



BARCELONA
2024

ESMO

congress

BEST OF ESMO IRAQ

Basra - Iraq | 28-29 NOV 2024

5th Combined with the
International Conference of the Iraqi Society of
CLINICAL ONCOLOGY

An ESMO-Licensed Event:



Event Organized By



Welcome Message:

In alignment with the European Society Of Medical Oncology (**ESMO**), the Iraqi Society of Clinical Oncology (ISCO) will have the honor to hold the **1st (Best of ESMO/ IRAQ)** in conjunction with the 5th International Scientific Conference of Iraqi Society of Clinical Oncology (**5th ISCO Conference**) in November 28-29th 2024, at Basrah, Iraq. The conference will feature the most impactful abstracts that presented in the last **ESMO** Conference, which was held in Barcelona, Spain, from September 13 to 17, 2024.

It will include Interactive sessions and industrial symposiums. Attendees will have the opportunity to view the selected presentations representing the latest updates in the science of medical oncology and engage with the leading Oncology Experts across Iraq.

It will provide pharmaceutical companies with a unique opportunity to showcase the latest scientific advancements and developments in their products through the Scientific symposiums and commercial exhibitions.

Additionally, it will serve as an Excellent platform for forging new partnerships and collaborations.

We are honored to have the opportunity to organize this prestigious international meeting in our country. We invite all our partners in the oncology field to join us in contributing to the success of this significant event.



**Prof. Dr. Khudhair
Jassim Alrawaq**

President of the conference



**Dr. Ahmed Zuhair
Alsammarraie**

Head of organizing committee



**Prof. Dr. Khudhair
Jassim Alrawaq**

President of the conference

**Dr. Ahmed Zuhair
Alsammarraie**

Head of organizing committee



Dr. Yalaa Saady Raof

Head of the scientific committee

**Dr. Mahmood Shakeeb
Abdulrahman**

Head of the financial committee



**Dr. Shaymaa Mohammed
Radhi Alsaymaree**

Head of the social committee

Organizing Committee:



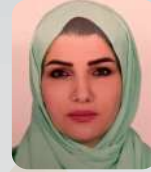
Dr. Ahmed Zuhair Alsammarraie
Head of organizing committee



Dr. Moez Mobarek



Dr. Omar Tama Al-Kelie



Dr. Noor Fahad Mohammed



Dr. Aymen Adnan Rafea



Dr. Aliaa Hussein Ali



Dr. Sara Jamil Nidhamalddin



Dr. Bassam Abdul Rasool Hassan



Dr. Azzam Ahmed Alsaedi



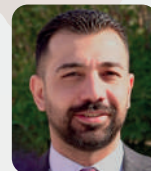
Dr. Yusra Jabbar Hasan



Dr. Mays Talib Abdallah



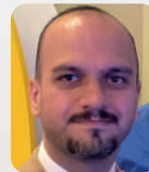
Dr. Ali Amer Sedeeq



Dr. Ahmed Qassim Hadi



Dr. Yesor Jamal Albadri



Dr. Karam Basil Najem

Scientific Committee:



Dr. Yaala Saady Raof
Head of Scientific Committee



Dr. Anmar Alharganee



Dr. Awf Abdulrahman Sulaiman



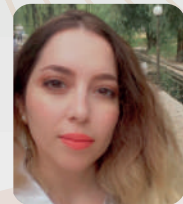
Dr. Loma Al-Mansouri



Dr. Luay Essam Naser Alsaor



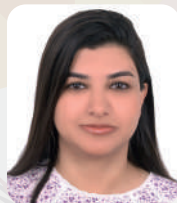
Dr. Noaman Abdulrazzaq



Dr. Samar Muslim Almehti



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Dr. Sura Ahmed Hussein



Dr. Zeineb Adnan Mahmood

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Head of Financial Committee



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Dr. Haider Al-Alawi



Dr. Hayder Fadhil Mahmood



Dr. Rawaz Salah Daood



Dr. Rozhan Omer Hassan



Dr. Shaiban Abdulsalam Almkhtar



Dr. Zahraa Abdulameer Abdulhussein



Dr. Shaima Nomi



Dr. Sabbar Shukri Al-Bayaty

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Dr. Ahmed Saadoun
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Dr. Maher Jabbar
Dr. Jakdar Talwy
Dr. Ahmed Alibrahimi
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Dr. Rafid Adel Abood

Dr. Saad Mohammed Hasan

Dr. Talib Hussein Kamoona

Dr. Alaa Sadiq Alawad

Dr. Karrar Almusawi

Dr. Mohammed Neama

Dr. Manwar Alnaqqash

Dr. Mahdi Abdullah Alsarraj

Dr. Hazha Abdullah

OUR SPEAKERS





Dr. Akram Al-Ibraheem

- ◆ Dr Akram is the Chairman of the Nuclear Medicine and PET/CT Department at Jordan's King Hussein Cancer Center (KHCC). Al-Ibraheem currently serves as President of the Jordanian Society of Nuclear Medicine, President-Elect of the Asia Oceania Federation of Nuclear Medicine and Biology (AOFNMB), and Founding President of the Arab Society of Nuclear Medicine (ARSNM) from 2014 to 2019.
- ◆ He serves on the executive board of the World Federation of Nuclear Medicine and Biology. He has been an expert for the International Atomic Energy Agency IAEA since 2012. He founded the nuclear medicine residency program at KHCC.
- ◆ Dr. Akram introduced cutting-edge nuclear medicine and theranostic services to the KHCC and Jordan. Prof. Al-Ibraheem has written and published over 140 articles in international peer-reviewed journals on the applications of PET/CT, radionuclide therapy, cancer diagnosis, and theranostics.
- ◆ He is an associate editor of Nuclear Medicine and Molecular Journal (NMMI) and the Asia Oceania Journal of Nuclear Medicine and Biology (AOJNMB) and has been invited to speak at numerous international conferences.



Dr. Umut Elböga

- ◆ Dr Umut is a Nuclear Medicine Specialist and Associate Professor at The University of Gaziantep / Faculty of Medicine - Nuclear Medicine Department.
- ◆ He graduated from Gaziantep University- Faculty of Medicine, Gaziantep, Turkey in 2004. Then he completed the Fellowship of Nuclear Medicine Training at The Georgetown University, School of Medicine, Washington Hospital Center, Washington DC, USA in 2010
- ◆ He has accomplished 1 year training at Gulhane Military Academy, Haydarpasa Training and Research Hospital, Department of Nuclear Medicine, Istanbul.
- ◆ Dr Umut has more than 30 published research and articles and recognizable contribution to (3) Book Chapters
- ◆ He is an active member of EANM, TNMS, TTS, and TLCS.



Dr. Mamduh Gaber

- ◆ Dr Mamduh is a Medical Oncology Specialist
- ◆ He obtained The bachelor's degree from the college of Medicine / University of Benghazi in 1996
- ◆ He holds MD degree from The University of Bern, Switzerland, in 2007
Since 2008, he has worked in the Benghazi Oncology Department and the Benghazi Medical Center and he is the Head of the Oncology and Hematology Department at the Institute.
- ◆ He worked at Misurata Cancer Institute and has many published research papers
- ◆ Dr Mamduh participated in many activities and conferences inside and outside Libya
- ◆ He is the former Head of the Cancer Registry dept. from 2017 to 2020
- ◆ He is the founder of the midland Cancer Registry Region.



Dr. Khalid AlBaimani

- ◆ Dr Khalid is a Senior Consultant Medical Oncologist
- ◆ He is The Head of Medical Oncology Department In-Charge of Sultan Qaboos Comprehensive Cancer Care and Research Center in Oman
- ◆ Dr Khalid is a dual board-certified Medical Oncologist with ABIM and FRCPC (Canada) in Medicine and Medical Oncology. He graduated from Sultan Qaboos University, then he completed residency in internal medicine at McGill University.
- ◆ He completed Medical Oncology fellowship at the university of Ottawa in Canada.
- ◆ He currently holds multiple administrative roles, being in charge of Sultan Qaboos Comprehensive Cancer Care and Research Center (SQCCCRC), Head of Department of Medical Oncology and quality and accreditation.
- ◆ His areas of interest are the Breast Oncology and quality of care. He is interested in providing quality care and continuous quality improvement projects.



Dr. Layth Mula-Hussain

- ◆ Dr Laith is a Consultant Radiation Oncologist
He graduated from the University of Mosul - Iraq in 1999. He traveled to Jordan in early 2006 to do a residency in radiation oncology at the King Hussein Cancer Center, then to Germany to do M.Sc. in advanced oncology at Ulm University. He completed four years of clinical fellowships in Canada
- ◆ During his 20+ years in oncology, Dr. Mula-Hussain served as a consultant physician in radiation oncology at the KHCC, Zhianawa Cancer Center in Iraq, and Sultan Qaboos Comprehensive Cancer Centre in Oman. Now, he is an attending physician at the Cape Breton Cancer Centre, an assistant professor at Dalhousie University in Nova Scotia, Canada, and a visiting professor at Ninevah University in Iraq.
- ◆ Dr Laythis an ESTRO Fellow & IAHPC member, ESCO Graduate, Certified Clinical Investigator, Fellow and the “Regional Adviser for Eastern Canada” of the Royal College of Physicians of Edinburgh, and an ESO Ambassador by the European School of Oncology.
- ◆ Dr. Mula-Hussain was the founding director of Iraq's first radiation oncology certification board program (2017 – 2013). He was a member of the ASCO International Affairs Steering Committee (2019 – 2016), and a reviewer in the IAEA curriculum for radiation oncology education and training (2024). He authored / co-authored 80+ manuscripts/ books/ books' chapters, did 100+ scientific presentations.



