SINCE 1878

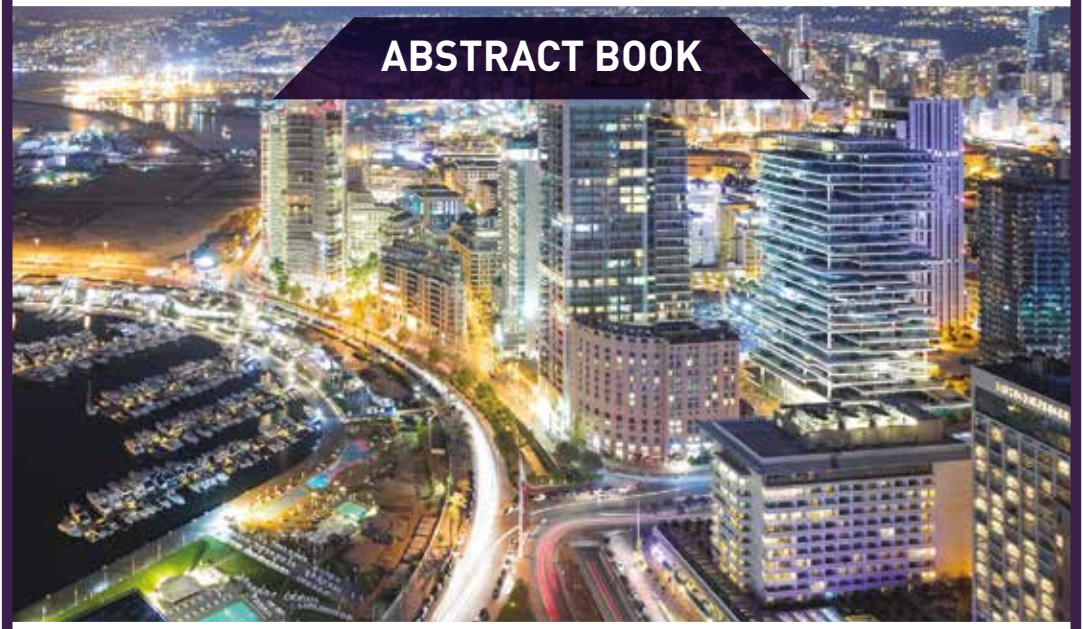
# Under the Patronage of His Eminence Metropolitan Elias Metropolitan of Beirut and its dependencies

## Saint George Hospital University Medical Center

Presents its

# 23rd Annual Congress

October 18, 19 and 20, 2018



# ABSTRACT BOOK

In Collaboration with

CME Credits

CNE Credits

LEBANESE SOCIETY of CARDIOLOGY

LEBANESE SOCIETY OF RADIOLOGY

LSVS

LEBANESE SOCIETY FOR VASCULAR SURGERY

LSOG 1958

KIDNEYDS

LSMO

PROGRESS-CTO

# TABLE OF CONTENTS

# WELCOME LETTERS

Dear Colleagues,

On behalf of Saint George Hospital University Medical Center's administration and physicians, it is my pleasure to welcome you all to the 2018's Annual Congress under the patronage of His Eminence Metropolitan Elias.

We are very pleased to announce that this year the meeting coincides with the long waited acquisition of a license to open the Saint George University of Beirut.

This congress is featuring the new guidelines and up-to-date technology in the different medical specialties provided at the hospital, ranging from Neurology, Psychiatry, Geriatrics, Medical Imaging, Gynecology, Pediatrics Nephrology, Cancer genetics, Cardiology to Pain management.

In this regard, the congress will be offering an exciting scientific program including one full day in cardiology with a course focusing on CTO and Complex PCI and workshops on pain management and wound care. All this will be delivered by world renowned speakers and leaders in these fields.

An innovative scientific exhibit will be held in conjunction with the conference shedding the light on the latest updates in technologies pertaining to the different medical specialties.

We look forward for your participation in the congress and for the opportunity to exchange medical knowledge and ideas.

**Joudy Bahous, MD**
President of the Congress

Dear Colleagues and Friends

It is our great pleasure to invite you to participate and to contribute to the success of the 23rd Saint George Hospital Congress that will take place on October 18-20, 2018 in Beirut.

Saint George Hospital University Medical Center continues to provide state-of-the-art medical care to the community. Our highly specialized physicians and staff strive to deliver the outstanding quality and personalized attention our patients deserve. Our medical vision is based on three important pillars: Patient Care, Medical Education and Research.

Through this congress, we aim to shed a light on our medical centers of excellence and share the medical expertise we have gathered along our 140 years.

The meeting will be stimulating, allowing each one of us the opportunity to meet and create our own professional network of colleagues and friends.

Our highly qualified international speakers are traveling from Europe and northern America. The scientific program will feature their expertise in different medical specialties paralleled with hands-on workshops in several topics.

This congress is only possible through the generous contributions of our sponsors, the efforts of our speakers and the hard work of our multi-disciplinary team.

We invite you to discover the assets of the town and make your stay most enjoyable and special.

Finally, on behalf of the Scientific and Organizing Committee, I look forward to welcoming you to what promises to be an exciting, meaningful and fruitful event.

Yours faithfully,

**Alexandre Nehme, MD, MBA**
Medical Director

# COMMITTEES

### President of the Congress

Joudy Bahous

### Medical Director

Alexandre Nehme

### Organizing Committee

Jihad Khoury, Chair
Dany Al Hamod
Eid Azar
Khalil Bedran
Dimitri Haddad
Michel Jabbour
Rosette Jabbour
Assaad Maalouf
Wafaa Maalouf
Alexandre Nehme
Ziad Rassi

### Scientific Committee

Fadi Abou Jaoude, Chair
Raja Ashou
Nabil Diab
Elie Stephan
John Fayyad
Michel Feghali
Noha Hakimeh
Michel Jabbour
Georges Juvelikian
Mounir Khoury
Joseph Makdessi
Peter Noun
Rana Skaff
Wissam Tohme

# SPEAKERS

## International Speakers

| | |
|---|---|
| Hazem Al Dabbas, MD | *France* |
| Sandrine Andrieu, MD | *France* |
| Jean-Marc Ayoubi, MD | *France* |
| Raouf Ben Abdelali, MD | *France* |
| Christophe Bergeron, MD | *France* |
| Steven Boardman, MD | *England* |
| Phillipe Bouchard, MD | *France* |
| Stephane Carlier, MD | *Switzerland* |
| Bertrand Degos, MD | *France* |
| Ahmed El Guindy, MD | *Egypt* |
| Ali El Sayed, MD | *UAE* |
| Walid Farhat, MD | *Canada* |
| René Frydman, MD | *France* |
| Guillaume Géri, MD | *France* |
| Mireille Girard, UNHCR Representative | *France* |
| Omer Goktekin, MD | *Turkey* |
| Kamal Haddad, MD | *France* |
| Mirna Haddad, MD | *France* |
| Renaud Heraud, MD | *France* |
| Nadine Heuer, MC | *Germany* |
| John Irving, MD | *US* |
| Patricia Joane, MD | *France* |
| Lucie Karayan-Tapon, MD | *France* |
| Vincent Minville, MD | *France* |
| Richard Mollica, MD | *USA* |
| Anne-Caroline Papeix, MD | *France* |
| Alexandre Peltier, MD | *Belgium* |
| Julian Strange, MD | *UK* |
| Bruno Vellas, MD | *France* |
| Heinz Wiendl, MD | *Germany* |
| Michael Weiner, MD | *USA* |

## Lebanese Speakers

Nidal Abi Rafeh, MD
Fadi Abou Jaoude, MD
Pauline Abou Jaoude, MD
Raja Ashou, MD
Georges Assaf, MD
Joudy Bahous, MD
Nazem Bassil, MD
Nisrine Bou Khalil, RN
Salah Choueiri, MD
Caroline Cordahi-Tabet, DEA
Radi Cheaito, MD
Mohammed Dbouk, MD
Nabil Diab, MD
Georges Farha, MD
Michel Fattouch, MD
Emilie Fayad, MD
John Fayyad, MD
Ramy Ghabril, MD
Mira Haddad, RN
Nadim Hajal, MD
Antoine Hajj, MD
Nabil Helou, MD
Hicham Hjeij, MD
Elie Karam, MD
Georges Karam, MD
Georges Kettaneh, MD
Assaad Maalouf, MD
Hassan Mansour, MD
Zarouhie Meguerian, MD
Rania Naoufal, MD
Charbel Naim, MD
Rami Nasr, MD
Malek Nassar, MD
Peter Noun, MD
Roy Raad, MD
Abdalllah Rbeiz, MD
Fadi Sawaya, MD
Rabih Shibli, MA
Rana Skaf, MD
Elie Stephan, MD
Wissam Tohme, MD
Nader Wansa, MD
Laila Zahed, PhD

# PROGRAM

# THURSDAY OCTOBER 18

**12:30-13:30** **Registration**

## Hall A — Batlouni

**13:30-15:30** **Cancer Genetics Session**

13:30-14:00 Colorectal Cancer: Somatic Mutations and Impact on Treatment Decision
Raouf Ben Abdelali

14:00-14:30 Lung Cancer: Somatic Mutations and Impact on Precision Medicine
Lucie Karayan-Tapon

14:30-15:00 Cancer Genome Wide Analysis by Microarray
Rania Naoufal

15:00-15:30 Hereditary Cancer and Next Generation Counselling
Laila Zahed

## Hall B — Bechara Amphitheater

**13:30-15:45** **Gynecology Session**

13:30-13:40 Welcome Word Rana Skaf

13:40-14:10 Pregnancy in Advance Maternal Age Jean-Marc Ayoubi

14:10-14:15 Q & A

14:15-14:45 Polycystic Ovary Syndrome, a frequent condition with an inappropriate name
Philippe Bouchard

