

Radiology and Oncology 2017



World Congress on

RADIOLOGY AND ONCOLOGY

October 19-20, 2017 | New York, USA

Scientific Tracks & Abstracts

Day 1

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Medication related osteonecrosis of the jaw (MRONJ): Computer assisted assessment of pathological skeletal changes

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Medication related pathological changes in mandibular bone due to oncologic treatment are a serious burden. Clear display of the progression of the disease is still a challenge in clinical diagnosis. Therefore, a detailed research project focused on CT-/CBCT-based visualization of necrotic changes was initiated. To start with, all available CT-/CBCT data of the patient are registered on a suitable reference. After several refined image processing and programming steps, the data are subjected to slice oriented direct volume rendering with various (mostly logarithmic) transfer functions specially designed for the respective purpose. For medication related pathological changes, besides destructive skeletal changes, severe sclerosing processes within trabecular structure are reported. Destructive processes correspond to decreased Hounsfield values, whereas sclerosation is indicated by increasing ones. For this purpose, we refer to visualization based on an “inverted temperature color scale”. As kind of control, visualization based on healthy subjects can be considered. Additionally, we compare the affected and the non-affected (or less affected) mandibular side. For healthy controls, the new method provides a clear and uniform appearance of the alveolar ridge. However, for pathological cases, serious changes in trabecular bone are ipsilaterally reported. Considering several follow-up CT data, progression of the described changes over the whole mandible was observed. Recent achievements for computer assisted visualization for necrotic changes in mandibular bone are presented. Besides diagnostic significance, this research is aimed at diagnosis efficiency. The new visualization methods help the surgeon to examine the pathological changes at one glance.

Biography

Britt-Isabelle Berg has completed her Medical degree at the University of Lübeck and her Dental degree at the University of Freiburg, Germany. Since 2005, she works at the Clinic of Cranio- Maxillofacial Surgery at the University Hospital Basel, Switzerland. Currently, she is in charge of the Dentomaxillofacial Radiology at the University Hospital Basel. In between, she worked in Great Britain (Eastbourne, Brighton), France (Paris) and the United States (New York City). She has authored/co-authored over 20 papers. She has presented over 30 lectures herself and was co-author in over 50 other presentations (national and international).

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The Toshiba Aplio 400 is a key component in a small local study investigating the potential suitability of elastography in differentiating between benign and malignant breast pathology, its objective to determine a numerical figure that may be significant in aiding the judgement call between benign and malignant lesions

Dawn McDonald

James Paget Hospital, UK

Benign breast disease is common among women and when symptomatic, surgical management is the preferred option for both clinicians and patients alike (Lakoma and Eugene, 2014). Elastography is a relatively new tool, which still appears to be little utilised in breast imaging. Its use, when applied in the clinical setting, can differentiate between benign and malignant pathology, in particular focal lesions. But how useful is this? And if useful, is it possible to arrive at a numerical value which may determine whether a lesion is likely to be benign or not? A small local study undertaken over one year has suggested that elastography is indeed useful clinically, and that it is possible to arrive at a numerical value which can be significant in differentiating between benign and malignant lesions, as long as it is used in conjunction with other modalities such as mammography and ultrasound. Age is also key factor to be taken account of in the analysis. Implementation of the technique outlined by this study could significantly reduce the numbers of benign breast biopsy undertaken, resulting in substantially lower financial costs for the medical services, and reducing the number of women suffering the anxiety of unnecessary procedures ultimately leading to benign outcomes.

Biography

Dawn McDonald completed her MSc in Medical Imaging, from Kingston University in 2008, and became a Consultant Mammographer soon afterwards. Working with the same autonomy and professionalism as a Consultant Breast Radiologist, she is responsible for all aspects of breast diagnosis within her unit, including breast interventional and film reading, and works closely with the surgical team. Currently, she is working at the James Paget Hospital in Great Yarmouth UK, and Imperial College London.

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Radiologic study of the craniovertebral malformations in pituitary duplication

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Some congenital malformations are so rare that any new case should be described in detail. We had the opportunity to examine a patient with the hypogonadism, obesity, and some limitation of the neck rotation. The T1-weighted magnetic resonance imaging (MRI) of the brain showed two pituitary glands, each of them with its own pituitary stalk. In addition, the region of the median eminence, i.e. the posterior part of the tuber cinereum and infundibulum, was thicker than usual and was fused with the mammillary bodies. Just left to the fusion, a small suprasellar hamartoma was noticed. The multislice computerized tomography (MSCT) presented a double hypophyseal fossa, the posterior clinoid process, the odontoid process and the axis body, as well as a broad clivus, an inverse foramen magnum, the third occipital condyle, a foramen transversarium defect, a partial agenesis of the anterior and posterior atlas arches, and a fusion of the first four cervical vertebrae. The third condyle measured 12.9 mm × 10.8 mm. The gap between the right and left remnants of the anterior arch measured 22.7 mm, and the missing middle part of the posterior arch had a transverse diameter of 26.1 mm. The right and left odontoid processes were 7.7 mm and 8.6 mm in height, respectively, and the cleft between their apical parts measured 3.7 mm in the transverse direction. Since our patient is one of only 40 reported individuals with a pituitary duplication in the last 150 years, the case description is of a great scientific and clinical significance.

Biography

Slobodan Marinković has completed his PhD at the age of 31 years at Belgrade University and postdoctoral studies at the Laboratory of Neurophysiology, Panum Institute in Copenhagen (Denmark). He has published 2 international books, four chapters in 2 other books, 8 national books, more than 60 papers in reputed journals and has been serving as an editorial board member of repute. He has about 1200 citations in international publications. He has given 16 lectures at various international congresses and universities as an invited speaker and has been a chairman person on three occasions.

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A study of cultural competence and implicit bias amongst healthcare students

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New York City College of Technology, USA

Cultural competence is defined as the ability of providers and organizations to effectively deliver equitable and unbiased health care that meet the social, cultural, and linguistic needs of a culturally diverse patient body. By 2050, minority populations will increase to 48 percent of the US population and Hispanics will represent 24.4 percent of the total population (US Census, 2010). This demographic shift brings challenges and opportunities to universities and organizations alike to create policies and curriculums that foster quality health care amongst students, while also contributing to the eradication of implicit biases that may unwittingly perpetuate healthcare disparities amongst racial and ethnic minority groups. Our research looks to answer the critical question of whether health care students are adequately prepared by their universities to deliver healthcare services that are culturally competent and sensitive? Are students aware of the importance of implicit biases and what measures can be taken on an institutional level to ensure that healthcare students are adequately prepared to deliver equitable healthcare to all minority groups? This study looks to gauge the understanding of cultural competence amongst a group of City Tech healthcare students by utilizing a cross-cultural survey of cultural competence questions dealing with poverty, age, stereotypes, illiteracy, homophobia, language, religion, and racism. Our data and research results suggest that many health care students are not able to properly define, nor fully implement cultural competence and sensitivity in their clinical settings. This data is significant because administrators and educators need to incorporate more learning strategies and relevant clinical training so that students may enter the work force better equipped to deliver the highest quality of care to all patients, regardless of race, ethnicity, cultural background, English proficiency or literacy.