Dr. Mazin Judy Ibrahim Albaldawy

- ◆ Dr Mazin is a Medical Oncology Specialist working at Burjeel Medical City /Burjeel cancer institute / AIDhanna hospital in Abu Dhabi.
He is Committee member of The Iraqi Board of Medical Oncology and Assistant Professor in The College of Medicine / University of Baghdad
- ◆ Dr Mazin graduated from University of Baghdad / College of Medicine in 1997, then in 2003 he completed his MSc. degree histopathology followed by PhD pathology in 2009
He earned the Board degree of Medical Oncology from The Iraqi Board for Medical Specialization in 2018,
- ◆ He passed The ESMO exam and earned the certificate in 2018
Dr Mazin has achieved the training and certificate of Palliative Care from KHCC/Jordan in 2005
- ◆ He is a teacher and supervisor of *Iraqi board of medical oncology * Iraqi board of internal medicine *Arab board surgical oncology *Iraqi board surgical oncology
- ◆ In addition, he is a reviewer of national and international oncology and internal medicine journals and he has more than 20 published articles and case reports.
- ◆ Dr Mazin is an active member of ESMO, ASCO and ISCO.



Dr. Alaa Sadeq Al-Awaad

- ◆ Dr Alaa is Professor of Medicine at The College of Medicine- Babylon University.
- ◆ He is a Consultant Physician of Hemato-Oncology at Merjan Teaching Hospital, Babil
- ◆ He was graduated from Baghdad College of Medicine in 1985, Then he obtained The Certificate of Arab Board of Medicine in 1998
- ◆ He is an active member of ASCO, ESMO, EHA



Dr. Ahmed Zuhair Alsammararraie

- ◆ Dr Ahmed is a Medical oncology specialist and Scientific Assistant Manager working at The Oncology Teaching Hospital / Baghdad Medical City since 2018.
 - ◆ He is a Trainer in The Iraqi Board of Medical Oncology and The Supervisor in The Arab Board Fellowship of Geriatric Medicine and Co supervisor on several PhD & MSc. candidates
 - ◆ He has more than 25 published researches and articles.
 - ◆ Dr Ahmed is elected in 2022 as Secretary General of ISCO.
 - ◆ He is Graduated from Al- Nahrain University College of Medicine in 2005 , and accomplished the residency programs in Teaching Hospitals of Baghdad & Tikrit,
 - ◆ He is one of among the 1st group accepted into the Iraqi Board of Medical Oncology when it was established in 2012. He completed his medical training and graduated in 2017, earning the Fellowship of the Iraqi Board for Medical Specialties.
- His main research interests include: Breast, Thoracic and Genitourinary malignancies.



Dr. Basak Barzngy

- ◆ Dr Basak is a Consultant Medical Oncologist working at Rizgary Oncology Center in Erbil.
- ◆ He is The President of Kurdistan Doctors Syndicate.
- ◆ He holds the MRCP (Glasgow) and the MD of Medical Oncology from University of Paris /Descartes, France.
- ◆ Dr Basak obtained the Subspecialty Diploma of Gastrointestinal Tract Oncology (DIU Onco DIG), University of Paris Descartes
- ◆ He holds the Certificate of Completion the Specialty Training in Medical Oncology AFS/University of Paris Descartes and Higher Diploma Clinical Oncology, University of Paris VI
- ◆ He graduated from Hawler Medical University, Erbil.



Dr. Hazha Abdulla

- ◆ Dr Hazha is a Consultant Medical Oncologist
- ◆ She is Assistant Professor of Medical Oncology at The Medical School- University of Sulaimanyia. Currently, she is center director of Kurdistan board of Medical Oncology at KbMS and She is supervisor of PhD and MSc student of Medical Oncology.
- ◆ Dr Hazha obtained the PhD, MSc & HD in Medical Oncology from Medical School/University of Sulaimaniya and Ministry of health /Kurdistan.



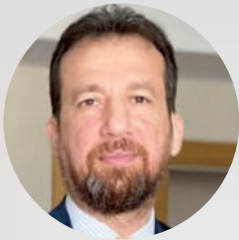
Dr. Hayder S. Qasim

- ◆ Dr Hayder is a Professor of Medicine at Missan University/ College of Medicine
- ◆ He is holding the position of Assistant Dean for scientific affairs
- ◆ He obtained the Board certificate in 2003, then he earned The Diploma of Medical Oncology in 2013 at Medical City Complex, Baghdad
- ◆ Dr Hayder is The Chief Director of the Arab and The Iraqi Board of Medicine in Al-Sadar Teaching Hospital in Missan Governorate
- ◆ Currently, He is holding the position of director of Al-Shafa Oncology center in Missan governorate since 2013 till now.
- ◆ Dr Hayder has more than 30 published articles.
- ◆ He is an active member of ASCO, ESMO and ISCO.



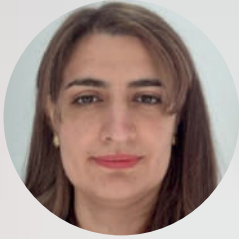
Dr. Rafid Adil Abood

- ◆ Dr Rafid is an Assistant Professor of Internal Medicine at Basra Medical School.
- ◆ He graduated from Basra University/ College of Medicine in 2002
- ◆ He obtained the board of Internal Medicine in 2008, then he earned the Diploma of Medical Oncology in 2011.
- ◆ He passed The ESMO and MRCP Exams and earned the certificate in 2011.
- ◆ Dr Rafid is the Head of Basra Oncology center since 2013 and Director of Al-Sadar Teaching Hospital in Basra since 2023
- ◆ He is an active member of ASCO, ESMO and representative of Iraq at The MENA region for rare GI malignancies.
- ◆ Dr Rafid has many scientific research and publications in the field of oncology.



Dr. Luqman Rahmanshal Nanakali

- ◆ Dr. Luqman is a Consultant Medical Oncologist. He has graduated from the Medical College in 1999 and ranked number one among his fellow top ten graduates. After completing his internship, he has successfully completed master degree with distinction in clinical oncology in Nottingham University in the United Kingdom followed by two years of specialized training in Medical oncology in City hospital in UK.
- ◆ Dr. Luqman has established a medical oncology unit in Nanakaly Hospital in Erbil city and was appointed as the Head of the Unit till January 2009 when he pursued his MD PhD program in the field of Cancer in Cancer Centrum in Karolinska Institute in Stockholm/ Sweden and successfully finished his doctoral degree in 2013.
- ◆ He is Currently working in Nanakaly hospital for blood diseases and oncology as a consultant Oncologist and as a senior lecturer in College of Medicine, Hawler Medical University.
- ◆ Dr. Luqman has many published research articles in recognizable international journals in the field of oncology.



Dr. Saba Mehdi Jasim

- ◆ Dr Saba is a Medical oncologist working at The Oncology Teaching Hospital/ Medical City Complex, Baghdad.
- ◆ Dr Saba is the fellow of The Iraqi Board for Medical Specialties (2017).
- ◆ She Graduated from Baghdad University / College of Medicine in 2009.
- ◆ She passed the ESMO Exam in 2019 and she holds the certificate of achievement in precision oncology and Immuno-oncology courses granted by Harvard University. She has Supervision of 3 Conditional Approval Studies in Oncology.
- ◆ Currently, she holds the Head of Medical oncology dept. at NCC and external lecturer at Al-Nahrain Medical School.



Dr. Zainab Faisal Mohammed Hasan

- ◆ Dr Zainab is a Medical oncologist working at The Oncology Teaching Hospital/ Medical City Complex, Baghdad.
- ◆ She is a Consultant Medical Oncologist at Al-Warith International Cancer Institute, Karbala.
- ◆ Dr Zainab is the fellow of The Iraqi Board for Medical Specialties (2017).
- ◆ She Graduated from AL- Mustansiriya University / College of Medicine in 2008.
- ◆ She passed the ESMO Exam in 2019 and she holds the certificate of achievement in Pro Genomics, Precision Oncology and Immuno-oncology courses granted by Harvard University in 2022.
- ◆ She is a member of the Editorial Committee of Cancer Registry / Cancer Board - MoH and a member of Editorial Committee of the Iraqi Cancer Management Protocols.
- ◆ She is the former Head of Cancer registry unit in The National Cancer Center, and the former Head of public health unit in The Oncology Teaching Hospital, Baghdad.



