
11. Op.Dr. Nusret Bas, Ophthalmologist in Holland and Istanbul, President of Federation of Circassian Associations, TR
12. Dr. Sezin Canbek, M.D., Department of Medical Genetics, Umraniye Research and Training Hospital, Istanbul, Turkey
13. Dr. Anas Chaker, France, Anesthésiologist, Clinic Yvette. Paris. France, bioethics specialist, medical hypnosis specialist, Past president of medical association Avicenne, Cofondateur of (UOSSM-International)
14. Prof. Uğur Coşkun, Prof. Dr. İnterventional Cardiologist, İstanbul Bahçelievler Memorial Hizmet Hospital
15. Dr. Hesham Dahshan, General & Orthopedic Surgery, Secretary General of the Conference Germany
16. Dr. Khalil Ekky Representative of ARABMED in Irland
17. Dr. Ghassan Elahga Representative of ARABMED in Irland
18. Prof. Dr. Günsel (Shurdum) Avci. Chair of Local Committee of Turkey, Cardiologist, Founder of Circassian Women Association, TR, Vice President of Pluralist Democracy Party, TR, Istanbul, Turkey
19. Prof. Dr. Fethi GÜNGÖR, Dean of the Faculty of Humanities and Social Sciences, Yalova University Turkey
20. Associate Professor Abdul Monem HAMID, Pneumology and Lung Transplant Department Foch Hospital, Paris France, College of Medicine of Paris
21. Ing. Dr. med. dent. Omar Hamid MSc Aesthetic Medicine Vienna, Austria
22. Ahmad Haider <sup>1</sup> , Karim Haider <sup>1</sup> , Gheorghe Doros <sup>2</sup> , Abdulmaged Traish <sup>3</sup> , <sup>1</sup> Private Urology Practice, Bremerhaven, Germany, <sup>2</sup> Department of Epidemiology and Statistics, Boston University School of

## Speakers and Chairpersons

Public Health, Boston, MA, USA, 3Department of Biochemistry and Department of Urology, Boston University School of Medicine, Boston, MA, USA
23. Dr. Hojouj Mohammad, Dept Oncology and Medical Radiology. "Dnipropetr ovsk medical academy of Health Ministry of Ukraine" SE Dnipropetrovsk, Ukraine
24. OMR Dr. Tammam Kelani, President of Arab Physicians and Pharmacists Association in Austria Vice President of the ARABMED
25. Assoc.Prof Dr Ali Kilic, General Surgeon, SBU Umraniye EAH General Surgery, Health Sciences University Istanbul, Istanbul, Turkey
26. Dr. Faidi Omar Mahmoud, President of ARABMED in Europe, Germany
27. DR BÜLENT MADİ Pediatric urologist, Istanbul, Turkey
28. Dr. Adham Mansour, Specialist Plastic Surgeon, Director Owner of Style Age Clinic, Dubai, UAE
29. Prof Abdulkader Martini, Plastic surgeon, Germany
30. Prof. Dr. Khalil Al Oumari - Consultant Urologist And Specific Urology-Germany, Damascus Syria
31. Univ.-Prof. Dr. med. Arzu Özcelik, Head of Liver Transplantation, West German Center for Organ Transplantation, University Hospital Essen, Germany
32. Dr. Qawasma Abdalla Ahmad, Head of Health Education and Scientific Research Unit, Ministry of Health, Ramallah, Palestinian, Autor, s: Suha HAMSHARI, Shaban Yaseen, Mosab Zayed, Asala Dallashi, Zaher Nazzal, Abdallah Qawasmeh, Kamal Al-Shakhra, Beesan Maraqa
33. Prof Dr Mustafa Seyhan, Orthopedics and Traumatology Specialist, Acibadem Altunizade Hospital Istanbul – Türkiye
34. Op.Dr. Nusret Bas, Ophthalmologist in Holland and Istanbul, President of Federation of Circassian Associations, TR
35. Prof Dr. Ridwan Shabsigh: Chairman, Department of Surgery, SBH Health System & Professor of Clinical Urology, SBH Health System & Weill Cornell Medical School, New York, USA
36. Prof Dr Sabri Shamsan Hasan Representative of ARABMED in Italy
37. Prof NEDRET TAFLAN, Oncologist Medikal Park Gaziosmanpaşa, Hospital University of Istinye, Istanbul, Turkey
38. Dr. med. Sayed Tarmassi, Doctor of the medicine, General medical practice with pain therapy, naturopathic treatments, acupuncture and chirotherapy (manual therapy). Braunschweig, Germany
39. Enaal Shouakar Statsh Canda, Presentation organizer Receive lectures and save them in the PC
40. Prof Rami Jalal Yaghan. Chair of the Department of Surgery- College of Medicine and Medical Sciences, Arabian Gulf University- Bahrain; Manama-Kingdom of Bahrain, Professor of Surgery and Surgical Oncology at Jordan University of Science and Technology.
41. Prof. Dr. Aksam Yassin MD PhD EdD FEBU, Professor of clinical Urology/Andrology Weill Cornell Medical School, New York, USA, Norderstedt-Hamburg, Germany
42. Dr. Cem Yalcinkaya, Gynecological Oncology Specialist Umraniye Research Hospital, Istanbul
43. Dr. Jihad YOUSSEF, Ahmad ZOHBI; Hamed RAMDANI, IMEAH/ CHU BORDEAUX, CEO / Hospital Practitioner



### Local Organizing Committee: Turkey

**Professor Gonsel (Shurdum) Avci**

**Chair of Local Organizing Committee, Istanbul, Internist, Cardiologist, Founder of Circassian Women Association, TR, Vice President of Pluralist Democracy Party Consultant Cardiologist and past Chief of ECP, s Treatment Unit, Memorial Hospital, Istanbul, Turkey.**

She graduated from Istanbul University Medical Faculty in 1970, specialized in internal medicine and cardiology and became a professor in 1990.

