EuroSciCon

# DAY 1

Keynote Forum


8th Edition of International Conference on

## Clinical and Medical Case Reports

May 28-29, 2018 | London, UK

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Beverly Wang, Med Case Rep. 2018, Volume 4
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# UPDATE MOLECULAR DIAGNOSIS AND TREATMENT ON SALIVARY GLAND TUMORS – MAMMARY ANALOG SECRETORY CARCINOMA

**Beverly Wang**

UC Irvine School of Medicine, USA

**Background:** Mammary analog secretory carcinoma (MASC) was first described in 2010 as a rare salivary glands malignancy characterized by similarities to breast secretory carcinoma (BSC) in histology, immunohistochemistry and genetics. It accounts for less than 1% of salivary tumors, with a mean age of 46 years. The majority cases occur in the parotid gland, and the mean size of the tumors is 2.1 cm, with almost no gender predilection. Morphologically, it usually is a low grade malignancy, with low-grade nuclei and moderate eosinophilic granular cytoplasm.

**Differential Diagnosis:** Immunohistochemistry shows MASC to be positive for cytokeratins AE1/3, CK7, CK8, CK18, Mammaglobin, S100, Vimentin and STAT5a, but negative for Dog1, ER, PR and Her-2. GCDFP-15, p63, SMA and Calponin are also positive in some MASC tumors. The major differential diagnoses of MASC are acinic cell carcinomas, mucoepidermoid carcinomas, adenocarcinomas not otherwise specified (NOS) and cystadenocarcinomas.

**Molecular Testing:** FISH analysis *ETV6-NTRK3* fusion gene t(12;15)(p13;q25) product is a constitutively active chimeric tyrosine kinase and has the transformation capacity in the mammary epithelial and myoepithelial cells. It has been reported that the *ETV6-NTRK3* fusion is unique to MASC.

**Molecular Treatment:** The prognosis of low grade MASC is very good, although local recurrence may occur, and rarely there is distant metastasis. Recent studies of targeting receptor Kinases-2 on Entrectinib clinical trial STARTRK-2 show patients with NTRK1/2/3 gene rearrangements may potentially benefit from treatment with *Entrectinib*. *Entrectinib* (formerly RXDX-101) is a potent inhibitor of kinases encoded by the gene *NTRK3 of MASC*.

## Biography

Dr. Beverly Wang is a professor of UC School of Medicine at Irvine. She received her training at Mount Sinai Medical Center, also completied cyto-pathology fellowship. She is a general surgical pathologist, specializing in head and neck. She is vice chair of pathology and laboratory medicine and chief of anatomic pathology, overseeing anatomic pathology services. Her clinical interests include translational research, correlating head and neck diseases, and tumors. Dr. Wang has published extensively. She has been awarded a number of prestigious honors and has consistently been named one of "America's Top Doctors.".

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# TB BLOOD TESTS REVISITED

## Roland Maes

Anda Biologicals,Paris

"1 Indian dies of tuberculosis every minute" as late as August 1, 2017. Tuberculosis kills one person every 18 seconds, worldwide.

What has been done, -and not done-, to achieve this result? Who recommended the policy that generated this disaster? It shouldn't be contentious that an organization or an academic set up to give you advice should have to be told that the advice has to be good for you. An adversarial relationship with the truth about tuberculosis materialized as early as the 1950's with the inexcusable, appalling promotion by the WHO of the BCG vaccine known by the WHO to be iatrogenic and ended up in an unmitigated disaster with the Revised National Tuberculosis Control Program (RNTCP) initiated by India in 2011. The present communication focuses on tuberculosis blood tests. Counseled by Mc Gill University and WHO , the Indian Ministry of Health banned in 2012 the use, import, sale and manufacture of antibody-based blood tests for TB. Yet, the All India Institute of Medical Sciences (AIIMS) published in 2017 the results it obtained by a blood test for TB that it had developed. These results are identical to those obtained by the Anda TB test banned in 2012. This absolute identity in results proves the accuracy -and also the usefulness and value- of the banished product. The ban was a dishonor for the Indian Ministry of Health, a sin against science and medicine, and a felony for the Indian TB patients and their physicians abruptly deprived of an exceptionally useful diagnostic and prognostic tool.