Dr. Marwa Jabbar Hussein

- ◆ Dr Marwa is a Medical Oncology Specialist
- ◆ She is graduated from Al-Mosul college of medicine/ class of 2009 and she obtained the Board degree in Medical Oncology in 2019
- ◆ She is currently working as Medical Oncology Specialist since 2020 till now at Rizgary oncology center - Erbil
- ◆ Dr Marwa is a Trainer for board students of medical oncology in Kurdistan board for Medical Specialties.
- ◆ She is a member in Iraqi Society of Clinical Oncology (ISCO) and she participated in many scientific conferences in medical oncology as a speaker and moderator
- ◆ Areas of interest: Breast, Thoracic, GIT Malignancies



Dr. Ramadhan T. Othman

- ◆ Dr Ramadhan is a Medical Oncologist and Assistant Professor at the College of Medicine – University of Duhok
- ◆ He is working at Azadi Hematology-Oncology center in Erbil.
- ◆ He is graduated from college of medicine/ University of Duhok in 2003. Then He earned Master degree in Clinical Oncology from The University of Nottingham/UK in December 2007 and a PhD degree from same university in 2014.
- ◆ Dr. Ramadhan had clinical training in many specialized cancer centers such as Universität sklinikum Hamburg-Eppendorf Hamburg/Germany, Osakidetza Cruces Hospital in Bilbao/Spain and AGIBADEM Hospital Adana/Turkey. He is a member of ESMO, ASCO and ISCO
- ◆ Dr Ramadhan has many peer-reviewed articles and he is Editor in many local and international medical journals.
- ◆ His area of interest: Precision Oncology, Molecular biology research.



Dr. Rozhan Omer Hassan

- ◆ Dr Rozhan is a Medical Oncology Specialist
 - ◆ She is graduated from The College of Medicine in 2008, then She completed the high diploma in Hemato-Oncology since 2016.
 - ◆ She is working in Hiwa Hospital since 2011.
 - ◆ Dr Rozhan is a member of ASCO, ESMO and ISCO.
- Areas of interest: Breast, Thoracic, GIT Malignancies



Dr. Ammar Rasoul Mohammad

- ◆ Dr Ammar is a Clinical Oncologist working at The Middle Euphrates Cancer Center in Al-Najaf
- ◆ He is an Associate Professor at The Faculty of Medicine, Al-Kufa University.
- ◆ He achieved a Diploma in Clinical Oncology (DMRT) from The College of Medicine, Baghdad University in 2013.
- ◆ Dr Ammar is an active member of key professional oncology organizations.
- ◆ He is a committee member of the Iraqi and Arab Board of Radiation Oncology



Dr. Shaymaa Mohammed Radhi

- ◆ Dr Shaymaa is Clinical Oncology Specialist working at Al-Basrah Radiotherapy Center.
- ◆ She is graduated from The University of Basrah / College of Medicine in 2001, then she obtained the Diploma Degree in Clinical Oncology DMRT in 2017.
- ◆ Dr Shaymaa holds the position of assistant manager of Al-Basrah Radiotherapy Center
- ◆ She is a Member of the Advisory Committee for Radiation Therapy in Al-Basrah Health Directorate and
- ◆ She is the Head of the Social Committee in ISCO.



Dr. Ahmed Qassim Hadi

- ◆ Dr Ahmed Qassim Hadi is a Medical Oncology Specialist working in Al-Basra Oncology & Hematology Center
- ◆ He is a lecturer at Al-Zahraa Medical College/ Basra university.
- ◆ Dr Ahmed graduated from the Medical School in 2009, then he obtained his fellowship in Medical Oncology from the Iraqi Board for Medical Specialties in 2019.
- ◆ He holds the MRCP UK certificate in 2019 and the ESMO exam certificate in 2018.



Dr. Ayad Rateb Jabbar AL Asadi

- ◆ Dr Ayad is Medical Oncology Specialist working at Al-Amal National Hospital of Oncology
- ◆ He graduated from The University of Al-Qadisiyah / College of Medicine in 2008
- ◆ Dr Ayad is a member of scientific committee in Al-Amal National Hospital, Consultant committee in Iraqi MOH and Consultant committee in The Iraqi Doctors Syndicate.
- ◆ He is A Reviewer in Al-Kindy College Medical Journal.
- ◆ Dr Ayad is an active member of ASCO ESMO and ISCO.
- ◆ Areas of interest: Breast and GIT Oncology.



Dr. Karam Basil Najem

- ◆ Dr Karam is a Board Certified Medical Oncologist working at Al-Basra Oncology center
- ◆ He graduated from Al-Basra University/ College of Medicine in 2012
- ◆ He obtained his Fellowship of Medical Oncology Board in 2020 from the Iraqi Board for Medical Specialties.
- ◆ He is currently holding The Head of outpatient clinic / Basra Oncology center
Areas of interest: Breast and GI oncology



Dr. Mahmoud Shakeeb Alnaqeeb

- ◆ Dr Mahmoud is Clinical Oncologist with a background in radiation oncology and a passion for advancing cancer care.
- ◆ He graduated from the College of Medicine, Baghdad University in 2008, then He achieved a Diploma in Clinical Oncology (DMRT) from The College of Medicine, Baghdad University in 2014.
- ◆ He is currently working at the Oncology Teaching Hospital/ Medical City Complex, Baghdad.
- ◆ Dr Mahmoud has been involved in training programs of pediatric radiation therapy and he actively contributed to the development of other radiation oncology programs
- ◆ He Served as the first manager of the National Cancer Center in Baghdad.
- ◆ He is an active member of ASTRO, ESTRO, ASCO and ISCO.



Dr. Nabeel Mudher Al Hadithy

- ◆ Dr Nabeel is a Medical Oncologist, currently affiliated with the National Cancer Center (NCC) in Egypt .He graduated from Al-Anbar University college of Medicine in 2001 and has since dedicated his career to advancing cancer treatment and research.
- ◆ In 2015, He earned his board certification in Medical Oncology from the national cancer center in Egypt.
- ◆ Dr. Al Hadithy has supervised several PhD and MSc candidates and has co-authored four published articles, reflecting his dedication to both clinical practice and academic research.
- ◆ Areas of interest: Thoracic, Breast, and Hematological malignancies



Dr. Aymen Adnan Rafea

- ◆ Dr Aymen is a Medical Oncologist working at Al- Anbar Cancer Center
- ◆ He Graduated from Al-Anbar University College of Medicine in 2005 and obtained the Board Certification in Medical Oncology from the Egyptian Board of Medical Oncology at National Cancer Institute, Cairo University in 2015.
- ◆ Dr Aymen is the Head of Medical Oncology Department at Anbar Cancer Center from 2017 till now.
- ◆ He is hold the position of ESMO Exam Supervisor of Baghdad ad session from 2018 till now.



Dr. Haider Muhsin AL-Alawi

- ◆ Dr Haider is The Head of Nuclear Medicine and Molecular Imaging Department at Amir Al-Momineen Specialty Hospital in Al-Najaf
He graduated from College of Medicine/ University of Kufa in 2010
- ◆ He obtained The Jordanian Board of Nuclear Medicine / Royal Medical Services/KHMC - Jordan in 2017
- ◆ Dr Haider is a Fellow of the European Board of Nuclear Medicine /2024
- ◆ He holds The PET CT Fellowship/ Zurich University Hospital - Switzerland and Nuclear Oncology and PET CT Fellowship/ King Hussein Cancer Center - Jordan
- ◆ Area of interest: Nuclear Oncology and Theranostics.



Dr. Sherin Ali Hussein

- ◆ Dr Shein is a Medical Oncologist and a fellow of Iraq Board for Medical Specialities in 2020
- ◆ She graduated from Al-Mustansria college of medicine in 2006
- ◆ She is a member of the consultancy committee / Iraqi MOH and a member of the Editorial committee of Iraqi Cancer Protocols
- ◆ She is a member Reviewer of cancer Registry of Iraqi Annual Report
- ◆ Dr Sherin is an active Member of ISCO, ASCO, and ESMO
- ◆ She Passed the ESMO exam in 2021.
- ◆ She holds certificate achievement in pro-genomic and precision immunology by Harvard Medical School.
- ◆ Currently, She is the Director of AL-Yarmouk Oncology Center, Baghdad.



Dr. Osamah Hayder Ali

- ◆ Dr Osamah is a Medical Oncologist working at Al-Imam Al-Hassan Almojtaba Hospital in Karbala
- ◆ He Graduated from Babylon University College of Medicine in 2013
- ◆ He obtained The Fellowship of Iraqi Board (FIBMS) in Medical Oncology in 2021
- ◆ He holds the MRCP UK (SCE) Medical Oncology in 2022, and ESMO Exam Certificate in 2019
- ◆ Areas of interest: Breast cancer, GIT cancer, Thoracic Malignancies.



Dr. Omar Tama Al-Akelie

- ◆ Dr Omar is a Medical Oncologist working at Al-Amal National Hospital in Baghdad
- ◆ He is graduated from the University of Almustansiriyah / Collage of Medicine in 2011
Dr Omar holds The Postgraduate Board degree of Medical Oncology (Iraqi Medical Specialities)
- ◆ He is Medical Oncology Specialist for Cancer Warriors and the former Head of Cancer Registry
- ◆ Areas of interest: Precision Oncology, Palliative Care & Nutritional effect on Cancer



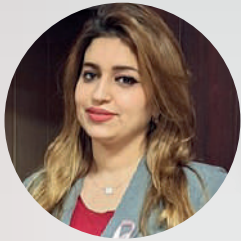
Dr. Yesor Jamal

- ◆ Dr Yesor is a Medical Oncologist who graduated from Tikrit University College of Medicine in 2014.
- ◆ She completed the Fellowship of Medical Oncology in 2021
- ◆ She is currently working at the Oncology Teaching Hospital, Medical City Complex, Baghdad.