Biography

Professor Zoya Vinokur is an alumn of New York City College of Technology. Professor Vinokur teaches Radiographic Procedures and Clinical Education. She received her Bachelor of Science degree from Long Island University, C.W. Post, her Master of Science degree in Health Services Management and Policy from New School University and holds advanced certification in mammography. With over 20 years of professional and teaching experience she has taught a variety of courses in the medical imaging discipline including, Radiographic Procedures and Positioning, Pediatric Radiography, Advanced Medical Imaging II in a baccalaureate degree program, and Clinical Education. Professor Vinokur worked in major Metropolitan Hospitals in New York and New Jersey she brings her extensive knowledge and background to the classroom as well as in to clinical settings. She is licensed to practice in both New York and New Jersey States.

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Examining grade inflation and considerations for radiologic sciences

Lynette Watts

Midwestern State University, USA

Grade inflation is defined as an increase in the number of “A” grades being awarded to students. This may lead to students who have the grade but not necessarily the skill to prove that they have mastered the content. Causes such as consumerism, faculty job retention, conflict avoidance, increases in faculty workload, and lack of clear grading standards have led some to question the importance of grades. Ramifications of grade inflation include degrees that may become meaningless, students, who may be unable to perform in the workplace and, in the cases of medical professionals, patients who may be put in potentially life-threatening situations. Suggestions for mitigating this trend are increasing faculty training, creating objective student assessments, and evaluating students on their overall character. Because no studies in radiologic sciences currently exist, examining grade inflation in this field is critical. Faculty and student perceptions of grade inflation in radiologic sciences should also be examined to discover, if this phenomenon exists. If grade inflation is discovered to be a problem, radiologic science educators should follow the recommendations presented in this review to mitigate this trend.

Biography

Lynette Watts is an Associate Professor of Radiologic Sciences, has been a diagnostic imaging professional since 1994, with experience in trauma, surgical, and routine imaging procedures. She began her higher education teaching career in 2004 as an Assistant Professor of Radiologic Sciences for the Undergraduate entry-level Associate of Applied Science, Radiologic Sciences program and Bachelor of Science, Radiologic Sciences completion program. She currently teaches in the Master of Science, Radiologic Sciences program and serves on the Gunn College of Health Sciences and Human Services Interdisciplinary Committee. Her research interests are grade inflation, cyberbullying, and best practices for health sciences faculty for online learning.

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Role of Computed Tomography in the Evaluation of Renal Masses

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Aims and Objective: To evaluate Renal Masses on CT scan and to compare the enhancement of renal neoplasm and renal cortex during corticomedullary and nephrographic phase.

Materials and Methods: The patients were evaluated through history, physical examination, Ultrasonography and computed tomography was carried out using TOSHIBA ACTIVION 16SLICE CT SCANNER.

Result: The study included 32 cases of renal masses between age group of 22-82 years. Thirty three lesions were detected in 32 patients. Of these, Renal cell Carcinoma (22 cases), Transitional cell carcinoma (3 cases), Angiomyolipoma (1 case), renal oncocytoma (1 case), Renal metastasis (1 case), Renal abscess (1 case) and three lesions were cystic lesions.

Enhancement of Renal Neoplasms		Enhancement of Renal Cortex	
Variable	Houncefield Units	Variable	Houncefield Units
Unenhanced attenuation	23+/- 7	Unenhanced attenuation	32+/- 3
Corticomedullary phase attenuation	49+/- 22	Corticomedullary phase attenuation	137+/- 30
Nephrographic phase attenuation	68+/- 26	Nephrographic phase attenuation	163+/- 36
Corticomedullary phase enhancement	23+/- 14	Corticomedullary phase enhancement	105+/- 29
Nephrographic phase enhancement	47+/-19	Nephrographic phase enhancement	131+/- 40

Conclusion:

1. Renal neoplasm showed greater enhancement in the nephrographic phase compared with that in corticomedullary phase.
2. Renal cortex also showed greater enhancement in the nephrographic phase compared with the corticomedullary phase.

Biography

Dr. Akshay kapila has completed his MBBS at the age of 23 years from Bharti Vidyapeeth University, Pune and postgraduate studies from Maharashtra University of Health Sciences, Nashik. He is currently pursuing Fellowship in Whole Body Imaging from Rajiv Gandhi Cancer Hospital, New-Delhi. He has published a paper in International journal of Health Science.

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Meta-analysis and specificity comparison between 13C-FDG PET and 13C-hyperpolarized MR spectroscopic imaging in cancer today

Janet Cordero and Subhendra Sarkar
New York City College of Technology, USA

The ability of PET and MRI to image cancers has been a very important aspect of clinical management. The ability to detect cancer by using different radiologic modalities with appropriate fusion imaging can help visualize cancer at various stages with various sensitivity and specificity. However, the two most promising modality for high sensitivity and specificity are 13C FDG-PET and 13-C Hyperpolarized MR Spectroscopic imaging (we will call Hyper MRSI) and may reduce or eliminate the need for biopsy. We have analyzed radiology and oncology literature for past ten years to compare the specificity of these two techniques. In our meta-analysis, Hyper MRSI plays a unique role for prostate as well as for a few types of brain cancer including glioma that is more useful for staging than 13-C PET. On the other hand, PET may be able to treat while detect cancer using ImmunoPET functionality. Since the background metabolic activity, e.g. in glioma, competes with tumor bed in Hyper MRSI, its effectiveness (signal/noise and thus sensitivity) may change with tumor grade and individual patient's brain metabolism. Resting brain state MRSI may require special patient preparation to reduce such background metabolism and high field MR systems could perform better. Outside brain, Hyper MRSI may be superior than FDG-PET. Specific advantages and disadvantages of both modalities will be discussed.

Biography

Janet Cordero is a BS student in Radiologic Science at New York City College of Technology. She holds an AAS in Nuclear Medicine Technology from Bronx Community College, New York. She is a licensed Nuclear Medicine and CT Technologist and has presented her work in lung cancer in Annual College conference in New York, in 2016. She has been working in Cancer Imaging for a year in Undergraduate research. She also holds a Technologist job at Winthrop University hospital in Mineola, NY.

