

27th World Oncologists Annual Conference on

Medical Oncology, Radiation Oncology & Surgical Oncology

10th International Conference on **Dermatology & Cosmetology**

December 07-08, 2018 | Chicago, USA



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Pancreatitis aggression to neoplasia: Lessons from models

Pancreatic cancer, an aggressive malignancy with a poor prognosis, is mainly initiated from chronic pancreatitis. It is the 3rd leading cause of neoplastic mortality and with a five-year relative survival rate of only 8%. Indeed, 71% of patients die within the first year of diagnosis. In contrast with other malignancies, the incidence and death rates for pancreatic cancer are increasing. This is mainly due to the lack of sensitive and less invasive devices in the early stage of diagnostics as well as appropriate therapeutic modalities. Over 70% of these patients suffer from the visceral pain of great clinical importance concern. Severe spontaneous abdominal pain is the most common symptom of patients suffering from either pancreatitis or pancreatic cancer, is yet difficult to manage as to improve the patients quality of life. Chronic pancreatitis is instigated by recurrent inflammation or idiopathic can manifest with the destruction of exocrine parenchyma and pancreatic necrosis and fibrosis. Cellular destruction leads to activation of pancreatic sensory neurons promoting the release of neurotransmitters in the spinal cord and neurogenic signal then transmitted back to the pancreas to provoke edema and neutrophil infiltration. Pancreatitis can progress to fatal disease as lead to diabetes mellitus and pancreatic cancer. Chronic pancreatitis results in the prominent and progressive destruction of the pancreatic structure, and disabling pain and irreversible loss of pancreatic function. The incidence rate in the western world is reported 4.0-13.4 cases per 100,000 humans. African-Americans have the highest incidence rate of pancreatic neoplasia. In this presentation, pancreatitis and pancreatic malignancy will be discussed with an emphasis on lessons from models.

Biography

Helieh S Oz has DVM and MS (UIL); PhD (UMN) and clinical translational research certificate (UKY Med Center). She is an active member of American Association of Gastroenterology (AGA) and AGA Fellow (AGAF). She is an immuno-microbiologist with expertise in inflammatory and infectious diseases, innate and mucosal immunity, drug discoveries, pathogenesis, and micronutrient. She has over 90 publications in the areas of chronic inflammatory disorders (pancreatitis, hepatitis, colitis, periodontitis) and micronutrients. She serves as the Lead Editor for specials issues and book Chapters, and member of different advisory board committees, including Center of Excellence for Medical Research and Innovative Products, Walailak University Thailand.

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