Dr. Moez Mobarek

- ◆ Dr Moez is a Board-Certified Medical Oncologist. Working in Al-Jawad Oncology Center in Baghdad.
- ◆ He is the Head of the Medical Oncology Department in Al-Andalus Hospital.
- ◆ Dr. Moez obtained his fellowship in Medical Oncology from the Iraqi Board for Medical Specialties in 2022, Then he achieved the (Research) Palliative Care Fellowship granted from the ESMO and finished his training in FJD Hospital / Onco-Health Institute in Madrid, Spain.
- ◆ He graduated from the Babylon University/college of Medicine in 2010. He passed the ESMO exam and was granted the CERTIFICATE in 2022.
- ◆ He has published scientific articles
- ◆ His areas of Interest: Palliative care, GIT and Thoracic Oncology



Dr. Taghreed Abduljabbar Abdulrazaq

- ◆ Dr Taghreed is a Medical Oncology Specialist working at Al-Jawad Oncology Center in Baghdad
- ◆ She graduated from The University of Al-Mustansyriah, College of Medicine in 2013
- ◆ She obtained The fellowship in Medical Oncology from the Iraqi Board for Medical Specialties in 2022
- ◆ Dr Taghreed is an active member of ASCO, ESMO and ISCO
- ◆ Areas of interest: Breast and Urology Malignancies

AWARD LECTURES WINNERS





Dr. Jehan Mohammed Al-Musawi

- ◆ Dr Jehan is Board Certified Medical Oncologist
- ◆ She obtained The Fellowship of Medical Oncology from The Iraqi Board for Medical Specialties in 2021.
She a faculty member at Al-Kufa University / College of Medicine - Department of Hemato-Oncology.
- ◆ Dr Jehan is an active member of CME at The Middle Euphrates Cancer Center in Al-Najaf.
- ◆ Areas of interest: Gyne and GU Oncology.



Dr. Mustafa Ahmed Al-Azam

- ◆ Dr Mustafa is a Board Certified Nuclear Medicine Specialist working at The Middle Euphrates Cancer Center in Al-Najaf.
- ◆ He obtained his Fellowship of Nuclear Medicine from Tehran University of Medical Sciences in 2023.
- ◆ Dr Mustafa is one of the distinguished Nuclear Medicine Specialist at Amal-Hayat Private Hospital in Al-Najaf.
- ◆ Area of interest: Nuclear Oncology and Theranostics.



Dr. Arij Maan Al-Shibany

- ◆ Dr Arij is a Board Certified Medical Oncology Specialist.
- ◆ She is graduated from Al-Qadisiyah College of Medicine in 2007.
- ◆ She obtained the Fellowship of the Iraq Board for Medical Specialties in 2024.
- ◆ Dr Arij is currently working at The Middle Euphrates Cancer Center in Al-Najaf since 2014.



Dr. Mohamed Farhan Obaid

- ◆ Dr Mohammed is a Board Certified Medical Oncologist working at Al- Kut Oncology Center - Wasit
- ◆ He is Graduated from Al-Mustansyriah University / College of Medicine in 2013.
He earned The Fellowship of Medical Oncology from The Iraqi Board for Medical Specializations in 2024.
- ◆ His area of interest: Clinical Research, Thoracic, GIT, and Genitourinary Oncology and Palliative Care.



Dr.Andalus Adil Mahmood

- ◆ Dr Andalus is a Family Medicine/Clinical nutrition Specialist.
- ◆ She is working as Family Medicine/Clinical nutritionist at the Belat Alshuhadaa Primary Health Care Center.
- ◆ She is graduated from Al-Mustansiriyah University/ Collage of Medicine in 2011.
Then she obtained a higher diploma (MSc) in Family Medicine and MSc in Clinical Nutrition (Baghdad university).
- ◆ Dr Andalus was the Former Head of Breast Cancer Screening Program.
Areas of interest: Nutritional effect on Cancer and chronic diseases

TIMELINE




5th International Scientific Conference Of ISCO
 1st Best of ESMO Iraq 2024 Conference
 Basra - Iraq , 29-28 Nov 2024

DAY 1

Best of ESMO Iraq - S1: Breast and gynecological cancers

MODERATORS : Talib Hussein Kamoona - Mahdi Abdullah Alsarraj - Ahlam Hadi Jangi Shawkat Salai - Saad Mohammed Hasan

Time	TOPIC	SPEAKER	Invited Discussant
09:10 - 09:20 am	[LBA18] DESTINY-Breast12: Trastuzumab deruxtecan (T-DXd) in patients (pts) with HER2+ advanced/metastatic breast cancer (mBC) with or without brain metastases (BM): DESTINYBreast-12 primary results	Alaa Sadiq	Elaf Ali Hussein
09:20 - 09:30 am	[LBA16-15] I-SPY 2.2: Datopotamab Deruxtecan + Durvalumab in the Neoadjuvant Setting	Khalid Al Baimani 	Azzam Ahmed Alsaedi
09:30 - 09:40 am	[LBA20] First-line carboplatin-cyclophosphamide (CC) versus paclitaxel (P) with or without atezolizumab (atezo) for metastatic triple negative breast cancer (mTNBC): Results from a multicenter, randomized phase IIb trial: the Triple-B study (BOOG 01-2013)	Ayad Rateb	Bahaa Aldeen Adnan
09:40 - 10:00 am	AstraZeneca Symposium: Pushing the treatment paradigm in Her2 Positive MBC	Basak Barzngy	
10:00 - 10:10 am	NHF Symposium: Advancing Breast cancer care: the role of trastuzumab Biosimilars	Mahmoud Shakeeb Alnaqeeb	
10:10 - 10:25 am	Panel discussion		


Best of ESMO Iraq - S1: Breast and gynecological cancers - Second Part

**MODERATORS : Musaab Kadhim - Yusra Jabbar Hasan - Salam Salah Jumaa
Abbas Aljanabi**

Time	TOPIC	SPEAKER	Invited Discussant
10:25 - 10:35 am	Fertility preservation and beyond in female patients with cancer	Yesor Jamal Albadri	Zeina Salah
10:35 - 10:45 am	[LBA28] ENGOT-en11/GOG-3053/KEYNOTE-B21: Pembrolizumab + Adjuvant Chemotherapy ± Radiotherapy in Newly Diagnosed, High-Risk Endometrial Cancer	Ammar Rasoul	Sabbar Shukri Albayati
10:45 - 10:55 am	NHF Symposium: Expanding access to anti-angiogenic therapy: Bevacizumab Biosimilars in cancer care	Hayder Saadoun Qasim	
10:55 - 11:15 am	IPI symposium: Harnessing Real-World Data: The Impact of Palbociclib in Hormone Receptor-Positive HER2 – Negative Advanced Breast Cancer Patients	Ahmed Qasim Hadi	
11:15 - 11:30 am	Panel discussion		
11:30 - 12:00 pm	Break, booth visiting and posterdisplay session		

Best of ESMO Iraq - S2: Lung, head and neck cancers

**MODERATORS : Hayder Jabir Alshibli - Maher Jabbar - Jakdar Talwy
Ahmed Alibrahimi - Alya Al Zobair**

Time	TOPIC	SPEAKER	Invited Discussant
12:00 - 12:10 pm	[LBA55] Mechanisms of Acquired Resistance to First-line Amivantamab Plus Lazertinib Versus Osimertinib in Patients With EGFR-mutant Advanced Non-Small Cell Lung Cancer: An Early Analysis from the Phase 3 MARIPOSA Study	Nabeel Mudher	Ahmed Teen
12:10 - 12:20 pm	PIT-3: A Multicenter Phase II Trial of Erlotinib Induction Followed by Surgery in Stage IIIA (N2) EGFR mutated Non-Small Cell Lung Cancer	Marwa Jabbar	Elaf Thiab Alazzawi
12:20 - 12:40 pm	Escalating and De-Escalating Strategies with Immunotherapies in NSCLC	Mazin Judy Ibrahim 	Ali Amer Sedeeq

Time	TOPIC	SPEAKER	Invited Discussant
12:40 - 12:50 pm	Dose dependent detrimental effect of baseline pantoprazole on clinical outcomes from first-line chemo-ICI regimens in patients with advanced stage NSCLC	Karam Basil	Rezvan Faisal
12:50 - 13:00 pm	Sequential chemoradiotherapy versus induction chemotherapy plus concurrent chemoradiotherapy for locoregionally advanced nasopharyngeal carcinoma: A multicentre, open-label, non-inferiority, randomised, phase 3 trial	Laith Mulla Hussein	Mustafa Khudhair
13:00 - 13:20 pm	Panel discussion		