14:45-14:50 Q & A

14:50-15:20 Ethics in Reproductive Endocrinology René Frydman

15:20-15:25 Q & A

**15:25-15:45** **OBGYN Symposium**
**The History of Ultrasonography in Obstetrics: Where Are We Now?** Nadim Hajal

**15:30** **Coffee Break**
sponsored by BLOM BANK

**15:45** **Coffee Break**
sponsored by BLOM BANK

**18:30** **Opening Ceremony** **HALL B Bechara Amphitheater**
*Followed by a Cocktail Reception*

## Hall A — Batlouni

| | |
|---|---|
| **12:30-13:30** | **Registration** |
| **13:30-15:30** | **Cancer Genetics Session** |
| **Moderators** | **Georges Aftimos, Claude Ghorra, Colette Hanna** |
| 13:30-14:00 | Colorectal Cancer: Somatic Mutations and Impact on Treatment Decision Raouf Benabdelali |
| 14:00-14:30 | Lung Cancer: Somatic Mutations and Impact on Precision Medicine Lucie Karayan-Tapon |
| 14:30-15:00 | Cancer Genome Wide Analysis by Microarray Rania Naoufal |
| 15:00-15:30 | Hereditary Cancer and Next Generation Counselling Laila Zahed |
| **15:30** | **Coffee Break** sponsored by BLOM BANK |

## Hall B — Bechara Amphitheater

| | |
|---|---|
| **12:30-13:30** | **Registration** |
| **13:30-15:45** | **Gynecology Session** |
| **Moderators** | **Georges El Kehdy, Labib Ghulmiyyah, Karim Nawfal** |
| 13:30-13:40 | Welcome Word Rana Skaf |
| 13:40-14:10 | Pregnancy in Advance Maternal Age Jean-Marc Ayoubi |
| 14:10-14:15 | Q & A |
| 14:15-14:45 | Polycystic Ovary Syndrome, a frequent condition with an inappropriate name Philippe Bouchard |
| 14:45-14:50 | Q & A |
| 14:50-15:20 | Ethics in Reproductive Endocrinology René Frydman |
| 15:20-15:25 | Q & A |
| **15:25-15:45** | **OBGYN Symposium The History of Ultrasonography in Obstetrics: Where Are We Now?** Nadim Hajal |
| **15:45** | **Coffee Break** sponsored by BLOM BANK |

**18:30** **Opening Ceremony HALL B Bechara Amphitheater**

| | |
|---|---|
| **Prayer** | |
| **President of the Congress** | **Dr. Joudy Bahous** |
| **Medical Director** | **Dr. Alexandre Nehme** |
| **President of the Lebanese Order of Physicians** | **Dr. Raymond Sayegh** |
| **Deputy Prime Minister, Minister of Public Health** | **Mr. Ghassan Hasbani** |
| **His Eminence Metropolitan Elias** | **Metropolitan Elias** |
| **Lebanese Tenor and Opera Singer** | **Mr. Edgard Aoun** |
| **Opening Speech** | **Mr. Philippe Douste-Blazy Ancien Ministre Français Secrétaire Général Adjoint des Nations Unies** |

*Followed by a Cocktail Reception*

# FRIDAY OCTOBER 19

**08:00-09:00** **Registration**

## Hall A — Batlouni

**09h00-10:30** **Multiple Sclerosis**

09:00-09:30 Updates in Immunopathology: Role of T & B Cells Heinz Wiendl

09:30-10:00 Updates in Diagnosis (Revised 2017 Mc Donald Criteria) and Markers of Disease Activity Anne-Caroline Papeix

10:00-10:30 Updates in Disease Modifying Therapies - Progressive Forms Anne-Caroline Papeix

## Hall B — Bechara Amphitheater

**09:00-10:30** **Frailty: From Physical to Mental**

09:00-09:20 Delirium: Importance of a Dangerous Syndrome Nazem Bassile

09:20-09:40 Depression in Frailty and Dementia Georges Karam

09:40-10:00 Neuro-Imaging in Alzheimer Disease Roy Raad

10:00-10:30 Frailty Prevention and Management Bruno Vellas

**10:30-11:00** **Coffee Break** sponsored by Fattal

**11:00-12:00** **The Brain after Cardiac Arrest**

11:00-11:30 Therapeutic Hypothermia Where Do We Stand in 2018 Guillaume Géri

11:30-12:00 Round Table: Chain of Survival for Cardiac Arrest **Panelists: Salah Choueiri, Georges Kettaneh, Joudy Bahous**

**12:00-13:00** **Parkinson Disease**

12:00-12:30 Motor Complications: Clinical Aspects and Pharmacological Approaches Bertrand Degos

12:30-13:00 Motor Complications: Special Consideration in Management (DUO-DOPA Pump, Apomorphine Pump, Deep Brain Stimulation) Bertrand Degos

**11:00-12:50** **Alzheimer's Disease**

11:00-11:30 Is There a Blood Test to Diagnose Alzheimer's Disease? Michael Weiner

11:30-12:00 Prevention of Alzheimer's Disease Sandrine Andrieu

12:00-12:30 Clinical Trials In Alzheimer's Disease, Update Bruno Vellas

12:30-12:50 Nutrition in Elderly, a Key Factor for Better Outcome Kamal Haddad

13:00-14:00 Round Table: Malpractice vs Medical Complication: Legal Issues

**14:00-15:00** **Lunch**

## Hall A — Batlouni

**15:00-17:00 Pediatric Session**

15:00-15:20 Nephrolithiasis in Children: From the Nephrologist Point of View Ramy Ghabril

15:20-15:45 Nephrolithiasis in Children: From the Urologist Point of View Walid Farhat

15:45-16:10 Wilms Tumor in Children: A Global Review and Clinical and Biological Updates Christophe Bergeron

16:10-16:30 Wilms Tumor in Children: Long Term Renal Follow-Up Pauline Abou Jaoude

16:30-16:45 Vaccination Schedule Post Chemotherapy and in Immunosuppressed Patients Peter Noun

16:45-17:00 Q & A

## Hall B — Bechara Amphitheater

**15:00-16:40 Bed Sores**

15:00-15:25 Pressure Ulcer: Repositioning Guide for Prevention and Management Hazem Al Dabbas

15:25-15:50 New Approach for Wound Healing: PRP and Wound Care Management (Advanced Wound Technology) Renaud Heraud

15:50-16:15 Management of DFU (Diabetic Foot Ulcer): The Value of High Quality Care Patricia Joane

16:15-16:40 Biofilms and Wound Healing Nadine Heuer

**17:00-17:30 Coffee Break**

**17:30-19:05 Pediatric Session**

17:30-17:35 Kidneyds: beyond All Boundaries Pauline Abou Jaoude

17:35-17:55 Neurogenic Voiding Dysfunctions: Updates and New Trends Mirna Haddad

17:55-18:15 Non Neurogenic Voiding Dysfunctions: Updates and New Trends Walid Farhat

18:15-18:45 Round Table: Antenatal Diagnosis of Urological Malformations **Mirna Haddad, Walid Farhat, Malek Nassar, Nabil Helou, Pauline Abou Jaoude, Ramy Ghabril, Nabil Diab**

18:45-18:55 Unplanned Extubation in PICU & NICU Nisrine Bou Khalil ***(Head Nurse NICU)***

18:55-19:05 A Nurse's Experience in a Pediatric Ward Mira Haddad ***(Clinical Nurse Specialist)***

17:15-18:45 Supporting a Good Environment for Refugees: Between Empowerment and Settlement **Richard Mollica, Mireille Girard**

## Hall A — Batlouni

| | |
|---|---|
| **08:00-09:00** | **Registration** |
| **09h00-10:30** | **Multiple Sclerosis** |
| **Moderators** | **Adnan Awada, Nabil Mohsen, Naji Riachi** |
| 09:00-09:30 | Updates in Immunopathology: Role of T & B Cells Heinz Wiendl |
| 09:30-10:00 | Updates in Diagnosis (Revised 2017 Mc Donald Criteria) and Markers of Disease Activity Anne-Caroline Papeix |
| 10:00-10:30 | Updates in Disease Modifying Therapies - Progressive Forms Anne-Caroline Papeix |
| **10:30-11:00** | **Coffee Break** sponsored by Fattal |
| **11:00-12:00** | **The Brain after Cardiac Arrest** |
| **Moderators** | **Fadi Abou Rizk, Georges Juvelikian, Wajdi Abi Saleh** |
| 11:00-11:30 | Therapeutic Hypothermia Where Do We Stand in 2018 Guillaume Géri |
| 11:30-12:00 | Round Table: Chain of Survival for Cardiac Arrest<br>**Panelists: Salah Choueiri, Georges Kettaneh, Joudy Bahous** |
| **12:00-13:00** | **Parkinson Disease** |
| **Moderators** | **Nabil Akkawi, Antoine Aouad, Kamal Kallab** |
| 12:00-12:30 | Motor Complications: Clinical Aspects and Pharmacological Approaches Bertrand Degos |
| 12:30-13:00 | Motor Complications: Special Consideration in Management (DUO-DOPA Pump, Apomorphine Pump, Deep Brain Stimulation) Bertrand Degos |
| **14:00-15:00** | **Lunch** |
| **15:00-17:00** | **Pediatric Session** |
| **Moderators** | **Zaki Ghorayeb, Adlette Inati, Maha Kanaan, Roger Korkomaz** |
| 15:00-15:20 | Nephrolithiasis in Children: From the Nephrologist Point of View Ramy Ghabril |
| 15:20-15:45 | Nephrolithiasis in Children: From the Urologist Poin of View Walid Farhat |
| 15:45-16:10 | Wilms Tumor in Children: A Global Review and Clinical and Biological Updates Christophe Bergeron |
| 16:10-16:30 | Wilms Tumor in Children: Long Term Renal Follow-Up Pauline Abou Jaoude |
| 16:30-16:45 | Vaccination Schedule Post Chemotherapy and in Immunosuppressed Patients Peter Noun |
| 16:45-17:00 | Q & A |

| | |
|---|---|
| **17:00-17:30** | **Coffee Break** |
| **17:30-19:05** | **Pediatric Session** |
| **Moderators** | **Antonio Azzi, Fadi Iskandarani, Reva Matta** |
| 17:30-17:35 | Kidneyds: beyond All Boundaries Pauline Abou Jaoude |
| 17:35-17:55 | Neurogenic Voiding Dysfunctions: Updates and New Trends Mirna Haddad |
| 17:55-18:15 | Non Neurogenic Voiding Dysfunctions: Updates and New Trends Walid Farhat |
| 18:15-18:45 | Round Table: Antenatal Diagnosis of Urological Malformations **Mirna Haddad, Walid Farhat, Malek Nassar, Nabil Helou, Pauline Abou Jaoude,Ramy Ghabril, Nabil Diab** |
| 18:45-18:55 | Unplanned Extubation in PICU & NICU Nisrine Bou Khalil ***(Head Nurse NICU)*** |
| 18:55-19:05 | A Nurse's Experience in a Pediatric Ward Mira Haddad ***(Clinical Nurse Specialist)*** |

