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H Pylori and cancer

Sushma Umrao

Danat Al Emarat Hospital, UAE

The History and prevalence of H.Pylori, Its risk factors and Cag A in developing Ca Stomach and to understand the concept of antibiotic resistance, eradication and difficulties in the development of the vaccine for H.Pylori. 2/3rd of the world's population is *infected* with H.Pylori where 10 - 20% H.Pylori infected patients will have the lifetime risk of developing peptic ulcers and 1 - 2% H.Pylori *infected* patients will have the lifetime risk of developing Ca stomach.

80% of the individuals *infected* with H.pylori are *asymptomatic*

- High-risk profile for gastric cancer
- active corpus gastritis (34 x risk)
- gastric atrophy and IM (5-6 x risk)
- gastric hypochlorhydria
- lack of ascorbic acid (scavenges carcinogenic N-nitrosamines and ROS)
- gastric ulcer

- Standard triple therapy is always the first choice.
 - PPI + Amoxicillin (1g) + Clarithromycin (500 mg) or
 - PPI + Amoxicillin + Metronidazole (400 mg) or
 - PPI + Clarithromycin + Metronidazole.
- For patients who failed twice on the standard triple therapy, should be prescribed a quadruple therapy such as
 - PARC (PPI, Amoxicillin, Rifabutin, and Ciprofloxacin) or
 - PBRC (PPI, Bismuth, Rifabutin, and Ciprofloxacin).
- For patients who failed PARC or PBRC or found resistance to Rifabutin or Ciprofloxacin,
 - PBTF (PPI, Bismuth, Tetracycline, and Furazolidone), or
 - PBMT (PPI, Bismuth, Tetracycline, and high dose Metronidazole).
- Vaccine development a cost-effective alternative to the eradication of H.Pylori bacteria.

“H.Pylori has many ways to evade the immune response due to antigenic diversity, and efforts to develop a vaccine have been unsuccessful”... Lenny Moise, an assistant research professor at the University of Rhode Island and scientific director of vaccine research at EpiVax, told *FierceVaccines*

- *H. pylori* secrete a unique protein ---- that blocks--- the T-cell response – of human immune defense mechanism ---- called the ‘evasion of immune response mechanism’.

Biography

Sushma Umrao has been working in the Abu Dhabi since 2013. Recently she is working as a Specialist Clinical Pathologist in Danat Al Emarat Hospital, Abu Dhabi. She has completed her MBBS and MD Pathology from Mumbai University, and worked in reputed organizations like Suburban Diagnostics, Mumbai and NM Medical, Mumbai from 2008 to 2013 and has a work experience of 9 years in her area of expertise. She has worked at New National Medical Centre, Abu Dhabi as the Lab Director and Specialist in Clinical Pathology. She was the team leader for NNMC CAP audit and successfully completed CAP accreditation for NNMC Lab on 9th March 2016. Her area of expertise is Hematology, Clinical Pathology, Biochemistry & Serology. She also helped in preparing LIS Lab reporting software for NNMC & National Hospital. She is a Certified Internal Auditor for ISO 15189:2012, Dubai Accreditation Council, Dubai, UAE, and a Certified CAP Inspection Team Member. She has presented various National and International CMEs. Her latest talks were on Quality Control in Clinical Laboratory in Medlab 2017, Quality Assurance in Clinical Laboratory in Laboratory Conference 2017, Recent Advances in the diagnosis of H.Pylori in ASCP 2017 and Proficiency testing, What are we doing right and what are we doing wrong? In Medlab 2018.

sushmaumrao@gmail.com