MODERATORS : Shaiban Abdulsalam - Niaz Ahmed Ameen - Alaa Mobder



13:20 - 13:40 pm	AstraZeneca Symposium: New era in metastatic EGFR mutated NSCLC treatment	Ahmed Zuhair Alsammarraie	
13:40 - 14:00 pm	Johnson & Johnson Symposium: Amivantamab in EGFRm NSCLC patients: A new treatment paradigm.	Luqman Rahman	
14:00 - 14:15 pm	MSD Symposium: Redefining survival expectations in HNSCC	Shaymaa Mohammed Radhi	
14:15 - 14:30 pm	Panel discussion		
14:30 pm	Wrap-up, closing and lunch		

5th International Scientific Conference Of ISCO
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DAY 2

Best of ESMO Iraq - S3: Genitourinary Cancers and Supportive treatment

MODERATORS : Bamo Mohammed Muhsin - Mohammed Saadoun Alshammaa
Sattar Majeed - Bassam Ismail - Wisam Aljanabi

Time	TOPIC	SPEAKER	Invited Discussant
09:00 - 9:10 am	Prevention strategies of venous thromboembolism	Moez Jawad Mobarek	Sami Saleem
09:10 - 9:20 am	[LBA71] Open-label, multicentre randomised trial of Radium223-docetaxel versus docetaxel-Radium223 sequence in Metastatic Castration Resistant Prostate Cancer (mCRPC) with prospective biomarker evaluation (RAPSON study)	Umut Elboga 	Ayser Najeh
09:20 - 9:30 am	[LBA66] UpFrontPSMA : A Randomised Phase 2 Study of Sequential 177Lu-PSMA-617 and Docetaxel (D) versus Docetaxel in Metastatic Hormone-Sensitive Prostate Cancer (mHSPC)	Akram Al-Ibraheem 	Rafid Riyadh Altuma
09:30 - 9:40 am	[LBA65] SPLASH Trial: 177Lu-PNT2002 in PSMA-Positive mCRPC Following Progression on ARPI	Haider Al-Alawi	Ahmed Alansari
09:40 - 10:00 am	IPI Symposium: Evolving Paradigms in Hormone-Sensitive Prostate Cancer Treatment	Rafed Adel Abboud	
10:00 - 10:10 am	Panel discussion		

Best of ESMO Iraq - S3: Genitourinary Cancers and Supportive treatment - second part


**MODERATORS : Dier Adnan - Ali Abbas Ali - Najmuldeen Mohammed Rafeeq
Adil Oudah Rashid - Jalil Salih**

Time	TOPIC	SPEAKER	Invited Discussant
10:10 - 10:20 am	[LBA5] NIAGARA Trial: Durvalumab + Chemotherapy Followed by Radical Cystectomy and Adjuvant Durvalumab in Muscle-Invasive Bladder Cancer	Ramadhan Othman	Hawro Taha
10:20 - 10:30 am	How to manage patients with durable response on systemic therapy? Optimal therapy duration and role de-escalation?	Osamah Hayder	Sarah Hamed Alyaseri
10:30 - 10:40 am	Landmark trials in soft tissue sarcomas (incl. LPS/LMS)	Taghreed Abduljabbar	Haider Fadhil
10:40 - 10:50 am	Landmark trials in bone and joint sarcomas	Zaineb Faisal	Zaid Khudhair
10:50 - 11:05 am	Roche Symposium: An Overview of the Data Supporting Approval and Use of the Fixed-Dose Combination of Pertuzumab and Trastuzumab for Subcutaneous Injection	Ayman Adnan Rafea	
11:05 - 11:25 am	Panel discussion		
11:25 - 12:00 pm	Break, booth visiting and posterdisplay session		

Best of ESMO Iraq - S4: Gastrointestinal cancers and sarcoma

**MODERATORS : Mohammed Nema - Derya Saeed - Saad Ali Alsaad
Karrar Muslim - Ashraf Alawadi - Ahmed Saadoun**

Time	TOPIC	SPEAKER	Invited Discussant
12:00 - 12:10 pm	[LBA24] NICHE-2: Neoadjuvant Immunotherapy in Locally Advanced MMR-Deficient Colon Cancer – 3-Year Disease-Free Survival	Sherin Ali Hussein	Noor Fahad
12:10 - 12:20 pm	[LBA26] SOLARIS (Alliance A021703): A multicenter double-blind phase III randomized clinical trial (RCT) of vitamin D (VitD) combined with standard chemotherapy plus bevacizumab (bev) in patients (pts) with previously untreated metastatic colorectal cancer (mCRC)	Omar Tama Alakeli	Shahbaa Ahmed

Time	TOPIC	SPEAKER	Invited Discussant
12:20 - 12:40 pm	Metastatic Colorectal Cancer: Changing Paradigms • Optimal sequencing of therapeutic strategies in immunogenic, molecularly-driven, and biomarker unselected colorectal cancer optimal sequence	Mamduh Gaber 	Baker Shallal
12:40 - 13:00 pm	Molecular Characterization and Novel Targeted Therapies in Gastroesophageal and Pancreatic Cancer • Molecular testing in gastric and esophageal cancer • Novel targeted therapies for pancreatic cancer	Saba Mehdi Jasim Hazha Abdulla	Sarah Jameel Nidhamuddin Zahraa Abdulameer
13:00 - 13:10 pm	[LBA62] Preoperative modified FOLFIRINOX (mFOLFIRINOX) with or without chemoradiation (CRT) in borderline resectable pancreatic cancer (BRPC): results from the randomized phase II trial PANDAS/PRODIGE 44.	Rozhan Omer Hassan	Alyaa Hussein Ali
13:10 - 13:30 pm	Panel discussion		

Award Lectures Session by ISCO - 5th Conference of ISCO

**MODERATORS : Samar Muslim Almehti - Noaman Abdulrazzaq Almallah - Loma Al-Mansouri
Yaala Saady Raof - Sarmad Qahtan Al-Salihi - Sura Ahmed Hussein - Luay Essam Naser Alsaoor**

Time	TOPIC	SPEAKER	Invited Discussant
13:30 - 13:40 pm	Renal Cell Carcinom: Oligometastatic Disease Management Considerations	Jehan M Al-Musawi	Samar Muslim Almehti Noaman Abdulrazzaq Almallah Loma Al-Mansouri Yaala Saady Raof Sarmad Qahtan Al-Salihi Sura Ahmed Hussein Luay Essam Naser Alsaoor
13:40 - 13:50 pm	Advances in Current Standard of Care in Adjuvant Therapy of Operable NSCLC	Arij Maan AlShibany	
13:50 - 14:00 pm	Adverse effects of RAI: The problem and resolution	Mustafa Ahmed Al-Azam	
14:00 - 14:10 pm	10 Facts about nutrition and cancer	Andalus Adil	
14:10 - 14:20 pm	ROLE OF IMMUNOTHERAPY IN CA LUNG AFTER CCRT	Mohammed Farhan obaid	
14:20 - 14:30 pm	Panel discussion		
14:30 pm	Wrap-up, closing and lunch		

ABSTRACTS PRESENTED



Assessment of miRNA-10b Expression Levels as a Potential Precursor to Metastasis in Localized and Locally Advanced/Metastatic Breast Cancer among Iraqi Patients

Mays Abdallah, Ismail H Aziz, Ahmed Zuhair Alsammarraie

INTRODUCTION

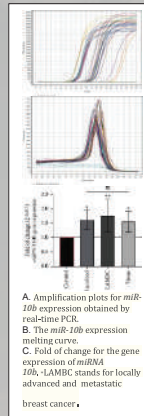
Breast cancer (BC) is characterized by the abnormal growth of cells in the breast, leading to the formation of a lump or tumor [1]. The development of breast cancer is impacted by a range of factors, including environmental and genetic factors [2]. Often, BC does not exhibit symptoms when the tumor is small, but a common indicator is the presence of a painless lump. BC can also spread to lymph nodes, resulting in swelling or lumps before the primary breast tumor becomes noticeable. Less common symptoms may encompass breast heaviness or discomfort, alterations in the skin such as swelling, thickening, or redness, and changes in the nipples, including nipple discharge [1]. When cancer cells depart from the ducts or lobules, they have the potential to metastasize via the bloodstream or lymphatic system to different organs, notably the brain, liver, lungs, or bones [3]. Micro- and macro-scale metastatic lesions are the end result of a multi-stage process that begins with local tissue invasion and continues through intravasa into the circulation, extravasation at distant sites, and establishment. Importantly, in organ-specific colonization, cancer cells interact with the surrounding microenvironment [4]. Here, on chromosome 2, miR-10b can be found, while miR-10a can be identified on chromosome 17, both microRNAs belonging to the miR-10 family [5]. On chromosome 2q31.1, miRNA-10b is located in the HOXD10 gene cluster, which is sandwiched between the HOXD-4 and HOXD-8 genes [6]. But miRNA-10b tries to silence HOXD10, a gene that has been associated with reducing cell invasion and migration [2]. There is an abundance of miR-10b in the metastatic cancer tissues of many different types of cancer, including colorectal, gastric, pancreatic, and glioblastoma [2]. One of the known functions of miR-10b in cancer is to promote tumor metastasis [2].