## Hall B — Bechara Amphitheater

| | |
|---|---|
| **08:00-09:00** | **Registration** |
| **09:00-10:30** | **Frailty: From Physical to Mental** |
| **Moderators** | **Ramy Chemaly, Nabil Naja, Rania Sakr** |
| 09:00-09:20 | Delirium: Importance of a Dangerous Syndrome Nazem Bassile |
| 09:20-09:40 | Depression in Frailty and Dementia Georges Karam |
| 09:40-10:00 | Neuro-Imaging in Alzheimer Disease Roy Raad |
| 10:00-10:30 | Frailty Prevention and Management Bruno Vellas |
| **10:30-11:00** | **Coffee Break** sponsored by Fattal |
| **11:00-12:50** | **Alzheimer's Disease** |
| **Moderators** | **Salam Jalloul, Michel Matar, Elie Stephan** |
| 11:00-11:30 | Is There a Blood Test to Diagnose Alzheimer's Disease? Michael Weiner |
| 11:30-12:00 | Prevention of Alzheimer's Disease Sandrine Andrieu |
| 12:00-12:30 | Clinical Trials In Alzheimer's Disease, Update Bruno Vellas |
| 12:30-12:50 | Nutrition in Elderly, a Key Factor for Better Outcome Kamal Haddad |
| 13:00-14:00 | Round Table: Malpractice vs Medical Complication: Legal Issues |
| **14:00-15:00** | **Lunch** |
| **15:00-16:40** | **Bed Sores** |
| **Moderator** | **Jamil Bou Habib, Neemat Daou, Michel Feghaly** |
| 15:00-15:25 | Pressure Ulcer: Repositioning Guide for Prevention and Management Hazem Al Dabbas |
| 15:25-15:50 | New Approach for Wound Healing: PRP and Wound Care Management (Advanced Wound Technology) Renaud Heraud |
| 15:50-16:15 | Management of DFU (Diabetic Foot Ulcer): The Value of High Quality Care Patricia Joane |
| 16:15-16:40 | Biofilms and Wound Healing Nadine Heuer |
| **Moderator** | **Elie Karam** |
| 17:15-18:45 | Supporting a Good Environment for Refugees: Between Empowermen and Settlement **Richard Mollica, Mireille Girard** |

# SATURDAY OCTOBER 20

**08:00** Registration

**08:30-09:00** Welcome and Opening

## Hall A — Batlouni

**Interventional Cardiology: CTO and Complex PCI**

**09h00-11:00** Session 1

09:00-09:15 CTO, Indications and Case Selection Julian Strange

09:15-09:30 Dual Injection Angiogram and Collaterals Studying Omer Goktekin

**Case 1**

09:30-09:40 Antegrade Wire Escalation CTO PCI Mohammed Dbouk

09:40-09:50 Discussion

09:50-10:00 Principles of Wire Manipulation Fadi Abou Jaoude

**Case 2**

10:00-10:10 Rotablator Fadi Sawaya

10:10-10:20 Discussion

10:20-10:30 Balloon Uncossable Lesions John Irving

**Case 3**

10:30-10:40 Guide Extendors Case Presentation Abdallah Rbeiz

10:40-10:50 Discussion

10:50-11:00 IVUS Use in CTO Stephane Carlier

**1:00-11:15** Coffee Break

**11:15-13:00** Session 2

11:15-11:30 Retrograde CTO PCI Step by Step John Irving

**Case 4**

11:30-11:40 Basic Retrograde CTO PCI Ali Al Sayyed

11:40-11:50 Discussion

11:50-12:00 Solutions for Proximal and Distal Caps Ambiguity Julian Strange

## Hall B — Bechara Amphitheater

**09:00-12:15** Community Mental Health

**09:00-10:30** Session 1

09:00-09:30 Assessing the Impact of the Ghata Project, Lebanon Richard Mollica

09:30-09:50 Ghata: A Restorative Built Environment Impacting Refugees Mental Health in Lebanon Rabih Shibli

09:50-10:10 Building Mental Health in the Assyrian Community: An Integrated Intervention John Fayyad

10:10-10:30 Resilience-Building Interventions within the School System Caroline Cordahi-Tabet

**10:30-10:45** Coffee Break

**10:45-12:15** Session 2

10:45-11:05 Improving Mental Health and Personal Competence: A Prospective Study Elie Karam

11:05-11:25 Prevention of Mental Disorders in the Elderly through Community Interventions: The Elderly Empowerment Project Georges Karam

11:25-11:45 Human Longevity and Active Aging Networking Elie Stephan

11:45-12:15 Discussion

## Hall A — Batlouni

**Case 5**

12:00-12:10 Complexe Retrograde CTO PCI Omer Goktekin
12:10-12:20 Discussion
12:20-12:30 Septal vs Epicardial Collaterals, Techniques, Advantages and Disadvantages Julian Strange

**12:30-13:00 Case 6**

12:30-12:40 Coronary Perforation Stephane Carlier
12:40-12:50 Discussion
12:50-13:00 Coronaries and Collaterals Perforation Management Ahmed El Guindy

**3:00-14:00 Lunch**

**14:00-15:30 Session 3**

14:00-14:15 Hybrid Algorithm Omer Goktekin
14:15-14:30 Hemodynamic Support in CTO PCI Nidal Abi Rafeh

**Case 7**

14:30-14:40 ADR, STAR Technique Fadi Abou Jaoude
14:40-14:50 Discussion
14:50-15:00 Different Types of Microcatheters Steven Boardman

**Case 8**

15:00-15:10 ADR, Stingray Technique Assaad Maalouf
15:10-15:20 Discussion
15:20-15:30 Refractory ISR CTO- Thinking Outside the Box Nidal Abi Rafeh

**15:30-16:30 Session 4**

6 Complex Case Presentations: Tips and Tricks
Nader Wansa, Michel Fattouch
Hisham Hjeij, Antoine Hajj
Hassan Mansour, Charbel Naim

## Hall B — Bechara Amphitheater

**12:30-15:15 Prostate Cancer from Diagnosis to Follow Up: A Multidisciplinary Approach**

**12:30-14:00 Session 1**

12:30-12:40 Introduction and Case Presentation Michel Jabbour
12:40-12:50 PSA: to Screen or Not to Screen Rami Nasr
12:50-13:00 Novel Biomarkers in Early Screening and Diagnosis of Prostate Cancer Rania Naoufal
13:00-13:10 Multiparametric MRI: Use or Overuse Emilie Fayad
13:10-13:25 MRI Targeted Fusion Biopsy: The Concept and Local Experience Raja Ashou
13:25-13:40 Role of Fusion Biopsy in Active Surveillance Alexandre Peltier
13:40-13:50 Rising PSA Despite Normal MRI: To Do or Not to Do Georges Assaf
13:50-14:00 Discussion

**14:00-14:20 Break**

**14:20-15:15 Session 2**

14:20-14:30 PET Scan: What to Do When to Do Roy Raad
14:30-14:45 Focal Therapies with or without Koelis: Opportunities and Challenges Alexandre Peltier
14:45-14:55 SBRT in Oligometastatic Disease Georges Farha
14:55-15:05 Histopathology: Diagnostic and Prognostic Criteria Zarouhie Meguerian
15:05-15:15 Discussion

## Hall A — Batlouni

**08:00-09:00** Registration

**Interventional Cardiology: CTO and Complex PCI**

**08:30-09:00** Welcome and Opening

**09h00-11:00** Session 1

**Chairman** John Irving

**Moderators** Hisham Dib, Georges Ghanem, Omar Hamoui, Antoine Sarkis

09:00-09:15 CTO, Indications and Case Selection Julian Strange
09:15-09:30 Dual Injection Angiogram and Collaterals Studying Omer Goktekin
**Case 1**
09:30-09:40 Antegrade Wire Escalation CTO PCI Mohammed Dbouk
09:40-09:50 Discussion
09:50-10:00 Principles of Wire Manipulation Fadi Abou Jaoude
**Case 2**
10:00-10:10 Rotablator Fadi Sawaya
10:10-10:20 Discussion
10:20-10:30 Balloon Uncossable Lesions John Irving
**Case 3**
10:30-10:40 Guide Extendors Case Presentation Abdallah Rbeiz
10:40-10:50 Discussion
10:50-11:00 IVUS Use in CTO Stephane Carlier

**11:00-11:15** Coffee Break

**11:15-13:00** Session 2

**Chairman** Stephane Carlier

**Moderators** Rabih Azar, Nader Gharib, Assaad Maalouf, Raed Othman, Fadi Sawaya
11:15-11:30 Retrograde CTO PCI Step by Step John Irving
**Case 4**
11:30-11:40 Basic Retrograde CTO PCI Ali Al Sayyed
11:40-11:50 Discussion
11:50-12:00 Solutions for Proximal and Distal Caps Ambiguity Julian Strange
**Case 5**
12:00-12:10 Complexe Retrograde CTO PCI Omer Goktekin
12:10-12:20 Discussion
12:20-12:30 Septal vs Epicardial Collaterals, Techniques, Advantages and Disadvantages Julian Strange
**Case 6**
12:30-12:40 Coronary Perforation Stephane Carlier
12:40-12:50 Discussion
12:50-13:00 Coronaries and Collaterals Perforation Management Ahmed El Guindy

| | |
|---|---|
| **13:00-14:00** | **Lunch** |
| **14:00-15:30** | **Session 3** |
| **Chairman** | **Julian Strange** |
| **Moderators** | **Mohammed Dbouk, Mohammed Kalakech, Abdallah Rbeiz**<br>**Ali Al Sayyed** |
| 14:00-14:15 | Hybrid Algorithm Omer Goktekin |
| 14:15-14:30 | Hemodynamic Support in CTO PCI Nidal Abi Rafeh |
| | **Case 7** |
| 14:30-14:40 | ADR, STAR Technique Fadi Abou Jaoude |
| 14:40-14:50 | Discussion |
| 14:50-15:00 | Different Types of Microcatheters Steven Boardman |
| | **Case 8** |
| 15:00-15:10 | ADR, Stingray Technique Assaad Maalouf |
| 15:10-15:20 | Discussion |
| 15:20-15:30 | Refractory ISR CTO-Thinking Outside the Box Nidal Abi Rafeh |
| **15:30-16:30** | **Session 4** |
| | 6 Complex Case Presentations: Tips and Tricks<br>Nader Wansa<br>Michel Fattouch<br>Hisham Hjeij<br>Antoine Hajj<br>Hassan Mansour<br>Charbel Naim<br>Radi Cheaito |