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Analysis of accident characteristics of nuclear research facilities at KAERI for emergency planning

Goanyup Lee

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The Korea Atomic Energy Research Institute (KAERI) operates nuclear research facilities such as a nuclear research reactor with 30MWth power, a fuel fabrication facility treating 19.75% enrichment uranium, and a hot-cell facilities to produce radioisotopes. All of these licensed facilities by the nuclear regulatory body need emergency plans against an accident. The emergency plan should be based on the hazard assessment of the facilities, and thus all accidents described in safety analysis reports and the accident experiences around the world were reviewed. After this review, the most severe accident scenarios for each nuclear facility were selected to simulate the radiation impact to workers around the facilities and the public off the KAERI site. The simulation was implemented by using computer code, that is, ORIGEN2, MELCOR, MACCS2, and Microshield10. First, the inventory accumulated during operation in reactor fuels was calculated using the ORIGEN2 code. Second, the building structure, flow path, and heat structure were designed as input data for the MELCOR code. Third, accident scenarios such as energy supply to a space involving an accident, radioactive material evaporation, and wind pressure loaded to the building walls by winds outside were designed as MELCOR input data. After that, the simulation using the MELCOR code to analyze radioactive material behavior in the building and leakage into the environment was implemented, and through this simulation, the source-term was also produced. Fourth, the effectiveness of the emergency response scenario such as sheltering in doors or evacuation was simulated using the MACCS2 code based on the source-term produced by the MELCOR code and one-year meteorological data collected from meteorological tower at the KAERI site. Based on the results, it was confirmed that the fission product release into the reactor hall by a fuel channel blockage accident at the research reactor will remain inside the reactor hall even under typhoon conditions, and that a proper evacuation radius for each accident condition was selected as 300 m for the research reactor, 100 m for the fuel fabrication facility, and the building boundary for the hot-cell facility.

Biography

Goanyup Lee has obtained his Bachelor's degree in Chemical Engineering at Chonbuk National University in Korea. He has 23 years of experience in nuclear emergency preparedness. Currently, he is the Manager of the nuclear emergency preparedness team at the Korea Atomic Energy Research Institute.

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Survivin-targeted strategy for cancer treatment

Ren Chongxi

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Survivin, a new member of inhibitors of apoptosis proteins (IAP) family, regulates the essential cellular processes, including inhibition of cell apoptosis and autophagic cell death, promotion of cell proliferation and tumor stromal angiogenesis. Survivin is undetectable in most terminally differentiated tissues, but upregulated in almost all types of human malignancies and its aberrant overexpression positively correlates with chemotherapy resistance, increased tumor recurrence and shortened patient survival. Because of its key role in tumor formation and development, Survivin is considered as an ideal target for anticancer treatment. This review discussed the molecular function of Survivin, relationship between Survivin and cancer biological characteristics, as well as the research progress of cancer therapy by targeting Survivin.

Biography

Ren Chongxi graduated from Hebei Medical University and completed his MD from QingDao University School of Medicine. He is the Director of Department of Surgical Oncology, Hebei Medical University. He has published more than 20 papers in reputed journals and has been serving as an Editorial Board Member of repute.

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Workshop

Day 1

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Alex Dommann

Empa-Swiss Federal Laboratories for Materials Science and Technology, Switzerland

Small Angle X-ray Scattering (SAXS) for bio-materials and bio-technology

The emphasis of this workshop is on providing insights into X-ray scattering based studies relevant for medical research. By the end, you will have a basic understanding about SAXS technique, its strengths and limitations. The workshop will show the participants the information we can gain from such investigations and will demonstrate dedicated applications in medical science.

Biography

Alex Dommann is heading the Department Materials meet Life at Empa. He has received his PhD in Solid State Physics in 1988 from ETHZ in Switzerland. His research concentrates on the surface analysis, bio surface interactions, structuring, coating and characterization of thin films. He is member of different national and international committees and teaches Biomaterials, Crystallography and MEMS technology at different Swiss universities and has published more than 150 papers. He is Member of the Swiss Academy of Engineering Science (SATW) and Adjunct Professor at the University of Berne.

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Anna Ćwierz

Ludwik Rydygier Memorial Specialized Hospital, Poland

Contact thermography as an effective tool for detection of breast cancer in correlation with ultrasound and mammography

The aim of the workshop is to review and discuss cases of breast cancer in woman, in which one of the diagnostic tests is contact thermography, a non-invasive method, which uses heat conduction for imaging, to reveal changes in the breast gland. Current information suggests that tumors, through a developed network of pathological vessels, are characterized by increased metabolic activity, in comparison to healthy tissues. On liquid crystal matrixes, we observe the presence of focal or linear hyperthermia detected by contact thermography on the breast surface. The essence of the subject is to show the correlation between commonly available diagnostic tools such as ultrasonography and mammography in contrast to contact thermography. The data will be presented from individual case studies for various breast structures. Especially in the case of a dense breast tissue, where thermography may play a role in early detection of breast cancer in woman for whom mammography is not an indicated diagnostic tool due to ionizing radiation and reduced sensitivity. Very dense breasts may increase the risk that cancer won't be detected on a mammogram.

Biography

Anna Ćwierz is a specialist in radiology, particularly interested in multimodal breast diagnostics. She graduated from the Faculty of Medicine, Collegium Medicum in 2009, and completed a year-long post-graduate internship at The University Hospital in Cracow.

Ćwierz accomplished her five-year specialty training at The Maria Skłodowska-Curie Institute of Oncology in Cracow. In 2016, she received a European Diploma in Radiology (EDIR) in Vienna, and became a Radiology and Imaging Diagnostics specialist. At present, she works as a radiologist at a general hospital in Cracow. Dr. Ćwierz performs USG, CT, and MRI examinations, as well as image-guided organ biopsies. Among her professional interests, there is the development of new breast cancer diagnosis technologies, including contact thermography, designed by Braster team; she improves her skills by taking part in numerous courses, as well as local and international conferences. Dr. Ćwierz is a member of the Polish Medical Society of Radiology (PLTR) and the European Society of Radiology (ESR).

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Liquid crystal contact thermography in breast cancer detection

Pawel Basta¹, Jan Skupien¹, Tadeusz J Popiela¹, Agnieszka Byszek⁴, Anna Cwierz^{2,4}, Diana Hodorowicz-Zaniewska¹, Piotr Kasprzak³, Agnieszka Kotlarz¹, Wojciech Rudnicki^{2,4} and Marcin Trzyna⁴

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Introduction: The most efficient way to decrease breast cancer-related mortality is its early detection. Thermography is an imaging method postulated to detect neoplasms through tumor cell's increased metabolism in comparison to healthy cells. Despite some promising results, thermography has not been, so far, accepted as valuable breast lesions detection method, mainly due to a lack of standardized protocols and conditions of performing the examination and poor quality of many research articles undermining credibility of obtained results. A device called Braster Tester has been developed to provide high-quality contact thermography images of the breast. A controlled, prospective observational study has been designed to determine the credibility of the new technology.