MATERIALS AND METHODS

The objective of this study is to assess the expression of miR-10b and determine its diagnostic and prognostic significance in breast cancer patients across various disease stages. The investigation was carried out in Baghdad at the Oncology Teaching Hospital within Baghdad Medical City and the Oncology Unit at Al-Yarmouk Teaching Hospital. A total of 150 samples were included and divided into two groups: the blood group consisting of 90 samples (including control subjects, localized BC patients, and those with metastatic and locally advanced BC) and the tissue group comprising 60 samples (representing both benign and malignant BC cases). The study spanned from March 2022 to January 2023, with patients' ages ranging from 24 to 75 years. The primary focus of this investigation was to identify the gene expression of miRNA-10b in all sample types. This was achieved by measuring gene expression levels and normalizing them to the level of a housekeeping gene (U6), and quantification was carried out considering the ΔCt value and the fold change method ($2^{-\Delta\Delta Ct}$).

RESULTS & DISCUSSION

Participants' ages ranged from twenty-four to seventy-five years old, with the females broken down by blood type. The particular BC subgroup's age domain, which ranged from 24 to 75 years, was in line with the total cohort. In contrast, the group of persons with metastatic and locally advanced breast cancer consisted of people aged 25 to 75 years, whereas the control group of healthy women had an age range of 20 to 67 years. One important step in the investigation of miRNA-10b expression was the normalization process using the U6 gene. Through the process, amplification plots for the target miRNA-10b and U6 were found, which made it easier to calculate the cycle threshold (Ct) value for each gene. These Ct values and amplification plots are presumably shown in Figures A and B of the paper. These numbers are crucial in providing important information on the expression levels of miRNA-10b in the research samples, which helps evaluate the study's conclusions. The investigation revealed a significant increase in the levels of miRNA-10b among patients with metastatic and locally advanced BC, comparing with both localized BC patients and the cohort with malignant BC tissue, specifically as follows:



- In patients with metastatic and locally advanced BC, the fold mean of miRNA-10b exhibited a significant increase, measuring 1.770 ± 0.1070 folds compared with the control group.
- Among localized BC patients, the relative expression of miRNA-10b demonstrated an increase of 1.624 ± 0.064 folds.
- Within the malignant BC tissue group, a significant upregulation in miRNA-10b expression was observed compared to the control group; the fold change was 1.546 ± 0.06754 as illustrated in [Figure c](#).

CONCLUSION (S)

MIR-10b emerges as a key driver in promoting tumor progression and metastasis across various cancer types. Initial observations revealed elevated levels of miR-10b not only in metastatic tumors but also in primary tumors from individuals with metastatic BC. Further investigations have unveiled that high miR-10b expression is closely linked with high-grade malignancy and metastasis in BC. Notably, lymph node metastases exhibit higher levels of miR-10b compared to corresponding primary tumors in multiple types of human cancer. The pivotal role of miR-10b lies in its ability to advance the invasion and migration of tumor cells, making it a crucial driver of metastatic cell survival and enabling their growth outside the primary tumor site. These outcomes have spurred the development of strategies aimed at treating metastatic cancer by inhibiting miR-10b. Recent studies have illuminated the fact that BC cells can secrete miR-10b via exosomes, thereby promoting tumor progression and development. The multifaceted roles of miR-10b in initiating and advancing tumor metastasis underscore its significance as a potential therapeutic target in cancer. Ongoing research focusing on therapeutics involving miR-10b inhibition holds the potential to enhance BC management and decrease cancer-related mortality rates. The expression of miRNA-10b gene exhibited a significant increase in Iraqi women patients with breast cancer, particularly in metastatic stages compared to other stages.

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ABSTRACT : ISCO5-02

HealthCare Access Barrier (HCAB) framework for the barriers to cancer care during conflicts: perspective from Iraq

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3) College of Medicine, Ninevah University, Mosul, Ninevah, Iraq 4) Faculty of Medicine, Dalhousie University, Halifax, Nova Scotia, Canada

INTRODUCTION

Cancer and conflict are two terms which are inextricably linked with Iraq's history.

From 1980-2017, the Iraqi population lived under numerous wars, during which countless lives were lost, healthcare facilities destroyed, and potentially carcinogenic weaponry were deployed.

In the aftermath, a legacy of excess cancer morbidity and mortality was left behind.

METHODS AND AIMS

1. To provide a structured analysis of the barriers facing the delivery of and access to cancer care in Iraq, using the HCAB framework
2. To suggest potential recommendations for the amelioration of the identified barriers

A structured search was undertaken using the multidisciplinary databases Scopus, Web of Science and Medline. Additional pieces of literature were retrieved using alternative methods, such as manual searching.

RESULTS

Structural barriers

- Destruction and inaccessibility of facilities
- Therapeutic and diagnostic shortages
- Lack of national guidelines and awareness programmes
- Workforce and human resources

Cognitive barriers

Attitudes and beliefs

- Fear, cultural stigma and religious beliefs

Awareness and knowledge

- Lack of public awareness of screening services and cancer symptoms
- Lack of understanding of screening practices

Financial barriers

- Effects of sanctions, decreased government expenditure and lack of allocated funds
- Direct and indirect costs of treatment

NEXT STEPS

- 📄 Increase research efforts pertaining to areas of the HCAB
- 📄 Increase investment into cancer services and prioritise financial compensation of patients
- 📄 Prioritise training programmes and service implementation
- 📄 Implementation of national awareness programmes for the early detection of cancer symptoms

DISCUSSION

Key themes were identified, most of which were interrelated with the extensive conflicts. This is consistent with the findings of literature in other areas of conflict such as Afghanistan. Separating the effects of the conflicts from pre-existing and cultural factors is difficult; there may be confounding factors preventing advancements in Iraq's cancer care capacity.

CONCLUSION

Conflict and cancer remain inextricably linked with Iraq's history due to the long-term neglect of the health of the Iraqi population. **Future generations must not continue to pay the price of Iraq's wars.** Several actionable and modifiable barriers have been identified through this review; there remains hope for improvement of the oncology services and the health of the Iraqi population.

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ABSTRACT : ISCO5-03

“Establishing and Implementing Lu177 PSMA Radioligand Therapy: From Dream to Reality, Iraq's First Experience”

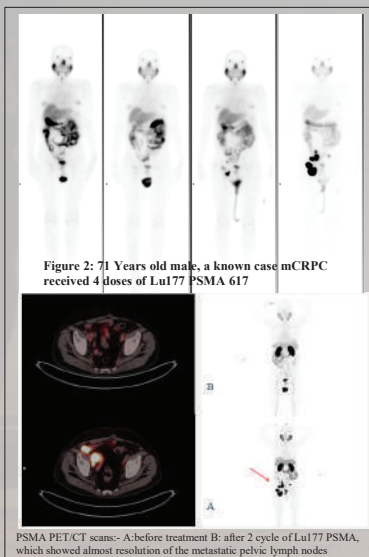
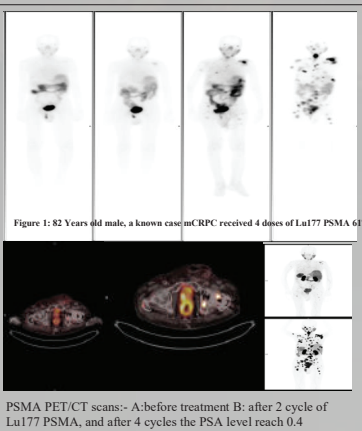
Dr. Aysar N. Khalaf

INTRODUCTION

Over recent decades, significant advancements in patient-centered care and personalized medicine have emerged. Theranostics, the integration of diagnostic and therapeutic modalities on the same vector, epitomizes this progress. Historically, Iraq has utilized theranostic approaches to diagnose and treat well-differentiated thyroid cancer. Recently, Warith International Cancer Institute in Karbala, Iraq, the nation's first comprehensive cancer center, pioneered the use of Lu177 PSMA RLT on January 4, 2023. This research details the inaugural implementation of Lutetium-177 Prostate-Specific Membrane Antigen Radioligand Therapy (Lu177 PSMA RLT) in Iraq.

MATERIALS AND METHODS

According to the Cancer Registry Report 2022, recorded by the Iraqi Cancer Board/Ministry of Health-Republic of Iraq, Prostate cancer is the 3rd most common cancer among male patients, with 1387 cases reported in Iraq in 2022. At Warith Cancer Institute, from August 2021 until September 2024, 83 male patients were diagnosed with prostate cancer. Among these patients, only 54 patients were referred to Nuclear Medicine department for receiving Lu177 PSMA therapy. Upon assessment, 47 patients were found eligible for PSMA RLT. Unfortunately, patients who had less than two PSMA RLT cycles were excluded from this



RESULTS & DISCUSSION

From January 2023 to September 2024, the Nuclear Medicine Department at Warith International Cancer Institute treated approximately 38 male patients with over 100 cycles of Lu177 PSMA-617. Despite the brief period since the program's inception, this initiative reflects a significant achievement and commitment to advancing cancer treatment in Iraq. Over half of the patients demonstrated an initial partial response to treatment, as evidenced by a significant decline in prostate-specific antigen (PSA) levels and partial response observed through Ga-68 PSMA positron emission tomography/computed tomography (PET/CT) imaging. Only minority of these patients experienced low-grade side effects and self-limiting toxicities.

CONCLUSION (S)

This study not only corroborates existing research on safety and efficacy of PSMA radio ligand therapy, but also offers pioneering clinical insights from Iraqi patients. These findings are poised to deliver further research and development on both regional and international levels.