## Hall B — Bechara Amphitheater

**08:00-09:00** Registration

**09:00-12:15** Community Mental Health

**09:00-10:30** Session 1

Moderator: Suzanne Jabbour

09:00-09:30 Assessing the Impact of the Ghata Project, Lebanon Richard Mollica
09:30-09:50 Ghata: A Restorative Built Environment Impacting Refugees Mental Health in Lebanon Rabih Shibli
09:50-10:10 Building Mental Health in the Assyrian Community: An Integrated Intervention John Fayyad
10:10-10:30 Resilience-Building Interventions within the School System Caroline Cordahi-Tabet

**10:30-10:45** Coffee Break

**10:45-12:15** Session 2

Moderator: Aimée Nasser-Karam

10:45-11:05 Improving Mental Health and Personal Competence: A Prospective Study Elie Karam
11:05-11:25 Prevention of Mental Disorders in the Elderly through Community Interventions: The Elderly Empowerment Project Georges Karam
11:25-11:45 Human Longevity and Active Aging Networking Elie Stephan
11:45-12:15 Discussion

**12:30-15:15** Prostate Cancer from Diagnosis to Follow Up: A Multidisciplinary Approach

**12:30-14:00** Session 1

Moderators: Walid Alame, Imad Ghantous, Elie Nemr

12:30-12:40 Introduction and Case Presentation Michel Jabbour
12:40-12:50 PSA: to Screen or Not to Screen Rami Nasr
12:50-13:00 Novel Biomarkers in Early Screening and Diagnosis of Prostate Cancer Rania Naoufal
13:00-13:10 Multiparametric MRI: Use or Overuse Emilie Fayad
13:10-13:25 MRI Targeted Fusion Biopsy: The Concept and Local Experience Raja Ashou
13:25-13:40 Role of Fusion Biopsy in Active Surveillance Alexandre Peltier
13:40-13:50 Rising PSA Despite Normal MRI: To Do or Not to Do Georges Assaf
13:50-14:00 Discussion

**14:00-14:20** Break

**14:05-15:00** Session 2

Moderators: Georges Ghazal, Pierre Sarkis, Salim Zeini

14:20-14:30 PET Scan: What to Do When to Do Roy Raad
14:30-14:45 Focal Therapies with or without Koelis: Opportunities and Challenges Alexandre Peltier
14:45-14:55 SBRT in Oligometastatic Disease Georges Farha
14:55-15:05 Histopathology: Diagnostic and Prognostic Criteria Zarouhie Meguerian
15:05-15:15 Discussion

# FRIDAY OCTOBER 19

## Hall C - Small Batlouni

Workshop for Wound Care

| | |
|---|---|
| 14:00-15:00 | How to Assess a Chronic Wound and How to Choose The Appropriate Dressing? |
| 16:45-17:45 | Negative Pressure Wound Therapy: Indications, Contre Indications and Technique |

# SATURDAY OCTOBER 20

## Hall C - Small Batlouni

| | |
|---|---|
| 10:00-10:30 | Locoregional Anesthesia and Pain Management Vincent Minville |
| 10:30:12:00 | Workshop: Locoregional Anesthesia and Pain Management Under Ultrasound Workshop Vincent Minville, Wissam Tohmé |
| **12:00-12:30** | **Break** |
| 12:30-14:00 | Workshop: Locoregional Anesthesia and Pain Management Under Ultrasound Workshop Vincent Minville, Wissam Tohmé |

**Free Registration for 3 days including workshops**

# ABSTRACT

## Cancer Genetics Session

### Raouf Ben Abdelali

Raouf Ben Abdelali is the Head of the Division of Hematology and Oncology at CERBA Laboratory. He is a Medical Doctor in Hematology and he obtained PhD in Cellular and Molecular Biology, from Doctoral School of Cancerology, Biology, Medicine and Health, University of Paris 11. He is specialized in cytogenetics and molecular genetics in onco-Hematology and solid tumors.

**Colorectal Cancer: Somatic Mutations and Impact on Treatment Decision**

Technological advances have led to the introduction of next-generation sequencing (NGS) platforms in cancer investigation. NGS allows massive parallel sequencing that affords maximal tumor genomic assessment. NGS technology has been revolutionizing cancer molecular diagnostics, due to the many advantages it offers compared to traditional methods. There is greater knowledge on solid cancer diagnostics.

Moreover, in the context of solid tumors, the evolution of cancer therapies to more targeted and nuanced approaches has led to the impetus for personalized medicine. The targets for these therapies are largely based on the driving genetic mutations of the tumors. To track these multiple driving mutations the use of next generation sequencing (NGS) coupled with a morpho-molecular approach to tumors, has the potential to deliver on the promises of personalized medicine. Here, we will focus on genomic-based approach to personalized treatment of patients with colon cancer.

## Lucie Karayan-Tapon

Pr. Lucie Karayan-Tapon obtained her Medical Doctor (MD) and Doctor of Philosophy (PhD) degrees at the University of Montpellier I.
She is currently Professor in Oncology-Radiotherapy at the University of Poitiers. She is the head of the Cancer Biology Department at Poitiers University Hospital, head of Poitiers Cancer Molecular Genetics Platform supported by the French National Cancer Institute and head of the "Glioma Group" in INSERMU1084. She is a past and actual member of the University National Committee in Oncology–Radiotherapy, member of the scientific committee of Poitiers Faculty of Medicine, member of the HCERES Committee and member of several international and national groups in the field of cancer and genetics. She is teaching and directing several training courses in the field of Oncology (Biology) at the University of Poitiers. She is the author of more than 60 articles in the field of cancer biology.

### Lung Cancer: Somatic Mutations and Impact on Precision Medicine

Lung cancer is the most frequent cause of cancer-related mortality worldwide. Therapeutic progress for the non-small cell lung cancer (NSCLS) which represents the major histological subtype of the disease can largely be attributed to the accumulation of molecular knowledge on NSCLS tumor biology. The identification of oncogenic driver mutations permitted the development of new drugs that specifically target these molecular abnormalities with major benefits. However despite these advances alterations in the targeted oncogene or alterations in parallel pathways leads resistance to targeted therapies and the relapse of the disease. These points will be presented.

**Rania Naoufal**

After graduating from medical school at University of Balamand in 2009, Dr. Rania Naoufal did her residency in Clinical Laboratory Medicine at Saint George Hospital University Medical Center.
She performed her fellowship in Genetics Laboratory at the University Hospital Center of Poitiers, France where she also worked for two years in the Cancer Genetics Laboratory. She is a fulltime Clinical Laboratory physician at Saint George Hospital University Medical Center since 2017.

**Cancer Genome Wide Analysis by Microarray**

The advent of genomic technologies over the past years has enabled drastic improvement in tumor characterization. Genome analysis by microarray including array-CGH and SNP-arrays has provided a wealth of new insight on submicroscopic copy number alterations (CNA). These chromosomal changes have led to the identification of oncogenes and tumor suppressor genes involved in cancerogenesis. The detection of genetic alterations offers valuable adjunctive tools not only for tumor classification, but also for the prediction of patient outcome and therapy response.

**Laila Fouad Zahed**

Laila Zahed is a Professor at the Faculty of Medicine, University of Balamand and the Director of the Genetics Unit, Clinical Laboratories Department, at Saint Georges Hospital University Medical Center. She is specialized in Cytogenetics and Molecular Cytogenetics, as well as genetic counseling of patients and families with a variety of genetic conditions. She holds an MSc in Human Genetics from the University of Michigan, a PhD in Human Genetics from the University of London and a post-doctoral research fellowship from McGill University in Canada. She is an author on over 55 publications in peer-reviewed scientific journals.

**Hereditary Cancers and Next Generation Counseling**

Hereditary cancers, involving high susceptibility genes, account for 5-10% of all cancers. The development and reduction in cost of next generation sequencing, allowing the simultaneous analysis of large panels of genes involved, to various extents, in a variety of cancers, has increased mutation detection rates. However, this upsurge of data is often accompanied by difficulties in interpretation and clinical management, especially in the case of variants of unknown significance (VUS) and the penetrance of rare genes. In this context, next generation genetic counseling, adapted to the new technologies, becomes even more crucial.

## Gynecology Session

**Jean-Marc Ayoubi**

- Professeur des Universités - Praticien Hospitalier
- Gynécologie Obstétrique et médecine de la reproduction
- Chevalier de l'ordre national de la légion d'honneur
- Doctorat en Médecine, DES de Gynécologie-Obstétrique
- Thèse d'Université (PhD) « Apport des nouvelles technologies et de la Robotique à la Gynécologie et à la Médecine de la Reproduction
- Professeur des Universités - Praticien Hospitalier
- Chef de service de Gynécologie-Obstétrique, Hôpital FOCH
- Président de l'association Médicale Franco Libanaise
- Co-auteur de 4 livres de Médecine
- Membre du comité scientifique et du comité de rédaction des plusieurs revues françaises et internationales
- Membre de plusieurs Sociétés Savantes de Gynécologie-Obstétrique et de Médecine de la Reproduction, nationales et internationale
- Récompensé en 2002 par le prix d'excellence pour la Recherche Médicale de la commission européenne « EURON/EUnited Robotics Technology Transfer Award » et l'European Robotics Research Network
- Le Professeur Ayoubi est également engagé dans une activité de recherche où il est à l'origine de plus d'une centaine de publication
- Il est actuellement promoteur de plusieurs projets de recherche dans le domaine de la reproduction et de la chirurgie robotique
- Directeur de plusieurs dizaines de thèses de doctorat en Médecine, et de plusieurs dizaines de mémoires d'obtention du diplôme de Gynécologie obstétrique

### Pregnancy in Advance Maternal Age

**Contexte:** Les grossesses tardives sont actuellement un sujet de préoccupation dans les pays occidentaux depuis plusieurs années. L'âge maternel est en constante augmentation depuis plusieurs décennies avec un nombre maximal de ces grossesses tardives entre 40 et 45 ans.