**Where is the war on TB heading to?**

Knowledge of the past allows building informed opinion and affects how we respond to a contemporary issue. The book "Is tuberculosis our new challenge?" (Lambert Academic Publishing, 2016) 1 exposes how special interests rigged the TB care system for six+ decades, worldwide. The TV channel ARTE denounced on April 4th 2017 ("The WHO in the claws of lobbyists?") the corruption of the TB section of the WHO, to the detriment of patients. Yet, doom is not imperative for Tuberculosis: the dismal past and alarming present should not specify the future. There are means available that may help in the immediate turn. For example, the food supplement pau aspido (Parabolic biologicals) stimulates very efficiently in a non-specific way the immune defenses of the organism. This immunotherapy works, is without side effects, is affordable and the above-mentioned publication demonstrates how beneficial such a boost may be for TB patients. It was proposed to WHO in 2014 and snubbed. For the sake of the patients, use it without delay, right now. It will help save many lives tampered with an overdose of crippling specific drugs. We need a revolution in TB care but this will occur only in a major crisis when we will recognize that the war on TB, if pursued along the lines now followed, is lost.

## Biography

Roland Maes was born in 1935 in Belgium. After acquiring a degree in zoology at the Catholic University of Louvain (Belgium), he studied virology at the Max Planck Institute for Virus Research (Tübingen, Germany) and at the Wistar Institute of Anatomy (Philadelphia, USA). He moved thereafter shortly to Brussels (European Headquarters of Travenol) and then to Strasbourg, where he was active at the Richardson-Merrel Research institute. He resolved to create his own company in Strasbourg, working mainly on the development of diagnostic tools for tuberculosis and on alternative medicine. This occupation put him in close contact with developing countries of the Asian and African continent.R. Maes is the author of numerous scientific publications."

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# DAY 2

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# INTERVENTIONAL PULMONOLOGY PROCEDURES IN LIFE THREATENING CONDITION

## Eric Daniel Tenda

Board of Regents, World Association of Bronchoscopy and Interventional Pulmonology (WABIP)

**Life-threatening event due to central airway obstruction caused by huge blood clot formation with profuse ongoing bleeding its very challenging condition to manage. Interventional pulmonologist must be aware of this situation which can lead to respiratory failure. There are several choices to treat this unlikely situation, for example, flexible bronchoscopy with forceps, bronchial lavage, and suction. This is a case with post-surgical tracheostomy bleeding which caused a giant blood clot formation in disseminated intravascular coagulation due to severe sepsis in end-stage renal disease patient, successfully managed with cryoextraction and argon plasma coagulation. Combinations of two interventional pulmonology approach (Cryotherapy and Argon Plasma Coagulation) can give a quick, safe and cost-effective life-saving treatment.**

### Biography

Eric Daniel Tenda is an Internal Medicine Specialist, Interventional Pulmonologist and Consultant in Quality and Patient Safety,affiliated with the Royal Brompton Hospital, Imperial College London. He is the National Course Director of Indonesia bronchoscopy Training. He is also a member of the Board of Regents, World Association of Bronchoscopy and Interventional Pulmonology (WABIP)

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# A NEW METHOD TO PREDICT HOSPITAL MORTALITY IN SEVERE COMMUNITY ACQUIRED PNEUMONIA

## Xin Wang

Tianjin 4th Central Hospital, China

**Background & Aim:** The aim of this study is to develop a new method that is able to accurately predict the 28 day hospital mortality in patients with severe community acquired pneumonia (SCAP) at an early stage.

**Methods:** We selected 37,348 SCAP patients in ICU from173 hospitals during 2011.01–2013.12. The predictive factors for 28 day hospital mortality were evaluated retrospectively. All cases underwent intensive care, blood routine, blood biochemical tests and arterial blood gas analysis. Under the classification and regression tree (CART) analysis, a new clinical scoring system was developed for early prediction in SCAP patients. The receiver operating characteristic (ROC) curve was plotted to calculate the area under the receiver operating characteristic curve (AUC).

**Results:** A novel clinical model named CLCGH scoring system, including serum creatinine (Cr) ≥259.5 μmol/L, leukocyte (WBC) ≥17.35×109/L, C-reactive protein (CRP) ≥189.4 μg/mL, GCS ≤9 and serum HCO3− ≤17.65 mmol/L, was carried out and each index was an independent factor for hospital mortality in SCAP. In validation cohort, the AUC of the new scoring system was 0.889 for prediction of hospital mortality, which was similar to SOFA score 0.877, APACHE II score 0.864, and was better than the PSI score 0.761 and CURB-65 score 0.767.

**Conclusions:** The new scoring system CLCGH is an efficient, accurate and objective method to predicate the early hospital mortality among SCAP patients.

## Biography

Xin Wang has completed his PhD and MD from Tianjin Medical University. He is the Head of the Department of Internal Medicine, a premier research organization. He has published more than 5 papers in reputed journals and has been serving as an Editorial Board Member of repute journals

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