Keywords

Theranostics, Warith, Iraq, Lu177 PSMA Radioligand Therapy, Prostate Cancer

ABSTRACT : ISCO5-04

The outcomes of induction chemotherapy, followed by neoadjuvant chemoradiotherapy and surgery, in locally advanced rectal cancer, single institute experience

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INTRODUCTION

Total Neoadjuvant Therapy represents the gold standard for treating locally advanced rectal cancer. We conducted this study to investigate the therapeutic implications of induction chemotherapy followed by neoadjuvant chemoradiotherapy & surgery in locally advanced rectal cancer, in terms of response & toxicity

MATERIALS AND METHODS

Our retrospective study analyzed data from 40 rectal cancer cases who received treatment between 2018 & 2023 at Rizgary Medical Oncology Center in Hawler, Kurdistan Regional Governorate, Iraq. Patients received induction chemotherapy, and after 3-4 weeks, re-staging was done to exclude metastases. Subsequently, neoadjuvant chemoradiotherapy was administered, followed by another evaluation 3-4 weeks later to exclude metastases and assess treatment response. Finally, a Total Mesorectal Excision was performed. The study looked at outcomes like downstaging, pathological Complete Response, surgical resection margins, Disease-Free Survival, and Overall Survival, as well as side effects related to the treatment

RESULTS & DISCUSSION

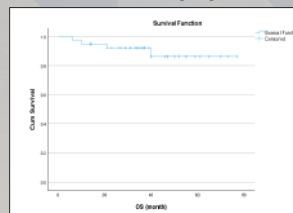
Patients' ages ranged from 28 to 81 years old, with an average age of 50.5. After receiving the treatment, there was a 50% reduction in tumor size, and 12.5% of our patients achieved pathological Complete Response. While 75% of the cases showed free surgical margins, which was significantly associated with tumor relapse (p-value = 0.009). The 3-year Disease Free Survival was 50% and the 3-year Overall Survival was 90%, with a median follow-up of 23.5 months. Treatment-related toxicities varied from 2% to 12%, mostly in grades 2 and 3, and were appropriately managed

TNM staging pre & post-treatment

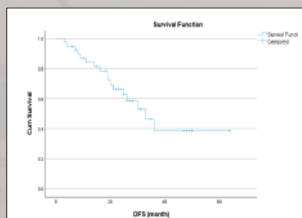
TNM* Stage	Pre-treatment (Clinical stage) No. (%)	Post-treatment (Pathological stage) No. (%)
T0	0 (0)	5 (12.5)
T1	0 (0)	3 (7.5)
T2	1 (2.5)	16 (40)
T3	35 (87.5)	14 (35)
T4a	0 (0)	0 (0)
T4b	4 (10)	2 (5)
N0	3 (7.5)	22 (55)
N1a	0 (0)	8 (20)
N1b	18 (45)	7 (17.5)
N1c	0 (0)	0 (0)
N2a	14 (35)	3 (7.5)
N2b	5 (12.5)	0 (0)

* (Tumor, Node & Metastasis) cancer staging system, 8th edition

Kaplan-Meier analysis of overall survival (OS)



Kaplan-Meier analysis of disease-free survival (DFS)



CONCLUSION

Induction chemotherapy followed by neoadjuvant chemoradiotherapy, and surgery might be a good & safe way to treat locally advanced rectal cancer

ABSTRACT : ISCO5-05

Difference in Progression free survival between single or combined chemotherapy in unresectable, locally advanced and metastatic pancreatic cancer in Iraqi patient

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Introduction

Pancreatic cancer is associated with an extremely poor prognosis for several reasons [1].

It is usually diagnosed at advanced stages, Study aim to estimate PFS in locally advanced, unresectable and metastatic pancreatic cancer to single or combination regimes of chemotherapy in Iraqi patients

Material and method

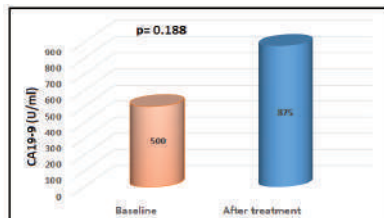
50 patients with pancreatic adenocarcinoma

The single chemotherapy regime included gemcitabine. The combined chemotherapy was mainly with FOLFIRINOX

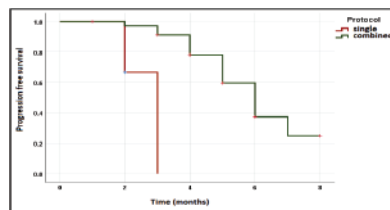
The following variables were evaluated: age, sex, body mass index, smoking ,comorbidities , family history of cancer, pre- and post-treatment radiological findings, site of metastasis, tumor location and second line chemotherapy. Serum CA19-9 levels were measured before and after treatment

Result

The median baseline level of CA19-9 was 500 U/ml compared with 875 U/ml after treatment with no significant difference. Locally advanced cancer was more common among combined than single therapy (51.43% vs. 6.67%) with highly significant differences.



Mean PFS time for patients with combined therapy was 5.8 months, 95%CI= 25.2-6.65 months compared with 2.67 months in patients with single therapy, 95%CI= 2.41-2.92 with a highly significant difference



conclusion

The tumor marker CA19-9 has little or no role in prediction of progression in patients with pancreatic cancer. Combined chemotherapy whether as FOLFIRINOX or Gemcitabine and napaclitaxel has a better PFS than gemcitabine as a single therapy.

Combined therapy had less lymph node involvement than single therapy

Literature cited

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ABSTRACT : ISCO5-06

Comparative observational study between simultaneous integrated boost- volumetric modulated arc therapy and Sequential-volumetric modulated arc therapy in Head and Neck cancer

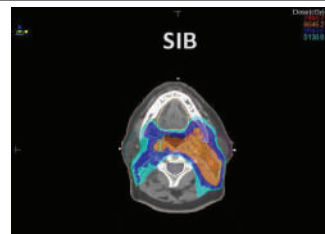
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INTRODUCTION

Simultaneous integrated boost is a novel radiotherapy technique that delivers individualized radiation doses to different tumor regions during a single treatment session. This enables the delivery of a higher dose to the primary tumor and a lower dose to the surrounding normal tissues, including subclinical disease and other selected regions.

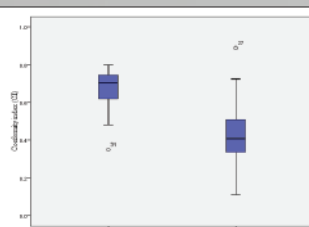
Aims of the study: To assess and compare the dosimetric parameters and acute toxicities associated with simultaneous integrated boost and sequential boost in locally advanced head and neck cancer patients.



An axial view SIB-VMAT isodose plan for a 35 years old female patient with T3N2M0 locally advanced nasopharyngeal carcinoma demonstrates highly conformal dose distribution and target coverage (TC).

MATERIALS AND METHODS

A prospective comparative observational study of 40 patients with locally advanced head and neck cancer treated with radical radiotherapy using either simultaneous integrated boost or sequential boost at the Baghdad Radiotherapy and Nuclear Center between January 1, 2023 and December 31, 2023 was conducted. Dosimetric and acute toxicity outcomes were evaluated for both groups.



The graph showed superior Conformity Index (CI) for SIB-VMAT compared to SEQ-VMAT, indicating that SIB technique delivers more conformal dose distribution to the target ($p < 0.001$).

RESULTS & DISCUSSION

The median age at diagnosis was 56.5 years, with a male-to-female ratio of 1.2:1. Nasopharyngeal cancer had the highest incidence rate (45%), while paranasal sinuses had the lowest (2.5%). Target coverage, D5% and D95% were better for sequential boost. In addition, the simultaneous integrated boost technique resulted in dose reduction and critical organ sparing with lower high-grade acute toxicity of both xerostomia and mucositis. Conformity index was higher in simultaneous integrated boost, while homogeneity index was lower.

CONCLUSION (S)

Both techniques have comparable dosimetric parameters, with sequential boost demonstrating better coverage and homogeneity, while simultaneous integrated boost is more efficient and accurate, with better conformity and organ sparing, and does not require replanning. In terms of clinical outcomes, simultaneous integrated boost was associated with lower rates of high-grade xerostomia and mucositis, while sequential boost was associated with lower rates of high-grade dermatitis.