**Objectif:** Etudier l'impact de l'âge maternel sur les complications obstétricales, fœtales et néonatales.

**Methodes:** Nous avons réalisé une étude de cohorte rétrospective monocentrique incluant toutes les patientes ayant 40 ans ou plus lors de leur accouchement à la maternité de l'hôpital Foch entre Janvier 2006 et Décembre 2017. A chacune de ses patientes était affiliée une patiente âgée entre 25 et 35 ayant accouché le même jour.

Nous avons recueilli les caractéristiques de chaque grossesse en nous intéressant aux caractéristiques générales des patientes (antécédents d'hypertension artérielle/de diabète pré-existant/de maladie thromboembolique, IMC, tabac, origine géographique, recours à la procréation médicalement assistée...), aux complications obstétricales maternelles (hypertension artérielle gravidique, diabète gestationnel, pré-éclampsie, césarienne, hémorragie du post partum,...), fœtales (retard de croissance intra-utérin, mort fœtale in utero, prématurité...) et néonatales (réanimation...)

**Resultats:** 1503 patientes de plus de 40 ans ont été incluses sur la période choisie. Chez les patientes de 40 ans ou plus, les résultats mettent en évidence que les complications maternelles obstétricales sont significativement plus fréquentes, avec un risque augmenté de manière significative pour le diabète gestationnel (OR=2,68 ; (IC 95% 1,63 ; 4,41) p=0,0001), de pré éclampsie (OR=2,75 ; (IC 95% 1,67 ; 4,54) p<0,0001), l'HTA gravidique (OR=2,70; (IC 95% 1,54 ; 4,72) p=0,0005) et l'accouchement par césarienne (OR=2,32; (IC 95% 1,94 ;2,77) p<0,0001). Il n'apparaît pas de différence significative concernant les risques d'hémorragie du post-partum, de transfusion ou de passage de la patiente en réanimation.
Sur le plan fœtal, le risque de MFIU (1,9% (IC95% 1,3 ; 2,7) versus 0,4% (IC95% 0,2 ; 0,9%) p<0,001) ou de prématurité (OR=1,73, (IC 95% 1,29 ; 2,32), p=0,0003) est significativement plus important chez les patientes de 40 ans ou plus.
Sur le plan néonatal, le score d'APGAR, le pH au cordon ne montrent pas de différence significative selon l'âge maternel. Par contre le passage en réanimation néonatale est plus fréquent chez les enfants de mères de 40 ans ou plus (12,1% (IC 95% 10,5-13,8%) versus 9,7% (IC95% 8,3-11,3), p=0,033).

**Conclusion:** Les grossesses sont plus à risque de complications obstétricales maternelles, fœtales et néonatales chez les patientes de 40 ans ou plus que chez les patientes âgées entre 25 et 35ans.

**Philippe Bouchard**

- Endocrinologue
- Membre de l'académie nationale de médecine
- Professeur Emérite à l'Université Pierre et Marie Curie
- Ancien Chef de Service de l'Hôpital saint Antoine (Endocrinologie et Obstétrique et Gynécologie), et directeur de l'EA 1533 Génétique de la Reproduction humaine
- Senior Consultant The Population Council, NewYork, NY, USA
- Past-President, European Society of Endocrinology
- Consultant Service de Gynécologie obstétrique Hopital Foch
- Doctor honoris causa, University of Liege, Belgique
- Chevalier dans l'Ordre de la Legion d'Honneur
- Endocrinologist
- Member of the National Academy of Medicine
- Professor Emeritus Univeristy Pierre and Marie Curie Paris, France
- Previous chair of Endocrinology and Ob Gyn dept at Kospital saint Antoine
- Former director of EA 1533 Lab: Gentics of Human reproduction
- Senior Consultant, the Population Council New York NY USA
- Past President European Society of Endocrinology
- Honorary president European Society of Gynecology
- Consultant Department of Ob Gyn Hopital Foch Suresnes France
- Doctor Honoris causa University of Liege , Belgique
- Chevalier in the Order of Legion of Honour

**Polycystic Ovary Syndrome, a frequent condition with an inappropriate name**

Most frequent endocrine disorder in women, PCOS is characterized by oligomenorrhea, hyperandrogenism, and ovarian multi-follicular development. It is transmitted in an autosomal and dominant manner, and is usually apparent as early as puberty.

Although the genetic trait is clear, the pathophysiology remains poorly understood associating excess androgen production by the ovaries, and a frequent abnormal metabolic profile involving insulin resistance and an increased risk of type 2 diabetes (T2D). Obesity is not a part of the mechanisms, but when present, amplifies androgen production and the risk of Type 2.

The definition relies on the Rotterdam criteria: 2 of the 3 following criteria are sufficient for the diagnosis: oligomenorrhea, signs of androgen excess, and multi-follicular ovaries (or eventually increased AMH levels).

Biological results show increased Testosterone and delta 4 androstenedione levels, while estradiol remains in the follicular phase range, prolactin is normal. Importantly, to eliminate pathologies which can mimic PCOS, Testosterone levels should remain below 1 ng/ml (3.5 nmol/L), 17OH-progesterone and urinary cortisol are normal, which eliminate the diagnosis of endocrine tumors, CAH, and Cushing syndrome.

Pathophysiology involves two key components: excess ovarian androgen due to overexpression of genes involved in androgen synthesis such as DENND1A. In turn androgen excess induces multi-follicular development. Insulin excess due to insulin resistance is the second mechanism as suggested by CR Kahn in 1976. High levels of insulin stimulate IGF1 receptors in theca cells and increase androgen production.

A significant metabolic risk persists with an increased risk of T2D (RR 2.5, and 4, in case of excess weight). Liver steatosis (NASH) is now recognized as a significant risk in women with PCOS. Finally, increased risk of cancer and cardiovascular disease have also been recognized.

Treatment is simple: combined OCs or anti androgen in case of hirsutism, while infertility treatment associates loss of weight, and eventually Clomiphene citrate/ Letrozole/ Low dose FSH. Pregnancy rate remains excellent in these women who needs to be reassured. Metformine is useful in case of insulin resistance and metabolic syndrome. It is crucial to make sure that these women are followed through a multidisciplinary approach since PCOS is a life- long disorder which may be associated with depression especially when the follow up is erratic and eventually contradictory.

**René Frydman**
Current Positions and Rank
Professor Emeritus University Paris V and consultant in Reproductive Medicine – Hospital Foch.Paris -Suresnes

National Positions Held
Member of the National Committee of Human Rights
Member of the National Committee of Ethics for the Sciences of Life and Health
Counselor of the Minister of Research

Awards of Distinction
Chevalier of the French Order of Merit
Commander of the French Legion d'Honneur

**Authors of almost 500 international scientific publications in the Reproduction area**

Areas of Special Interest and Accomplishments
My special areas of interest in Gynecology and Obstetrics include infertility and high- risk pregnancy and surgical gynecology. My work in infertility led with my biologists and physicians collaborators to the first baby born as a result of in vitro fertilization In France, in February 1982. Also to the First baby born in France after embryo freezing 1986, after PGD 2000 ,after in vitro maturation 2003,after oocyte freezing 2011 (more than 400 Scientific publications ) My other area of interest has been biomedical ethics. My work in this realm led to many invitations by religious authorities of the Vatican, Jerusalem and of the Reform Church to debate the moral issues created by the use of the techniques of artificial procreation. I have had an active participation in the preparation on the law on bioethics.

**Ethics in Reproductive Endocrinology**

## Multiple Sclerosis

### Heinz Wiendl

Prof. Wiendl studied medicine in Germany, Switzerland and USA, graduating in 1996. After working as a research fellow at the Institute of Neuroanatomy, Nuremberg, the Max Planck Institute for Neurobiology and the Department of Neurology Tuebingen, he became head of a clinical research group for MS in Wuerzburg in 2005 and acted as a vice-chair of the Department of Neurology. In 2010 he was recruited to Muenster University as director of the Department of Neurology-Inflammatory Disorders of the Nervous System and Neurooncology. Since 2013 he is head of the Department of Neurology Muenster. His research focusses on inflammatory neurodegeneration, immune regulation and protection, as well as monitoring MS and its therapy. His achievements have been recognized by both Sobek awards of the German Society for MS (DMSG) (2004; 2015). In 2017 Heinz Wiendl was appointed Honorary Professor at Sydney Medical School.

**Updates in Immunopathology: Role of T & B Cells**

**Anne-Caroline Papeix**

Dr PAPEIX trained as a neurologist in Paris, France. In 2003, she continued her training as chief resident in Salpêtrière Hospital (Paris) during two years. After completing her clinical research training at the clinical research center at Salpêtrière Hospital in Paris, in 2013 she accepted to lead MS center at Salpêtrière Hospital including the clinical and therapeutic research on MS.

## Updates in Diagnosis (Revised 2017 Mc Donald Criteria) and Markers of Disease Activity

To simplify or clarify components of the 2010 Criteria and to facilitate earlier diagnosis when MS is likely but not diagnosable with the 2010 Criteria, a new set of diagnosis criteria have been proposed in 2017. Concerning the marker of the disease activity, different set of criteria have been proposed to define failure of first line and second lines disease modifying therapies.

## Updates in disease modifying therapies - Progressive Forms

Management of progressive multiple sclerosis (MS) is one of the challenges of this new century. Based on the knowledge of physiopathology, 3 therapeutic strategies are proposed: anti-inflammatory (ocrelizumab, siponimod...), remyelination (opicinumab) and neuroprotection (high dose of biotin, ibudilast, simvastatine...). Despite recent promising positive clinical trials, new methodology for therapeutic protocols is needed with adapted outcomes to assess progression.