Aim: The aim of this study was an evaluation of the diagnostic accuracy in detection of breast pathology with the technology of the liquid crystal contact thermography.

Method: A liquid crystal contact thermography was performed by 274 women referred to breast pathology outpatient units for verification of abnormal, either breast ultrasound or mammography examination. The final analysis included 95 women aged 25–49 years with BIRADS-US 4 or 5 category in breast ultrasound scan (Arm A), 73 women aged ≥ 25 years with BIRADS-US 1 or 2 category in breast ultrasound scan (Arm B), and 87 women aged ≥ 50 years with BIRADS-US 4 or 5 category in breast ultrasound scan (Arm C). The parameters for assessing the effectiveness of the liquid crystal contact thermography: C-statistic, sensitivity, specificity and diagnostic accuracy defined as the proportion of true positives and true negatives. Among all thermographic, results were calculated using exact McNemar's test and Wald's test in respect to final pathology reports of the breast specimens.

Results: The diagnostic efficacy of the liquid crystal contact thermography defined as above demonstrated a sensitivity of 81.5% (95% CI: 64.1; 92.6) and specificity of 87% (95% CI: 79.7; 92.4) in women < 50 years of age and sensitivity of 77.8% (95% CI: 67.2; 86.2) and specificity of 62.5% (95% CI: 48.5; 75.1) in women ≥ 50 years of age. In the group of women without breast pathology (BIRADS 1 and 2), the rate of false-positive thermography was similar to that observed in women with abnormal breast ultrasound without breast cancer (22.5% and 37.5% in women < 50 and ≥ 50 years of age, respectively).

Conclusions: The results of this study illustrate promising trends and an accepted efficacy of liquid crystal contact thermography in highlighting women with a higher risk of breast pathology, especially breast cancer. This statement is more evident especially in woman < 50 , thus the technology may have a chance to support other modalities in that group of women in breast cancer prevention.

Biography

Dr Pawel Basta is an experienced gynecologist-obstetrician. He graduated from the Faculty of Medicine, Collegium Medicum in Cracow. In 2007 he completed his specialization in obstetrics and gynecology at the Jagiellonian University in Cracow and in 2013 he completed specialization in oncology gynecology also at the Jagiellonian University in Cracow, however as a part of his studies he worked as an assistant at a prestigious University College London Hospital in the United Kingdom. He is a recognized doctor specialized in the early detection of breast cancer and in the malignant neoplasia of the female reproductive system. He enjoys the respect and trust of patients who underline his commitment to his work and his willingness to help, as well as the individual approach to each patient and his or her problem. Dr Pawel Basta is also an academic teacher of the Medical Faculty and Medical School for Foreign Students of the Jagiellonian University Medical College. Moreover, Pawel Basta is an author and co-author of numerous medical publications. He was also a speaker at many medical conventions, conferences and meetings taking place both in Europe and the U.S.

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Non-invasive, safe, individualized, effective treatment of various cancers using optimal dose of Vitamin D3 based on 7 unique, beneficial effects of optimal dose of Vitamin D3 and other effective, non-invasive, alternative treatments recently discovered

Yoshiaki Omura

New York Medical College, USA

Our research indicated that many people have Vitamin D3 deficiency. Particularly when skin surface is not exposed to sunlight, production of Vitamin D3 precursor cannot be produced at skin, since exposure of the skin to ultraviolet breaks one of the rings of the cholesterol and cholesterol becomes Vitamin D3 precursor. In order to change Vitamin D3 precursor to active form of Vitamin D3, molecular structure of Vitamin D3 precursor must be modified at liver and then by kidneys as an active form of Vitamin D3 which is $1\alpha,25(\text{OH})_2\text{D}_3$. However, even if there is enough exposure to the sun, if the serious problem exists in the liver and kidneys, Vitamin D3 precursor cannot be changed to effective form of Vitamin D3. Our recent study established that optimal dose of Vitamin D3 can produce the following 7 unique, beneficial effects including 1) strong anti-cancer effects, 2) reduction of 8-OH-dG, which is proportional to DNA mutation which is required for the growth of cancer, 3) marked increase in acetylcholine, 4) significant increase in DHEA levels, 5) significant urinary excretion of virus, bacteria, fungi, and single-cell parasites as well as asbestos, mercury, aluminum, and other toxic substances, 6) marked decrease in β -Amyloid (1-42), and 7) marked decrease in Cardiac Troponin I. Since our study indicated that every cancer tissue we examined there was increased Human Papilloma Virus Type 16 (HPV-16), more than 2000~3000ng up to 8000ng and we also often found co-existing, extensive, intracellular, single-celled parasitic infection *Toxoplasma Gondii*. We found individualized optimal dose of Vitamin D3 is one of the most powerful, anti-cancer treatments. We individually examined optimal dose of Vitamin D3 and in normal person who has Vitamin D3 deficiency, optimal dose is usually, in average, about 400 I.U. However, the author found in the presence of malignancy, optimal dose requirements of Vitamin D3 increases. In cancer patients, often DHEA level is also reduced to less than 0.5ng and compared with normal value of anywhere between 20ng to 130ng or 140ng depending on the age. In the cancer patient, optimal dose of Vitamin D3 always increases beyond 600~800 I.U. From the amount of the optimal dose increase alone we can estimate general condition of cancer. Again, the requirements for cancer patients are 3 times a day since beneficial effects of each dose last an average of about 8 hours. Although there are many anti-cancer treatments, we consider most safe & effective treatment to be optimal dose of Vitamin D3. Clinical laboratory of University of Toronto recommends minimum of 2000 I.U. and maximum of about 5000 I.U. but many people use over 5000 I.U. up to 10,000 I.U. which will always be an overdose and create completely opposite effect by promoting growth of cancer. Only the best results can be obtained when it is only optimal dose. Among the female dentists who had been frequently using overdose of Vitamin D3 5000~10,000 I.U. for more than half or one year, we found high incidence of breast cancer from Canadian women. Unfortunately, because of Linus Pauling's original claim that large amount of Vitamin C is excellent for anti-cancer effect, our study contradicts that and although smaller amount up to 150mg may not create a problem, large amount of Vitamin C (including Vitamin C-rich drinks or fruits) inhibits most important 7 unique, beneficial effects of Vitamin D3. Therefore, we consider use of large amounts of Vitamin C beyond 150mg as highly undesirable since it completely eliminates 7 unique, beneficial effects of Vitamin D3. We have witnessed 2 doctors with breast cancer & prostate cancer die in less than half a year after regularly taking large dose of Vitamin C because they believed Linus Pauling's original claim.