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ABSTRACT : ISCO5-08

Monitoring osimirtinib safety and efficacy in met.NSCLC

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INTRODUCTION

The EGFR is a transmembrane receptor consisting of three portions; an extracellular ligand-binding domain, a transmembrane domain and an intracellular tyrosine kinase domain(1)
Dysregulation of the EGFR leads to increased intracellular pathways activity, via tyrosine kinase autophosphorylation, resulting in directly or indirectly, cell proliferation, angiogenesis, invasion and metastasis(2)
mutations in the tyrosine kinase domain of the EGFR in exons 18, 19,20 and 21.These mutations provide sensitivity to targeted therapies, known as TKIs, such as erlotinib and gefitinib and osimirtinib.(3)
The prevalence of EGFR mutations is higher in never-smokers, females and patients of East Asian ethnicity.(4)

MATERIALS AND METHODS

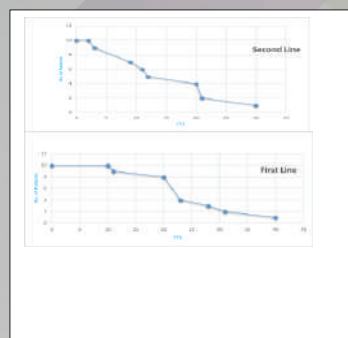
Prospective study that included 20 patients with metastatic NSCLC adenocarcinoma with mutant EGFR proved by PCR on osimirtinib 80 mg, recruited in Oncology teaching hospital. 10 patients received osimirtinib as first line treatment for any EGFR mutation, 10 patients received osimirtinib as second line treatment for T790M acquired EGFR mutation. Follow up of the patients done monthly for safety monitoring, with radiological evaluation to determine disease response (PFS and 2 years OS).

RESULTS & DISCUSSION

Mean age at diagnosis was 60.7 year and in second line was 65 years.in first line male represents 60% and females 40% in first line, while in second line males were 1% and females were 90%.

Follow up duration was from 10 to 40 months in first line, and in second line 2 to 30 months.
Adverse events documented during the study were all selflimited (G1)no treatment discontinuation nor added treatment required.(skin rash,ILD,nausea and vomiting,dirrhea, and QT prolongation).

Treatment response was evaluated by CT or PET scan, ORR in first line was 80% and 60% of the patient are still on treatment with median PFS of 22.3 months.ORR in second line was 40% and 20% of the patients are still on treatment with median PFS of 13.1 months.



CONCLUSION (S)

When using osimirtinib as first line PFS was 22.3 months with ORR 80%, While in second line if we added the mPFS from approval trial IUNO which was 7.9 months(5), so in sum. 21 months ,but only 50% of patient will have T790M mutation and yet ORR is only 40%.So osimirtinib use in first line provide superior clinical benefit.

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ABSTRACT : ISCO5-09

Use of Cancer and Aging Research Group (CARG) as a Toxicity Tool to Predict Chemotherapy Toxicity in Older Patients to Facilitate Better Treatment Outcome

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INTRODUCTION

Age is the most important risk factor for developing cancer and old patients are more reliable to develop chemotherapy-related toxicity

Cancer and Aging Research Group (CARG) risk score, developed by Hurria et al is a tool that predicts for significant chemotherapy-related toxicities (grades 3-4) in older adults aged ≥ 70 years.

MATERIALS AND METHODS

72 patients aged more or equal to 70 years, diagnosed with different types of solid malignancy with stage I-IV and followed them for 6 months. We calculated CARG risk score for each patient and divided the scores into (0-2 points), (3-4 points) and (5-6 points) and categorized them as low risk, intermediate risk and high risk, respectively.

Grade 3-4 chemotherapy-related toxicities, as defined by (NCICTCAE), were assessed at each chemotherapy cycle.

RESULTS & DISCUSSION

The percentage of patients who developed toxicity was (23.3)%, while those who did not was only (76.7)%. The most common haematologic toxicity was anaemia that occurred in (23.3) patients as grade 3 patient as grade 4 and in (23.3) patients as grade 0 toxicity. While the most common no haematologic toxicity was vomiting that occurred in (23.3) patients as grade 3, (23.3) patient as grade 4 and in (23.3) patients as grade 0 toxicity.

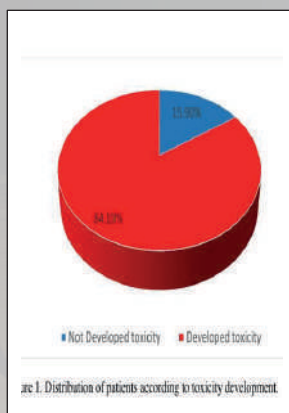


Table 9. Relation of toxicity tools with toxicity development.

Toxicity tools	Toxicity development		P value
	No	Developed	
CARG score	Low risk	6(30%) 14(70%)	0.002
	Intermediate risk	4(17.4%) 19(2.6%)	
	High risk	0 20(100%)	
AACT score	≤ 4	10(31%) 10(69%)	0.24
	≥ 4	9(17.3%) 43(2.7%)	
Mean \pm SD		5.6 \pm 1.4	6.6 \pm 1.7
ECOG score	0	8(25.8%) 23(74.2%)	0.034
	1 & 2	2(6.3%) 30(93.8%)	
Total	10(31.9%)	53(64.1%)	

Significant P value ≤ 0.05 .

The CARG risk score is validated in this study in older Iraqi patients receiving chemotherapy with variant type of malignancy who were in stages I-IV as neoadjuvant or adjuvant setting. The association between rates of severe chemotherapy toxicity (grade 3-4) and CARG risk groups was statistically significant ($p < 0.002$).

CONCLUSION (S)

This study support the use the CARG risk score in predicting grade 3-4 toxicities in elderly patients diagnosed with malignancy and received chemotherapy. In addition, ECOG performance state also consider effective and reliable tool to predict chemotherapy-related toxicity in elderly patients. These tools can be contributed to clinical decision making according to planning treatment.

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ABSTRACT : ISCO5-10

Evaluation of Pembrolizumab Efficacy for The Treatment of Locally Advanced / Metastatic Melanoma in Iraq, a Country with limited Drug Supply

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INTRODUCTION

Pembrolizumab, an immune checkpoint inhibitor, has demonstrated remarkable efficacy in treating melanoma in various regions. However, in countries with non-continuous drug supply, ensuring consistent access to pembrolizumab becomes a critical concern. This study aims to assess the effectiveness of pembrolizumab as a therapeutic option for locally advanced/metastatic melanoma in Iraq, where irregular drug availability is a prevalent issue.

MATERIALS AND METHODS

A retrospective analysis of medical records and treatment outcomes of patients with locally advanced/ metastatic melanoma receiving pembrolizumab was conducted. The evaluation considered the challenges associated with interrupted drug supply, including treatment delays, number of cycles, missed doses, and potential impact on treatment outcomes. The main focus of the study was on overall survival. Data was collected from multiple oncology centers across Iraq. Kaplan-Meier survival curves and Cox regression were used in the evaluation of Pembrolizumab Efficacy.

RESULTS & DISCUSSION

One hundred cases with advanced melanoma were included in this study. The mean age of the samples was 15.5 ± 55.8 years old. Male to female ratio was 0.79. The findings indicate that the disease presentation was predominantly metastatic, accounting for 57% of cases, with an additional 33% characterized as recurrent metastatic. A smaller proportion, 10%, was classified as adjuvant cases. About 54% of the samples were still alive at the end of the study. A statistically significant difference between the alive and dead cohort was observed regarding exposure to smoking (P -value = 0.026), number of Pembrolizumab cycles received (P -value < 0.001), and those who experienced interruption of treatment (P -value = 0.024). The 2-year survival probability was 42% for the entire cohort.

Table 3: Description of the 2-year survival probability

Characteristics	2-year survival (95% CI)	P-value ¹
Overall	42% (31%, 50%)	
Sex		0.7
Male	47% (38%, 57%)	
Female	39% (25%, 51%)	
Disease presentation		0.2
Melanoma	38% (24%, 50%)	
Recurrent Metastatic	37% (21%, 44%)	
Adjuvant	85% (58%, 100%)	
Interruption of treatment		0.002
No	51% (31%, 61%)	
Yes	28% (24%, 30%)	
Number of cycles given		<0.001
<10 cycles	27% (16%, 40%)	
≥10 cycles	62% (44%, 88%)	
Log-rank test		

Those with interruption of treatment had significantly lower survival than those without (9% vs. 51%, log-rank = 0.082). On the other hand, cases with 10 cycles of Pembrolizumab or more had better survival than those with less than ten (6% vs. 27%, log-rank <0.001). An unadjusted Cox regression was performed to estimate the risk of death in advanced melanoma cases. The increasing number of the cycles of after mentioned immunomodulatory drug was associated with lesser likelihood of death (HR = 0.79, P-value < 0.001).

CONCLUSION (S)

In conclusion, factors like smoking history, having a shorter period of follow-up, receiving fewer Pembrolizumab treatment cycles, and experiencing treatment interruption, which could result from the noncontinuous or limited drug supply in low and middle-income countries, significantly decrease the 2-year survival probability and might put the patient at a higher risk of death from advanced/metastatic melanoma.

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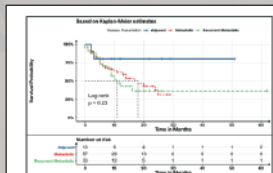


Figure 1: Kaplan-Meier survival curves stratified by disease presentation.

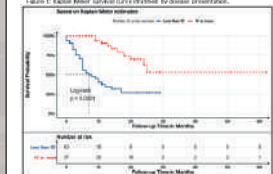


Figure 2: Kaplan-Meier survival curves stratified by the number of cycles of Pembrolizumab (0-10 vs >10).

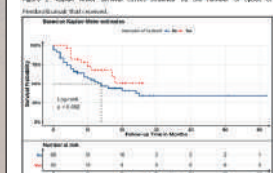


Figure 3: Kaplan-Meier survival curves stratified by the presence of treatment interruption.

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