J Cancer Sci Ther 2016, 8:6 (Suppl)
http://dx.doi.org/10.4172/1948-5956.C1.070

10th Global Annual Oncologists Meeting

July 11-13, 2016 Cologne, Germany

Reviewing the role of aspirin in chemoprevention of colorectal cancer

Gisah Guilgen
Brazilian Group of Gastrointestinal Tumors, Brazil

A substantial number of observational and interventional studies support the role of aspirin as preventive agent in many types of cancer, especially in colorectal cancer (CRC). Both the inhibition of COX-1 and COX-2 are implicated in the mechanism of action of aspirin and are important in the role of chemoprevention in CRC. However, in the neoplastic transformation, COX-2 positive, wild type BRAF and PIK3CA-mutated tumors appear to be more sensitive to this agent. Low dose aspirin (75-325 mg), used for at least 5 years, appear to reduce the incidence of adenomas, gastrointestinal tumors and CRC mortality. Those benefits apply not only for the general population but also for people with pre-existing adenomas and CRC history.

gisahgg@yahoo.com.br

Developing a palliative care service model for Muslim Middle Eastern countries

Ahmed Al-Awamer
University of Toronto, Canada

Background: Palliative medicine is a speciality that aims to relieve the suffering of terminally ill patients and their families. Inpatient palliative care (PC) services have proven to provide greater patient satisfaction, better communication and lower total health-care costs. Despite the early introduction of PC to Muslim Middle Eastern (MME) countries, the growth of PC has been slow and access to PC is still limited. While most PC models have been developed in western countries, Middle Eastern societies have different cultural and religious values and needs that are not incorporated in Western models. We sought to explore clinical practice and the perceptions of PC professionals who have worked in both western and MME countries about the major differences between a "typical" western PC practice and a PC practice in a MME country, and the barriers and facilitators for further PC development in the Middle East.

Methods: We conducted semi–structured interviews of PC physicians and nurse manager with experience in both western and MME countries. Potential participants were identified by snowball sampling, and consenting participants were interviewed for 30-45 minutes over the telephone or in person. Interviews were transcribed and analyzed using a modified grounded-theory approach using open coding to identify important points, and axial coding to organize the points into concepts and categories. Data analysis was concurrent with data collection. The first 6 transcripts were coded independently by 2 reviewers, and the other transcripts by a single reviewer. The final categories were developed by consensus of the 2 reviewers.

Results: We achieved conceptual saturation after a total of 13 interviews; 1 nurse manager (Middle Eastern-based) and 12 physicians (6 Middle Eastern-based and 6 western-based). Participants felt that the major cultural differences between western and MME PC practices included communication style (explicit versus implicit), the role of family, strong impact of religion and societal view of PC in MME. Participants felt that non-cultural differences between western and MME include differences in laws and policies, different level of PC understanding and resources availability. The most significant barriers to PC development in MME countries included a lack of consistent resources; health system barriers; law and polices barriers; an overall manpower shortage in PC; a low cultural acceptance of PC; poor access to opioids; and a poor understanding of the PC philosophy and its potential benefits among patients, health care workers and administrators. Respondents felt that further efforts to advance PC should focus on starting new PC programs, improve access to PC medication, develop national PC health policies and guidelines, integrate PC programs across a region/nation, involve community and religious leaders in advocating for PC; educate the public, hospital administrators and healthcare professionals about role of PC; expand PC training programs for physicians and other allied health workers; allocating more financial and human resources to PC; and support PC research.

Interpretation: Using the experience of PC clinicians who have worked in both Western and MME countries, we identified a number of important differences in PC practice, as well as common barriers and facilitators for developing PC services in MME countries. This information can help both Western and Middle East-based clinicians who are developing PC services in a MME country.

ahmed.al.awamer@mail.utoronto.ca