**Guillaume Geri**

Guillaume Geri is a critical care physician. He performed his clinical fellowship in the medical intensive care unit in Paris, France. His field of research is post-resuscitation care and he defended his PhD in 2015 on the long-term outcome of cardiac arrest patients, regarding the crude survival as well as the neurological performance and the health-related quality of life. Guillaume Geri has done a research fellowship at Rescu, St Michael's hospital in Toronto, ON, Canada under the supervision of Laurie Morrison. He performed economics analyzes of cardiac arrest management and at comparing these costs between different national strategies.
Guillaume Geri has an Associate Professor of critical care medicine position at Ambroise Paré Hospital, Assistance Publique Hôpitaux de Paris, Boulogne-Billancourt, France.

**Therapeutic Hypothermia: Where Do We Stand in 2018?**

Therapeutic hypothermia has been widely used since the two pioneer publications in 2002 showing benefit in terms of neurological outcome in out-of-hospital cardiac arrest patients. The level of hypothermia was usually 33°C until the publication of the TTM trial in 2013 showing that no difference of mortality was observed in patients receiving therapeutic hypothermia at 33°C or targeted temperature management at 36°C. But maintaining a body temperature at 36°C does not mean doing nothing as fever prophylaxis is probably the cornerstone of the brain protection. While the TTM2 trial is recruiting, comparing 33°C versus fever treatment in this population, no recent data have shown superiority of a longer period of temperature management or of an intravascular technique compared to an external device.

## Parkinson Disease

### Bertrand Degos

Professor Bertrand DEGOS is the head of the Neurology Unit at Avicenne University Hospital (APHP, Hôpitaux Universitaires de Paris - Seine Saint-Denis, Bobigny, FRANCE). He was the coordinator of the Parkinson Expert Center of Pitié-Salpêtrière University Hospital from 2012 to 2017.
He is a movement disorders specialist. He also did a PhD in Neurosciences at the College de France on the effects and mechanisms of action of deep brain stimulation in rodent rendered parkinsonian after an interruption of the dopaminergic transmission (Prs J. Glowinski and JM Deniau). He continues his research on Parkinson's disease in the team of Dr Laurent Venance (Collège de France, Center for Interdisciplinary Research in Biology, Paris, FRANCE).

**Motor Complications: Clinical Aspects and Pharmacological Approaches**

Motor symptoms of Parkinson's disease (akinesia, rigidity and tremor) are due to the dopaminergic degeneration. After several years of dopatherapy, patients will present Dopa-induced motor complications also called fluctuations, corresponding to variations of the efficiency of L-Dopa during the day, and dyskinesia corresponding to abnormal involuntary movements. At this stage, pharmacological modifications could be proposed to alleviate these side effects. Future therapies allowing an easier and better management of motor complications will also be presented.

**Motor Complications: Special Consideration in Management (DUO-DOPA Pump, Apomorphine Pump, Deep Brain Stimulation)**

Parkinson's disease is a neurodegenerative disorder mainly due to dopaminergic degeneration. The treatment is based on dopamine substitution by dopaminergic receptor agonists or by Levodopa. After several years of dopatherapy, patients will inevitably develop Dopa-induced motor complications (motor fluctuations and dyskinesia). At this stage, three main alternative therapies could be proposed to patients: deep brain stimulation, and continuous dopaminergic stimulation with apomorphine or DuoDopa®.
We will present these treatments and also show the future innovations in this field.

## Pediatric Session

### Ramy Ghabril

- Associate Professor of Clinical Pediatrics at the University of Balamand
- Head of the Pediatric Nephrology unit at Saint George hospital - Beirut
- Senior Lecturer at the Lebanese University
- Consultant at the Burn center at the Lebanese Hospital - Geitawi
- Councilor at the Asian Pediatric Nephrology Association
- Member of the Editorial Board of the Asian Pediatric Nephrology Journal

**Nephrolithiasis in Children: From the Nephrologist Point of View**

There is a paucity of data on the burden of nephrolithiasis in children. The incidence and prevalence of childhood calculi has been increasing over the last decade. The pattern of stone composition and localization has also changed. The frequency of Calcium Oxalate and Calcium Phosphate has progressively increased while Ammonium Urate stones, that are typically associated with recurrent urinary tract infections and obstructive uropathy, have become less common, even in developing countries. The frequency of calculi in the bladder has decreased as compared to upper urinary tract calculi. Metabolic factors as the cause for calculi are more likely to be identified in children as compared to adults.

**Walid Farhat**

Dr. Walid Farhat is a professor with the Department of Surgery, University of Toronto, and a Pediatric Urologist with The Hospital for Sick Children. Since 1998, after joining SickKids, Dr. Farhat has gradually developed a unique niche within the urology field in the education, clinical and research arenas.
His most recent expansion of practice has been within the medicolegal area after completing his Global Professional Master of Laws with the University of Toronto.
Dr. Farhat is both the Fellowship Program Director in the Division of Urology, as well as the Associate Surgeon in Chief of Education for the Department of Surgery. He has a particular interest in education, and has received multiple teaching awards, including the A.W. Bruce Faculty Undergraduate teaching award for multiple years and has completed the Stepping Stones Teacher Training Certificate program.

**Nephrolithiasis in Children: From the Urologist Point of View**

Kidney stones in children are on the rise, with many being idiopathic and non-amenable to medical preventative treatment. Though many of those stones do not cause symptoms, some of them obstruct the kidney and not only cause intense pain but also urinary tract infections and renal dysfunction. As there are many different kinds of stones, there are also many approaches to deal with stones depending on their location, type and presentation. The surgical approaches range from ESWL to advanced surgical interventions. Herein, a list of the surgical approaches will be presented with particular emphasis on the emerging surgical modality known as Retrograde Intra-Renal Surgery-RIRS.

**Christophe Bergeron**

School of Medicine René Descartes-Necker-Enfants Malades, University in Paris (1973-1979). Internship, Rennes University Hospitals (1980). Laureate "Medical Intern Award" (1985). Medical doctor (1986). Clinical Assistant Professor and Assistant professor, Rennes University Hospitals (1986-1996). Visiting researcher in Biology, UCSF, University of California, San Francisco (1991-1992). Head of paediatric department in Centre Léon Bérard (2000- 2005). Assistant Director in charge of Medical business in Centre Léon Bérard (2005-2009). Head of paediatric department in Centre Léon Bérard (2010-). Administrator of "Institut d'Hématologie et d'Oncologie Pédiatrique" (2010-2013). Administrator of « Institut d' Hématologie et d'Oncologie pédiatrique », Lyon, France and head of paediatric oncologic department in Centre Léon Bérard, Lyon, France (2018).
Member of the steering committee of the SIOP Renal Tumour Study Group (RTSG), European group for kidney tumour. Member of the board of European paediatric Sarcoma Study Group (EpSSG).

**Wilms Tumor in Children. A Global Review and Clinical and Biological Updates**

Around 90% of paediatric renal tumour cases are nephroblastomas or Wilms tumours (WT). Despite enormous progress in the molecular genetic characterization of nephroblastoma the diagnosis of this tumour is still based on the histopathological classification. Two major groups (COG: Children's Oncology Group, North America and SIOP RTSG: Renal tumour Study Group) drove many randomised studies during 40 years. The fundamental difference between both groups is their initial treatment approach: primary surgery (COG) and preoperative chemotherapy (SIOP RTSG). The results are strictly the same between both groups around 90% of event free survival. The burden of treatments is roughly similar. How to continue to decrease the burden of treatment for good prognostic cases? How to cure the serious cases (30% of EFS for HR stage IV)? Approximately 28% of WTs have 1q gain associated with significantly poorer event-free survival in patients treated with pre-operative chemotherapy or surgery first. Simultaneous allele loss of 1p and 16q has been shown to be associated with poor outcome in COG cases treated by immediate nephrectomy. MYCN gain was recently found to be associated with adverse outcome in a retrospective SIOP-RTSG study. 17p loss encompassing the TP53 locus, usually concomitant with point mutation of the other allele, appears to be associated with poor outcome in anaplastic tumours.

Finally, fundamental research about wilms tumour is needed to understand the mechanisms of cancer proliferation and define what anomalies are drivers and what drugs act on these drivers.

Pritchard-Jones K, Bergeron Ch, de Camargo B, et al. on behalf of the SIOP Renal Tumor Study Group: Doxorubicin omission from the treatment of stage II/III, intermediate risk histology Wilms tumour: results of the SIOP WT 2001 randomised trial. Lancet, 2015. 386: p. 1156-1164.

Dome JS, et al., Children's Oncology Group's 2013 blueprint for research: renal tumours. Pediatr Blood Cancer, 2013. 60(6): p. 994-1000.

M.M. van den Heuvel-Eibrink, H. van Tinteren , C. Bergeron, et al : Outcome of localised blastemal-type Wilms tumour patients treated according to intensified treatment in the SIOP WT 2001 protocol, a report of the SIOP RenalTumour Study Group (SIOP-RTSG); European Journal of Cancer (2015) 51, 498– 506.