Biography

Professor Yoshiaki Omura received Oncology Residency Training and a Doctor of Science Degree through research on Pharmaco-Electro Physiology of Single Cells *in Vivo* and *in Vitro* from Columbia University. He published over 250 articles and 7 books. He is currently Editor-in-Chief of Acupuncture & Electro-Therapeutics Research, International Journal of Integrated Medicine and Executive Editor of Integrative Oncology. Using his new diagnostic method, which received U.S. patent, he can non-invasively and rapidly measure many neurotransmitters, chemicals, asbestos, viruses and bacteria. He developed a non-invasive, quick diagnostic method of malignancies, as well as a method of evaluating the effects of any treatment.

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Assessment of the appropriateness of out-of-hours MRI spine imaging referrals for metastatic spinal cord compression

Melosa D'souza, Mariyah Selmi, Thomas Rogers and Navin Khanna
Royal Oldham Hospital, England

Background: Metastatic spinal cord compression (MSCC) occurs when a tumour spreads directly to the spine, or from collapse of the tumour-infiltrated vertebra, resulting in spinal cord compression. This often presents as a neurological emergency with irreversible damage occurring within hours or days. Rapid assessment, diagnosis and referral to a specialist centre is vital to prevent this. Current NICE guidelines set out specific criteria to identify cases requiring urgent imaging and management. Patients with known or unknown malignancy which meet this criteria must be scanned urgently within 24 hours.

Aims: We aimed to identify which out-of-hours referrals for MSCC met the current NICE guidelines, in order to ensure proper use of limited out-of-hours resources.

Method: Retrospective audit of trust wide MRI whole spines conducted between 5-9pm on weekday and 8am-9pm on weekends. We analysed 5 years of data from 2012 to 2016 inclusive. Patients are characterized into 3 groups: (1) Appropriate referral for 24 hour MRI, (2) Inappropriate referral for 24H MRI (no neurological symptoms) and (3) Insufficient clinical details.

Results: A total of 276 MRI scans were performed out-of-hours. Of these, 215 scans were 24-hour urgent MSCC requests. 67% of these requests were appropriate (group 1), whereas 15% were inappropriate (group 2) and 18% contained inadequate clinical information (group 3) to justify the imaging request. Of all the out-of-hour scans, only 3% showed a MSCC requiring urgent neurosurgical assessment. 9.7% showed spinal cord compression secondary to alternative pathology, for example, a disc-osteophyte complex. Of the group 2 and group 3 referrals, only 1.4% demonstrated MSCC.

Discussion: Radiology on calls are busy; acquisition of adequate images and subsequent reporting of MRI scans is time consuming; additionally, MRI scans are expensive, therefore to efficiently use the time and resources of the on-call radiology team, strict referral pathways and vetting systems need to be in place. Our study showed 54% of groups 2 and 3 had insufficient clinical data to determine whether a 24 hour scan was warranted. For example, some of the referrals had no mention of the presence of neurological symptoms, making it difficult to determine the necessity of an urgent scan. In order to streamline this, we developed a proforma with stricter criteria, which adheres to the NICE guidelines, as part of the vetting process. This has received promising feedback.

Conclusion: To ensure that, patients with an oncological emergency are assessed, managed and treated appropriately, out-of-hours MRI resources need to be used appropriately. This involves meticulous vetting of the requests to ensure inappropriate referrals are not reducing availability of valuable out-of-hours scans.

Biography

Melosa D'souza has completed her MBBS iBSC from University College London. She has a keen interest in Radiology with a specialist in management of Oncological emergencies. She is currently working at the Royal Oldham Hospital, Pennine Acute NHS Trust, UK.

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October 19-20, 2017 | New York, USA

Sonographic measurement of inferior vena cava as a predictor of hypovolemia in children undergoing major operation

Ahmad A. El Daba

Tanta University, Egypt

Background: An effective, real-time, non-invasive and easy method for assessment of intravascular volume status during the periods of intraoperative bleeding remains a dream for most anesthesiologists.

Objective: The objective of this study is to investigate, whether sonographic measurements of IVC diameters can be helpful in predicting the occurrence of intra-operative hypovolemia in children undergoing major operations or not?

Study design: Prospective, randomized study. 50 patients aged less than 12 years who are going to have operations with expected blood loss, more than 10% of total blood volume (TBV) were included. Exclusion criteria were any patient with respiratory, hepatic or renal dysfunction, haemato-oncological disorders and abdominal surgery due lack of appropriate probe. Operational course was categorized into two stages, stage I in which expected blood loss was $\leq 10\%$ of TBV and the allowed fluid transfusion was only the maintenance transfusion and stage II, in which the expected blood loss was $>10\%$ of TBV and the patient was given replacement transfusion with either crystalloids, colloids or blood products at the direction of anesthesia provider. Heart rate, noninvasive blood pressure was contentiously monitored. Maximum and minimum IVC diameter (IVCmax, IVCmin) and collapsibility index were measured before, immediately after induction and at least every 15 minutes according to the degree of blood loss. Central venous line was inserted after induction of anesthesia and CVP was measured every at least 15 minutes according to blood loss.

Results: Data was analyzed in relation to the expected blood loss. Correlation, regression analysis and measuring the area under ROC curve reveals a significant correlation between IVC diameter, collapsibility index and degree of hypovolemia especially in stage I as there is no confounding effect of fluid transfusion that occur in stage II collapsibility index was more significant. CVP was poorly correlated to hypovolemia through both stages.

Conclusion: Sonographic measurement of IVC diameters was better and earlier predictor of hypovolemia and fluid transfusio.

Biography

He is Prof. Ahmed aly aldaba prof. of anesthesia & surgical I C U in Tanta Univ. Egypt , I published about 20 researches in specialised journals. I am expert in pediatric anesth. , geriatric anesth. obstetric anesth. , anesth.for ENT surg. , anesth for vascular surg. , anesth. for labaroscobe , anesth.for urology & orthopedic surg. Also i have special experience for ultrasonic guided nerve block. Lastly i am expert in anesth. with induced hypotension.