She was elected to the board of Turkish Society of Cardiology for 12 years consecutively beginning from 1984 and took part in the organization of many scientific meetings and research.

Since 2001, she has been interested in ECP and applying it in a private hospital and also in her office. She has made visits to Pittsburgh, San Diego and Stony Brook University Hospitals in USA and Sun Yat-sen University in China, to meet Worldwide known ECP experts to discuss various aspects of this treatment.

**Op -Dr. Nusret Bas**

**Ophthalmologist in Holland and Istanbul, President of Federation of Circassian Associations, TR**

He graduated from Istanbul University Faculty of Medicine in 1980.

In 1984, he received the title of Ophthalmology Specialist from Erzurum Atatürk University.

He is one of the first doctors in Turkey to apply the treatment of eye defects with laser. He participated as a speaker and member in hundreds of scientific congresses, panels, meetings and open sessions at home and abroad.

It has outpatient clinics in Rotterdam, Netherlands. He also took over Istanbul Hospital, a fullyfledged hospital, in April 2017. He worked as a member and manager in many Circassian institutions.

He is currently the President of the Federation of Circassian Associations. He is married and has3 children.



**Ayşe Pişkin,**

**Chief Nurse, Co-Founder and General Secretary of Circassian Women Association, TR**



## Speakers and Chairpersons

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### Speakers and the Members of the Organizing Committee



**33rd ARABMED Annual Meeting 2023**  
**9th Joint International Medical Conference**

«The Advances in Cancer Medicine»

المؤتمر السنوي الـ 33 لإتحاد الأطباء العرب في أوروبا المؤتمر الطبي الدولي المشترك التاسع  
تقييم المؤتمر

**Evaluation of the conference Quality Control**

**المقياس Scala**

سيئ Bad	وسط Middle	جيد Good
C	B	A

المقياس Scala	المواضيع المقيمة Topic
	تقييم المؤتمر بشكل عام Overall
	مكان المؤتمر conference venue
	تنظيم المؤتمر Conference organization
	المراسلات والتسجيل Correspondence and registration
	موضوع البرنامج العلمي Subject of the scientific program
	مدة المؤتمر Duration of the conference
	المحاضرات العلمية Scientific lectures
	لغة المؤتمر Conference language
	اللغة العربية Arabic
	اللغة إنكليزية English
	لغة مشتركة A common language
	الوقت المتاح للمحاضرة The time available for the lecture
	البرنامج الإجتماعي Social programme

**Suggestion الإقتراحات**

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The 33rd Annual Meeting of ARABMED in Europe 2023 and the  
9<sup>th</sup> Joint International Medical Conference

***“The Advances in Cancer Medicine”***

27- 28 May 2023 Istanbul - Turkey

Surname الكنية First name الاسم الأول  
Street الشارع Zip code رقم المدينة City المدينة.....  
Country البلد.....Tel.: .....  
Email ARABMED Member No O Yes O  
**Conference fee without accomodation** رسم المؤتمر دون الإقامة

<b>Registration Fee two days</b>
300 Euro
150 Euro Fee for Partner or Companion

يغطي رسم التسجيل المشاركة في المحاضرات و حفل الافتتاح والختام والجلسات العلمية والإستراحات والغذاء لمرتين  
العشاء مرة واحدة والحصول على وثائق المؤتمر مع شهادة الحضور بإستثناء البرنامج الإجتماعي مساء الأحد.

**Registration fees will cover:** Participation in the Opening Ceremony, Scientific Program 2x  
Lunch, 1X Dinner on Saturday, refreshments (Tee, Coffee and Water in the Breaks) All  
handouts of relevant papers presented at the conference

**Social Program**

Extra cost (50 Euro) for the Participation at the Social Program **“Bosporus cruise with dinner  
on the boat”** on 28 May 2023 (Option) No O Yes O

Fees	Nr of person	Euro
<b>Registration fees2 days</b>		
<b>Social Program Extra cost</b>		
<b>The final total amount of the fee</b>		

- Fees are paid directly in cash during the conference, Payment by credit card is not possible during the congress
- The price of the Euro against the Dollar or the Turkish lira is the price on the date of the bank during the conference period

**Bank info of Arab Medical Union in Europe (ARABMED) in Germany**

**Name of the Bank :** Stadt- und Kreissparkasse Erlangen <https://www.sparkasse-erlangen.de>

**Name of the Street :** Hugenottenplatz 5 , **Name and Number of city:** 91054 Erlangen

**BIC-/SWIFT-Code :** BYLADEM1ERH

**IBAN-Number :** DE22 763500000060025142

**33<sup>rd</sup> ARABMED Annual Meeting 2023**  
**9<sup>th</sup> Joint International Medical Conference**



**«The Advances in Cancer Medicine»**

المؤتمر السنوي الـ33 لإتحاد الأطباء العرب في أوروبا و المؤتمر الطبي الدولي المشترك التاسع



**PROGRAM & ABSTRACTS**  
**GRAND CEVAHİR HOTEL & CONVENTION CENTER**  
**ISTANBUL- TURKEY**  
**27 – 28 MAI 2023**