Grundy P, Breslow NE, Li S, et al.: Loss of heterozygosity for chromosomes 1p and 16q is an adverse prognostic factor in favorable-histology Wilms tumor: a report from the National Wilms Tumor Study Group. J Clin Oncol, 2005. 23(29): p. 7312-21

Gratias EJ, et al., Gain of 1q is associated with inferior event-free and overall survival in

patients with favorable histology Wilms tumor: a report from the Children's Oncology Group. Cancer, 2013. 119: p. 3887-94

Chagtai T, Zill C, Dainese L et al.: Gain of 1q as a prognostic biomarker in Wilms tumours treated with pre-operative chemotherapy in the SIOP WT 2001 trial: A SIOP Renal Tumours Biology Consortium Study. J Clin Oncol, 2015

Wegert J, Ishaque N, Vardapour R, et al.: Mutations in the SIX1/2 pathway and the DROSHA/DGCR8 miRNA microprocessor complex underlie high-risk blastemal type Wilms tumors. Cancer Cell, 2015. 27(2): p. 298-311

Walz Al, Ooms A, Gadd S et al.: Recurrent DGCR8, DROSHA, and SIX homeodomain mutations in favorable histology Wilms tumors. Cancer Cell, 2015. 27(2): p. 286-97

**Pauline Abou Jaoude**

Dr. Abou Jaoudé received her MD and specialty degree in Pediatrics from St Joseph University, Beirut, Lebanon. Then, she completed her fellowship in Pediatric Nephrology at "Centre de Référence des Maladies Rénales Rares", Femme Mère Enfant University hospital, Lyon, France, where she continued to work as an attending physician in the Department of Pediatric Nephrology, until the end of 2010. In 2011, she returned to Lebanon as a consultant physician in Pediatric Nephrology in the LAUMC-RH and Notre Dame de Secours University Hospital. In September 2016, she joined the Department of Pediatrics and the Pediatric Nephrology Unit in Saint George Hospital – UMC as a full-time attending physician.
Dr. Pauline Abou-Jaoudé is an Assistant Professor of Clinical Pediatrics at the University of Balamand and the Lebanese American University. She is a member of several scientific local and international organizations. She has more than 15 publications in international peer reviewed journals, with special interest in nephron reduction.

**Wilms Tumor in Children: Long Term Renal Follow-Up**

Serious concerns have risen during the last decades regarding renal outcome of children surviving Wilm's Tumor. In fact, the remaining kidney in these children following unilateral nephrectomy, is exposed not only to nephrotoxic drugs and/or radiation therapy in the initial phase, but mainly to the glomerular hyperfiltration injury and its long-term deleterious consequences, i.e. systemic hypertension, proteinuria and glomerulosclerosis with gradual decline in renal function. Thus, careful monitoring of these children, during and after finishing their treatment, remains mandatory in order to detect early signs of kidney injury and prevent its progression to more serious complications.

**Peter Noun**

Pediatric Hematologist Oncologist,
Chairman of Pediatric Hematology Oncology Unit at
St George Hospital University Medical Center
Assistant Professor at Balamand Faculty of Medicine

Past President of the Lebanese Society of Hematology and Blood Transfusion for two consecutive years (Jan 2011 - Jan 2013) and Past Presidentof the Pediatric Hematology Oncology Club (June 2006 - June 2009).
Vice president of the Lebanese Society of Hematology and Blood Transfusion (January 2009).
In addition to this Dr Noun is a member of numerous local and international medical societies; EHA ( European Hematology Association ),Lebanese Society of Pediatrics; Lebanese Cancer Society; Hemophilia Society in Beirut; French Society of Pediatric Hematology and Immunology; SIOP (International Society of Pediatric Oncology); SFP (French Society of Pediatrics); Lebanese Society of Medical Oncology; World Federation of Hemophilia and ISTH (International Society of Thrombosis and Hemostasis )
Studied Medicine at the Lebanese University Beirut , and specialized in Pediatric Hematology Oncology at Claude Bernard University Lyon France
Focal Point of Impact Mission 2013 with MOPH, WHO, IAEA.
Pediatric Hematologist Oncologist Consultant at Lebanese Hospital Geitaoui UMC and Notre Dame de Secours UMC Byblos
Co Founder of KIDS FIRST ASSOCIATION ( NGO to support Children with Cancer )
Dr Noun run and was part of a series of publications within the field of Oncology, Hematology and Haemostasis such as "Recommendations for establishing haemophilia treatment centres in Near East and South Asian Regions" (Oct 2009); "Detection of Bleeding Disorders in Lebanon; Outcomes of a pilot study"within the Haemophilia Journal 2013; "Observations on the Ministry of Public Health program of support to the hospitalization of patients in Lebanon", J Med Liban 2014. and many others.....
In addition to that, Dr Noun is actively participating as a speaker and moderator in many National and International scientific meetings and congresses in the Field of Hematology and Oncology.
Dr Noun is member of Medical Advisory Board of many pharmaceutical labs such as Roche, Novonordisk, Pfizer, Bayer, Baxter.....

**Vaccination Schedule Post Chemotherapy and in Immunosuppressed Patients**

The paediatrician or family physician usually provides primary care for children diagnosed with cancer. Immunizations are an important facet of this care, but guidelines for the immunization of these immunocompromised children are difficult to locate and cumbersome to follow. Before initiating any immunizations in this group of children.

communication with a cancer specialist is recommended. There is little evidence-based literature to support immunization guidelines in immunocompromised patients

Cancer chemotherapy suppresses immune response . This decrease is most marked during induction and consolidation chemotherapy, and is moderate during maintenance chemotherapy. After the cessation of all therapy, immune function recovers to normal within three months or more. Primary immunization responses are more readily affected by immunosuppression than are booster responses. Immunizations should be withheld during induction and consolidation chemotherapy. Some vaccination options exist during maintenance therapy.

Killed vaccines pose no special risk to immunosuppressed children, but the children may not respond adequately. Conversely, live viral vaccines are contraindicated in immunosuppressed persons and should be deferred until immune function has returned to normal. Live bacterial vaccines (eg, bacille Calmette-Guérin, oral typhoid) should also be avoided.

The receipt of blood products can interfere with responses to live viral vaccines. A washout period, the length of which depends on the type and dose of product(s) received before vaccination is required

Bone marrow transplantation (BMT) results in severe immunosuppression. Ablation of memory lymphocytes may occur, necessitating repeat primary immunization. As engraftment progresses, immune functions gradually recover, but normalization can take 24 months or longer . Autologous transplantation results in less immunosuppression than allogeneic transplantation, with a decreased effect on memory cells.

Oral polio vaccine is contraindicated in household contacts because viral shedding may occur for eight to 12 weeks and may lead to paralytic poliomyelitis in an immunocompromised patient. Inactivated poliovirus vaccine should be given instead.

All routine, age-appropriate vaccines should be administered, including DTaP-IPV-Hib, MMR, Td or TDaP (when available). No special precautions are necessary because transmission of disease from these vaccines does not occur.

Varicella vaccine is recommended in all household contacts with a negative history of varicella zoster virus (VZV) infection.

An annual influenza vaccine should be given to all household contacts of immunocompromised childrenBasic Principles of Vaccinating Immunocompromised Children:

Determine immune status

Carefully assess risks versus benefits

Understand that inactivated vaccines are generally safe and play an important role and that live vaccines are generally contraindicated, except in select circumstances for which safety and efficacy data are available

Vaccinate contacts and healthcare workers

Follow current vaccine recommendations

Administer vaccines before immunosuppression when possible

Consider antibody testing to evaluate vaccine response

**Mirna Haddad**

Pediatric Surgeon
Timone Children Hospital - Marseille/France
Edmond Garcin Hospital - Aubagne/France

Qualified in pediatric surgery at the Lebanese University in 2000, my scientific education included one year training as senior resident at the CHU of Laval University, Quebec, Canada.

I completed further training at the Timone Children hospital in Marseille France with Professor Jean Michel Guys leading to my qualification in France in 2006 and Qualified in pediatric urology in 2008.

I have specific expertise in functional bladder disorders in children particularly in neurogenic ones. I still follow several clinical researches dealing with mininvasive therapy of neurogenic bladder, 2 of them were on sacral neuromodulation.

I have been working for more than 10 years as pediatric surgeon at Edmond Garcin Hospital in Aubagne/France and at Timone Children Hospital in Marseille/France.

I am also responsible of the pediatric urodynamic investigation at the Timone Children Hospital, and team member of the reference center of Spinal dysraphism.

**Neurogenic Voiding Dysfunctions: Updates and New Trends**

While neurogenic bladder can't be cured necessarily, it can most definitely be managed. The overall goals of the management are to preserve the upper urinary tract and insure a relative social continence.
The essential of this management is to adapt bladder emptying, treat a hyperactive bladder, increase bladder capacity and augment sphincter outlet resistance.
Balancing these functions requires a combination of medical and surgical treatment.
The new trends are minimally invasive therapies, started very early and adapted to each type of neurogenic bladder.

**Walid Farhat**

Refer to page 36

**Non Neurogenic Voiding Dysfunctions: Updates and New Trends**

Non neurogenic voiding dysfunction is an increasingly common pediatric problem and frequently associated with bowel disorder, hence the term bowel bladder dysfunction is becoming popular to describe this entity. BBD is not only associated with vesico-uretral reflux and urinary tract infections but also with significant psychosocial complications affecting quality of life and self-esteem. Possible etiologies and pathophysiology will be briefly brought forward but emphasis on the current methods of diagnosis and emerging therapeutic modalities will be presented.

**Nisrine Bou Khalil (Head Nurse NICU)**

Ms. Abi Khalil graduated in 2000 with a TS degree in nursing from St George Hospital School of nursing. She directly started working St. George Hospital as an RN on the Pediatric and Neonatal Intensive Care Unit. In 2011 she attained her BS degree in nursing from Balamand University and was promoted to the role of Head Nurse. In this role she evaluates nursing activities to guarantee adequate patient care is being met, by ensuring adequate staffing according to acuity and coordinating with other hospital departments for smooth flow of daily operations.

**Unplanned Extubation in PICU & NICU**

**Objective:** To decrease the rate of re-intubation due to accidental extubation in the PICU/NICU to ensure a safer environment for all hospitalized patients in the PICU/NICU. This study focuses on the following: incidence, re-intubation after unplanned extubation, outcomes and prevention.

**Methodology:** This is a prospective, observational study. All intubated patients in the PICU /NICU during 2017 were audited. Data collected included: reason for mechanical ventilation, sedation, restraint and patient care activity at the time of the event. Bundles for potential better practice were implemented via Plan-Do-Study-Act cycle.

**Results:** we found a drop of 9.46% in the rate of unplanned extubation after the implementation of the bundle.

**Conclusion:** Unplanned extubation in the PICU/NICU can be reduced by education of staff and by implementing standard practices of care.

**Mira Haddad (Clinical Nurse Specialist)**

Ms. Haddad graduated in 2005 with a BS in nursing from the Faculty of Public Health Lebanese University. She directly started working at St. George Hospital as an RN on the Pediatric Unit. In 2009 she attained her diploma in Pediatric care from St. Joseph University. She acts as a preceptor for nursing students. She recently moved into the role of Clinical Nurse Specialist. In this role she is working to assist unit Head Nurse in provision of expert and specialty clinical practice to patients and ensures that nursing staff are educated and trained.