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How the combination of new X-ray techniques with new algorithms can support 3D imaging in medicine

A Dommann, R Kaufmann and A Neels

Empa-Swiss Federal Laboratories for Materials Science and Technology, Switzerland

Combining new x-ray techniques with new algorithms can support the imaging procedure in medicine. They allow using additional information channels like X-ray energy or X-ray refraction and diffraction to improve the image contrast and highlight interesting objects over the background. Ever faster computers enable furthermore complex reconstruction and filtering techniques in the clinic which were only used for special offline cases so far. Novel developments like spectral CT or iterative reconstructions help to improve the sensitivity and the contrast of medical imaging. With such tools, it might once be possible to image challenging objects like cartilage or to segment cancerous and normal tissue. The diagnosis of diseases like chronic pain or early cancer, which is difficult today, will profit from such developments. But also established methods will gain from these developments. Iterative reconstructions reduce noise and artefacts; and spectral CT permits an easier rendering of interesting features in the image. Together with micro-CT and diffraction based analytics, these tools have the potential to advance X-ray techniques also into fields where they are not used today.

Biography

Alex Dommann is Heading the Department Materials meet Life at Empa. He has received his PhD in Solid State Physics in 1988 from ETHZ in Switzerland. His research concentrates on the surface analysis, bio surface interactions, structuring, coating and characterization of thin films. He is member of different national and international committees and teaches Biomaterials, Crystallography and MEMS technology at different Swiss universities and has published more than 150 papers. He is Member of the Swiss Academy of Engineering Science (SATW) and Adjunct Professor at the University of Berne.

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Role of CT in screening coronary artery disease

Shajeem Shahudeen

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Coronary artery disease (CAD) remains the leading cause of death in western countries with increasing prevalence in developing countries. The standard reference for diagnosis of CAD is coronary catheter angiography. Imaging of the heart has always been technically challenging because of the heart's continuous motion. CT imaging of the heart moved into the diagnostic realm by the introduction of multi-detector row CT (MDCT) and development of ECG-Synchronized scanning and reconstruction techniques. These modalities allow for faster volume coverage, high spatial and temporal resolution. The introduction of MDCT especially has greatly benefitted cardiovascular CT applications as the speed of image acquisition shortens, breath hold and examination time for the patient and reduces the amount of contrast media needed for high and consistent vascular enhancement. The advents of 128-slice MDCT scanner sub millimetre resolution (0.4 mm) of substantial anatomic volumes are routinely achieved. Aim of this study is: to study the role of MDCT coronary angiography in coronary artery disease (CAD) in symptomatic and asymptomatic patients; to study the calcium score in patients undergoing MDCT coronary angiography; to study the role of MDCT coronary angiography in patients with risk factors and to study the role of MDCT coronary angiography in follow ups of post-CABG and post-angioplasty stent patients.

Biography

Shajeem Shahudeen has completed his MD in Radio Diagnosis from DY Patil University, Navi-Mumbai. He is the Managing Director and Consultant Radiologist at Vivid Diagnostic Centre, Kochi, India. He has also done several papers, poster presentation and publications.

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The utility of ultrasound elastography in placenta

Tomoya Hasegawa

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Elastography is used as a non-invasive imaging tool for assessment of the elasticity in biological tissue, and has widely applied for breast and prostate to distinguish malignant tumor from the surrounding normal tissue. Recently, it was found that elastography is also useful for evaluation of pathological change in noncancerous tissue, such as placenta. Placenta has an important role in fetal development and maintenance of pregnancy, and its pathological change was correlated with major obstetrical disease, such as hypertensive disorders of pregnancy or fetal growth restriction (FGR). The pathological finding of placenta in these patient showed an acute sclerosis of the blood vessel and fibrosis of the villus. In this study, we prospectively evaluated an ultrasound elastography as a new assessment tool for placenta. A total of 111 pregnant women who regularly visit our hospital received examinations including elastography. After delivery, pathological examinations were performed in placentas. This study was approved by the Institutional Review Board of our University (No. 2949). In results, a significant positive correlation was observed between the ratio of the elasticity of the abdominal wall fat tissue and a Z score of birth weight (correlation coefficient, $r=-0.39$; $p<0.01$). Furthermore, white infarctions were macroscopically observed in parts of the placenta, and incomplete infarction images of the villus were histopathologically observed in the placenta of FGR as hard tissues using elastography. These results suggested that ultrasound elastography may provide useful information on finding high risk pregnant women who need further evaluations, and could be able to reduce perinatal risk.

Biography

Tomoya Hasegawa has completed his PhD from Tokyo Medical University. He is the Instructor of Department of Obstetrics and Gynecology, Tokyo Medical University.

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Spontaneous intradural cerebral artery dissection: Spectrum of clinical presentations and correlation with angiographic findings

Aminur Rahman

National Institute of Neurosciences and Hospital, Bangladesh

Aim: Aim of this study was to analysis the distribution of spontaneous intradural cerebral artery dissection in angiographically with the symptomatology of admitted patients to our hospital.

Materials & Methods: We analyzed retrospectively collected data of the stroke patients with 4-vessels angiogram in our institute from January 2013 to June 2014. Out of 164 of cerebral dissections in angiographic pattern, we found only 16 patients of intradural dissecting aneurysms that were included in this study. The male-female ratio was 37.5:62.5 and the mean age was 47.56±13.19 years. According to the angiographic finding depicting the location of the dissection plane in the arterial wall, we categorized to steno-occlusive, aneurysmal, combined (steno-occlusive and aneurysmal) pattern. In each dissection pattern, we evaluated presenting symptoms and presence of subarachnoid hemorrhage (SAH), infarction, intracerebral hemorrhage (ICH) or combined.

Results: The most common symptomatic presentation was headache (75%), followed by neck pain (50%), motor weakness of limb(s) (43.8%) and loss of consciousness (LOC) (37.5%). The most common angiographic pattern was aneurysmal patterns (68.75%) followed by steno-occlusive (18.75%) and combined (12.5%) patterns. Aneurysmal pattern was most frequently related to SAH (7/11, 63.63%) in contrast to steno-occlusive pattern was only related to infarction (3/3, 100%). The most frequent dissections were in the intradural vertebral arteries (IV) and posterior cerebral artery (PCA), presented with SAH 80% (4/5) and 33.33% (1/3) respectively. Infarction was common abnormality in patients with the intradural carotid arteries (IC) 33.33% (1/3), superior cerebellar artery (SCA) 33.33% (1/3) and basilar artery (BA) 33.33% (1/3) each whereas ICH was common abnormality in patients with the posterior inferior cerebellar artery (PICA) 50% (1/2).

Conclusion: The most common symptomatology of intradural cerebral artery dissection are headache and neck pain followed by motor weakness of limbs and LOC. SAH with aneurysmal pattern, in the posterior circulation especially in the IV is the most frequent diagnosis which requires combined analysis of angiographic pattern and clinical presentations of stroke.

Biography

Aminur Rahman has completed his MD from Sir Salimullah Medical College Mitford Hospital, University of Dhaka, Bangladesh . He is the Assistant Professor, National Institute of Neurosciences and Hospital, Sher-e Bangla Road, Dhaka, Bangladesh. He has published more than 15 papers in reputed journals and Author of neurology book.

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The causes, Pathophysiology and Sonographic evaluation of cirrhosis of Liver

M. Ayub Hussain

New York Career training center, USA

It is widely accepted that all over the world chronic liver diseases are occurring due to so many varies causes leading to Liver cirrhosis Irrespective of social economic condition. Most of the time it is diagnosed clinically by taking the complete clinical history, physical examination and blood work but with the advanced technology, Ultrasound can be a major screening tool for cirrhosis of liver and its complications. Early diagnosis and periodic follow up with ultrasound may extend the life expectancy in Liver cirrhosis. Do not wait for the biopsy report to be handed for the diagnosis because sensitivity of biopsy is not 100%- rather diagnose based on the sonographic evaluation.

Biography

Dr. M Ayub Hussain is a Bangladeshi American. He came to United States of America in 1996 with a big dream. He attended Diagnostic Medical Ultrasonography course in 2003- 2005 and got hired by the school in 2005. Since then he is actively involved in ultrasonography teaching. He was a full time teacher in Sanford Brown Institute since 2005 to 2013, from then to present in New York Medical Career Training Center, New York as a program director of Diagnostic Medical Ultrasonography. He is the one who started the program in this current school. As of now more than 500 students are graduating as sonographers by him, and they are working in New York and other states.

Dr. Hussain is a born teacher. He used to teach from his boyhood in school. He served 12 years in his country Bangladesh in a district hospital in different positions. He was awarded by a British Scholarship for higher study in Liverpool University- UK from 1992- 1993. While in USA he found the correct direction to fulfill his dream as a teacher in his profession. He is very dedicated and motivated in his profession. He loves teaching and his main dream is to produce competent sonographers in the health industry.

Dr. Hussain's lectures are available in YouTube and LinkedIn channel. He also created his website: drayublectures.com and this is all about ultrasonography.

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The clinical trial study of microwave thermal ablation robot

Hou Rui

The Si Ping Central Hospital, China

Microwave(MW) thermal ablation is a high and new technology emerging through the combination of modern physics and medicine in the 1970s. It has been widely used to cure benign and malignant tumors since the 1990s when this technology was put into use in the clinic. However, inaccurate manual placement of the ablator tool and the resulting skill requirement of the surgeon limit further application of the thermal ablative therapy. Compared with the manual procedure, the robotic-assisted surgical system is an appealing alternative technique, enabling the surgeon to perform consistent, accurate operation with improved treatment effectiveness. Moreover, the MW thermal field distribution should be modelled to indentify appropriate MW intensity and coagulation time for the treatment, ensuring that the complete coagulated necrosis volume will cover the entire tumour. Therefore, a medical robotic system capable of precise needle placement and accurate estimation of the MW thermal field distribution is desired for improved MW ablation o f tumours. This presentation brifly introduce a few robotic system in aspects include diagnostics, navigation, telesurgery, medical robotics, virtual and augmented reality.

Biography

Hou Rui has been a doctor working in the Ultrasound Department of Si Ping Central Hospital since 2001. She got Master Degree of Medical Imaging and Nuclear Medicin in Da Lian Medical University, P.R. China. She has been Visiting Physician in ultrasound diagnostics department, People's Liberation Army General Hospital, Beijing, and Chinese Academy of Medical Sciences Cancer Institute / Cancer Hospital, Beijing, and visiting scholar in Prince of Wales Hospital, Chinese University of Hong Kong, P.R. China.

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October 19-20, 2017 | New York, USA

Correlated uncertainties estimate to performance tests of activimeters

Giovane de Jesus Teixeira

Estácio de Sá University School of Radiology, Brasil

Activimeters must be submitted to performance tests to verify yours functionality according to the techniques and regulations. This study verified the correlation between two methodologies for a measurement of the independent quantities, as background radiation and accuracy in tests carried out with three activimeters, comparing the results with measurement value of a certified reference source. The methodology was based on the protocols indicated in the technical document of the International Atomic Energy Agency and within the normative limits adopted by the Brazilian legislation. As independent quantities background radiation and accuracy were correlated with a true correlation coefficient, allowing an estimation of their associated uncertainties. Through a study on the variation in methodologies, it can influence the result of the measurement, besides presenting a way of calculating a standardized combined uncertainty considering the correlation.

Biography

Giovane de Jesus Teixeira has completed his master degree at the age of 33 years from Radioprotection and Dosimetry Institute (IRD/CNEN) and now is completing his PhD at the same institute. He is coordinator of the school of radiology of Estácio de Sá University, the largest school of radiology technologists in Brazil. He is public server of the Rio de Janeiro State University and a Radiation Protection Supervisor qualified by the National Nuclear Energy Commission (CNEN). Nowadays develops research in the area of uncertainties in the National Laboratory for the Metrology of Ionizing Radiation (LNMRI/IRD/CNEN).

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Workshop

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Nick Kostovic

Kostovic Acupuncture by Bio Electron's Laser, Corp, USA

Cancer cured by bio electron's laser acupuncture: New advanced technology in medicine by bio electron's photons special circuit

I, Nick Kostovic, for the first time in recorded history, have eliminated magnetic from regular electromagnetic electricity. I also created the next six steps described below. I did this by developing a proprietary way of reversed current RC to create what is bio electricity? The device I created is called the Kostovic BioTechnological Energizer, K-BTE Medical Laser Device. First, my center has successfully developed special current circuit and canceled magnetic from electromagnetic. Second, this device extracts bio electron photons from H₂O electric fluid by wire and wirelessly. Third, while using the K-BTE device, therapist has absolute control of speed/frequency of these released and enriched bio electron photons. Fourth, bio electrons photons are converted into the strength of Micro or Nano amperes allowing the bio electricity to softly penetrate the brain or any other physical organ with zero harm to the healthy cells. Fifth, in the process of extracting bio electron photons from the electric fluid, it can include transference of hundreds of different natural acids as well as amino acids. Each biological agent BA is capable to transfer 3 to 6 different natural and amino acids, by enriched bio electron photons. Sixth, these enriched bio electrons photons are wirelessly transferred through and olive oil coating on the skin enabling the bio electricity to softly penetrate/bio electron photons always penetrate softly on the skin surface/deeply and efficiently targeting the specific ailing human tissue. This process is always skillfully directed into the body with the very gentle frequencies of Micro and Nano amperes allowing zero risk of negative consequences.

Biography

Nick Kostovic has Graduated from Split Gymnasium in 1969 with an Associate of Arts Degree in Humanities and Science. Nick Kostovic, for the first time in recorded history have eliminated magnetic from regular electromagnetic electricity. I also created the next six steps described below. I did this by developing a proprietary way of reversed current RC to create what is bio electricity. The device I created is called the Kostovic BioTechnological Energizer, K-BTE Medical Laser Device. This device has been confirmed and recognized as a medical device in September of 2014 by the FDA according to US Law Act Code 201. My entire life's work is a novel process of marrying electrotherapy, physics and Chinese Acupuncture Medicine to create a paradigm breaking instrument of health. Nobody in the world has ever achieved my results. I am US citizen. I have strong Italian ties through my father, Ivo Kostovic who has Italian and Asian origins. He was born on the island of Drvenik-Veli when it was part of region Dalmatia, Italy called Zirona.

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Video Presentation

Day 2

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Role of computed tomography in the preoperative diagnosis of clear cell renal carcinoma

Ameet Jesrani

Sindh Institute of Urology and Transplantation, Pakistan

Background: Renal cell carcinoma (RCC) accounts for 3% of all human malignant tumors. The behavior of RCC apparently depends on its subtype. CT scan can provide detailed information about the tumor itself and regarding its precise extension. The pre-histological diagnosis of clear cell renal carcinoma could be made with more precision based on CT scan features and would ultimately play a major role in the prognosis and management of the disease.

Objective: The objective of this study is to determine the diagnostic accuracy of computed tomography in the diagnosis of clear cell renal carcinoma taking histopathological findings as gold standard.

Methods: Total 100 patients of both genders had renal masses diagnosed on ultrasound with age between 28-82 years were included. Mean age was 55.2+1.8 years. All patients underwent contrast enhanced CT scan. Based on CT scan features, a pre-surgical diagnosis of histological subtype of RCC, clear cell renal carcinoma was made. The patients were followed by nephrectomy. The diagnostic accuracy of CT scan was determined.

Results: The male to female ratio was 3.2:1.0. Out of total study subjects, 85.0% patients turned out to be renal cell carcinomas and among these, 40 (47%) were right sided and 45 (53%) were left sided. Amongst these, 72 (84%) were clear cell carcinoma, 9 (11%) were papillary cell carcinoma, 4 (5%) were chromophobe cell carcinoma. No collecting duct, medullary or unclassified renal carcinoma was found. The rest of 15 (15%) renal masses which were diagnosed as Non RCC. The mean size of tumor was 12.75 cm. The sensitivity, specificity, and diagnostic accuracy of CT scan were 89.0%, 72.7%, and 86.0% respectively.

Conclusion: The CT scan was helpful in diagnosing clear cell renal carcinoma. The most valuable parameter was the degree of enhancement of clear cell renal carcinoma with other parameters playing supplemental role.

Biography

Dr. Ameet Jesrani teaches in the field of radiology. He has done his Fellowship in the field of Radiology from College of Physicians And Surgeons Pakistan. He has worked in the field of Research and has multiple article Publications. He is also the author of Book "Role of Computed Tomography In Bronchogenic Carcinoma" to help the students. He is the Citizen of Karachi, Pakistan.

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PSV of hepatic artery in various tumors of liver

Muhammad Anwar

Muhammad Anwar AlBadar Medical Centre, Pakistan

Objective: The purpose of this study was to establish the peak systolic velocity of hepatic artery of hepatic malignant lesion which are found hepatitis c and hepatitis B related complication.

Subjects & Methods: 58 patients, suffering from advanced hepatitis C and hepatitis B, who developed tumor thrombosis of portal vein and HCC were studied during 2013 to 2017, in our outdoor during their USG consultation, with convex probe. The multifrequency transducer 2.5 to 6.1 MHz was used. Hepatic artery was interrogated at head of pancreas with angle correction or in liver along with portal vein without angle correction (as at this naturally angle is corrected) in fasting state to keep the measurements uniform as food intake profoundly increases the PSV.

Results: The normal PSV in normal subjects is 25 to 40 cm/sec. It goes upto 60 cm/sec in cirrhotic, if it goes beyond that, portal vein tumor or HCC will be suspected.

Biography

He studied M Phil from University of Lahore in medical ultrasound 2011 to 2013. Since then working in Doppler USG of liver. As in our region HCV is very much prevalent we started HCC Doppler study under supervision of Dr Aamir Gilani PhD dean of USG department.

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Magnetic Resonance Imaging in late-onset Pompe disease and Post-Processing Analysis of Flexor Muscle

Ala Khasawneh

University of Pécs, Hungary

Late onset Pompe disease (LOPD) is a rare multisystem genetic muscle disorder that characterized by a deficiency of the lysosomal enzyme acid alpha-glucosidase and cytoplasmic glycogen accumulation causing damage that leads to muscle weakness. This study aim is to evaluate the muscle MRI pattern of twelve adults with late onset Pompe disease and twelve sex- and age-matched healthy controls (Age range 19-59) patients were studied for feature extraction which will be used to identify and classify functioning and non-functioning muscles. We performed and quantified muscle MRI T2 relaxation data of flexor muscles in the lower limbs, and all data analyzed using repeated measure ANOVA to compare within related groups of the independent variable time (Base, 30M, 24H). According to our results, the significantly lower T2 value in the biceps femoris (BF) muscle, Semitendinosus (ST) muscle, semimembranosus (SM) and in the ST muscle of controls was observed (base=43ms, 30min=48ms, 24h=43ms; $P < 0.05$). In patients, we detected significantly higher T2 value in the biceps femoris (BF) muscle, Semitendinosus (ST) muscle, semimembranosus (SM) muscle evolve over time (base=129ms, 30min=132ms, 24h=128ms; $P < 0.05$) as will as we observed a significant enlargement in the area size of the Semitendinosus (ST) muscle compared to the controls, but neither SM muscle nor BF muscle showed significant change in the area size. As a conclusion, it is suggested that in Pompe patients the ST muscle is the most effected muscle among the flexor muscles in the lower limb, compared to the BF and SM muscle which did not shown significant change in the area size, that means that Pompe disease can change the muscle cells structure and cause the muscle to deformation of the original shape and that leads to muscle weakness.

Biography

Dr. Ala Khasawneh is a Jordanian PhD student born in 1987. He is holding a specialist diploma in General Medicine (M.D) and was awarded a qualification of physician and the title of Doctor of Medicine by The National Pirogov Memorial Medical University, Vinnitsa - Ukraine. He worked as a doctor (GP) in Princess Basma hospital - Jordan. Currently he is a PhD fellow in diagnostic medical imaging in Pecs - Hungary. He is thinking all of the time to creates new pathways for improving healthcare. This approach is responsive to all stakeholders and has a different way of focusing and thinking and find a fast solution for hard problems. within a short time, he will post a publication about Pompe disease and give some lectures in terms of his research.

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