**A Nurse's Experience in a Pediatric Ward**

The perioperative phase is a tense period for both children, their parents, in addition to the nursing staff caring for them. Children may experience many issues from simple anxiety and fear about surgery, to separation from parents, and loss of autonomy and control. Psychological problems may remain in the postoperative phase with increased pain and disturbances in activity of daily living (eating and sleeping).

Nurses must have adequate knowledge and education to understand the impact of surgery on children and families in order to help relief the possible stress during hospital stay. Nurses should be well informed about the child's developmental stage which will act as a guide during child preparation for surgery.

## Frailty: From Physical to Mental

### Nazem Bassil

Dr Nazem Bassil is a medical doctor specialized in family Medicine, Internal Medicine, Geriatrics and palliative care. He is an associate professor of medicine at the University of Balamand, a full-time physician at the Saint George Hospital, a medical doctor of two nursing home: foyer Saint George and Domaine Du Rocher.
He has many national and international publications in geriatrics and Alzheimer. Currently, he is the president of the Lebanese geriatric society since 2017

**Delirium: Importance of a Dangerous Syndrome**

Delirium is an acute condition often affecting acutely ill hospitalized patients, particularly in the elderly patients. It is under-detected and associated with adverse healthcare outcomes, including institutionalization and elevated mortality. It has overlapping features with dementia which complicate differential diagnosis. Identification of risk factors, education of professional careers, and a systematic approach to management can improve the outcome of the syndrome.

**Georges Karam**

Dr. Georges Karam received his MD in 2003 and the American Board of Psychiatry and Neurology (USA) in 2008 and the American Board of Geriatric Psychiatry in 2010.
He pursued a general psychiatry residency at Washington University in St Louis, USA than a geriatric psychiatry fellowship at the University of Pittsburgh, USA.

Dr. Georges Karam is assistant professor at the Department of Psychiatry and Clinical Psychology of St. George Hospital University Medical Center, Balamand University, Faculty of Medicine in Lebanon.
Dr. Georges Karam is also a senior member of IDRAAC (Institute for Development, Research, Advocacy and Applied Care) (www.idraac.org) and the president of Alzheimer Association of Lebanon.
Dr. Georges Karam is involved in several research and community projects especially in the field of geriatric psychiatry.

**Depression in Frailty and Dementia**

Depression is very common among people with Alzheimer's, especially during the early and middle stages. Identifying depression in someone with Alzheimer's can be difficult, since dementia can cause some of the same symptoms. In addition, the cognitive impairment experienced by people with Alzheimer's often makes it difficult for them to articulate their sadness, hopelessness, guilt and other feelings associated with depression. We will be discussing the effect of depression on dementia, specific symptoms, ways to identify it and the most appropriate treatment.

**Roy Raad**

Dr. Roy A. Raad (assistant professor) is currently the head of the newly established state-of-the-art Nuclear Medicine division at Saint George Hospital University Medical Center. After he obtained his medical degree from the University of Balamand, he pursued a Diagnostic Radiology residency at the American University of Beirut Medical Center (AUBMC), followed by fellowship training in Thoracic Imaging (2012) and Nuclear Medicine/PET-CT Imaging (2013) at New York University Langone Medical Center (NYULMC), New York, NY. He then stayed on at NYULMC as an attending physician (Assistant Professor of Radiology) in the Nuclear Medicine Section, Department of Radiology for 3 years, during which he gained a vast teaching experience, served as the Assistant Director of Patient Safety committee, as well as publishing numerous peer-review articles in the field of radiology and nuclear medicine.

**Neuro-Imaging in Alzheimer Disease**

Current standard of care imaging workup for patients with dementia includes brain computed tomography (CT) scan and magnetic resonance imaging (MRI) for exclusion of vascular causes or mass lesions, detection of atrophy in the cerebral cortex and other deep brain structures, and monitoring disease severity. Positron emission tomography (PET/CT) is a valuable functional imaging modality that helps differentiate dementia types and influence patient management. 18-Fluorine-FDG (fluorodeoxyglucose) PET/CT reveals the spatial pattern of global glucose metabolism in the brain, and in many cases, metabolic abnormalities (lobar hypometabolism) precede structural brain abnormalities on CT and MRI. More recently, PET radiotracers that bind specifically to tau proteins, amyloid proteins and neuroinflammatory markers have been developed, with potentially promising results, even in the presymptomatic stages of dementia.

**Bruno Vellas**

Bruno Vellas is chair of the Gerontopole & Department of Geriatric Internal Medicine at the Toulouse University Hospital and is member of INSERM UMR 1027. He studied medicine in Toulouse and received the degree of Doctor of Medicine in 1987 and a PhD in Pysiopathology in 1990. He had a doctoral training in nutrition and aging at the University of New Mexico, USA, Clinical Nutrition Lab, School of Medicine from 1987 to 1988. His main interests are: development of aging and geriatric clinical research and care. His research and care has been supported by several European, national and international research grants. He is the founder of the Gerontopole to develop innovation and research for older adults. He is the author and co-author of more than 800 publications in peer review journals since 1987, Index H: 75. He serves as editor, editorial committee member and reviewer of several major journals. He is adjunct professor at the Department of Internal Medicine, University of New Mexico, Albuquerque, NM, USA and is member of the scientific advisory board of several major scientific institutions in France, EU, Japan and the US. Since 2016, he is titular member of the French National Academy of Medicine, Officier de la Légion d'Honneur, and was recipient of the Palmes Académiques in 2016. He is the past president of the IAGG (International Association of Gerontology and Geriatrics) a NGO with a seat at the United Nations, and the founder of the EADC (European Alzheimer's Disease Consortium), the CTAD (Clinical Trial in Alzheimer's Disease conference) and the ICFSR (International Conference for Frailty and Sarcopenia Research). He is the chair of the WHO Collaborating Center for Frailty, Clinical Research and Geriatric Training since September 2017.

**Frailty Prevention and Management**

Healthy Ageing is not defined as life free of diseases (disease can occur at any age) but, rather, as "the process of developing and maintaining the functional ability that enables wellbeing in older age». This is a significant departure from the key strategy of current health care systems that are mainly designed to identify and treat acute episodes (and chronic) illnesses, rather than maintaining individuals' Intrinsic Capacities IC across the life course. Hence, there is an urgent need to change the strategic emphasis of health care systems from focusing on acute conditions to promoting integrated care aimed at maintaining functional abilities and well-being as an effective approach to promote healthy ageing.
In its new guidelines, WHO defines "intrinsic capacity" as the composite of the individual's physical and mental capacities, such as mobility, cognition, psychological and sensory, as well as vitality. As healthy ageing is, thus, dependent on an individual's IC but also on the environment and interpersonal interactions, the new emphasis on IC should result in the design of interventions aimed at maintaining functional integrity and well-being; the inability to undertake various activities of daily living (ADLs) without the assistance of others can result from (and be a sign of) significant loss of IC. With a life course approach, the WHO model of Healthy Ageing suggests that a period of significant loss of IC in old age is often preceded by some degree of early cognitive decline; thus pointing to the need of designing new approaches to prevent dementia and Alzheimer's disease. Frailty is a clinical condition that must be the first target to prevent dependency in older adults

**Michael Weiner**

Michael W. Weiner MD is a Professor of Radiology, Medicine, Psychiatry, and Neurology, University of California, San Francisco, USA. Principle Investigator Alzheimer's Disease Neuroimaging Initiative (ADNI) which is one of the largest studies of Alzheimer's disease in the world. He is a graduate of Johns Hopkins University and received his MD from Upstate Medical Center. After training at Mt. Sinai Hospital in NY, Yale University, and the University of Wisconsin he has held faculty positions at the University of Wisconsin, Stanford University and UCSF. In addition to founding and directing ADNI, he founded the Brain Health Registry for recruitment assessment and longitudinal monitoring of research participants for neuroscience studies. He currently holds more than 14 separate grants and has authored over 800 publications and numerous prizes for scientific work including the Young Investigator Award of the American College of Cardiology, the Middleton Award of the Veterans Administration, the Ronald and Nancy Reagan Award from the Alzheimer's Association, and the Potamkin Award from the American Academy of Neurology and the American Brain Foundation.

## Is There a Blood Test to Diagnose Alzheimer's Disease?

The overall goal of the Alzheimer's Disease Neuroimaging Initiative (ADNI) is to validate biomarkers for Alzheimer's disease (AD) clinical trials. ADNI was founded in 2004 and has received over $200 million, enrolled over 1700 participants, followed them longitudinally, and used clinical evaluation, cognitive tests, MRI, PET (FDG, amyloid and tau PET), CSF analysis (from lumbar puncture), and genetics. ADNI provides all data without embargo at USC/LONI/ADNI. Information provided at ADNI-info.org. During the last two years there has been increasing interest in blood tests for AD, including tests for amyloid, tau, neurofilament light and other biomarkers. Currently there are no validated blood tests for AD, but rapid developments in the field suggest that such tests may have use for screening in clinical trials. Depending on results, it is possible that in the future a combination of genetic and plasma testing for a variety of analyses may be useful for screening, and possibly even diagnosis of AD.

**Sandrine Andrieu**

Sandrine Andrieu (M.D, PhD) is currently professor of epidemiology and public health at the Toulouse University school of Medicine.
She obtained her PhD in aging and public Health in 2002. Since 2011, she's running the research unit UMR1027 INSERM University Paul Sabatier and the research team "Aging and Alzheimer Disease". Since 2013, she's Member of the scientific committee of AAIC (Alzheimer Association International Conference) and since 2015 she's President of the National Society of Geriatrics and Gerontology.
She has published more than 200 international papers and book chapters in the field of aging. She is presently involved in large intervention studies in the field of neuro-degenerative disease (PLASA Study, GuidAge Study, MAPT Study) and in large European projects (HATICE study, MIND-AD, PRODEMOS study).

**Prevention of Alzheimer's Disease**

Prevention of neurodegenerative disease, such as Alzheimer disease (AD), is a growing public health issue and several potential factors have been suggested in epidemiological studies. However, the randomized controlled studies designed to demonstrate the effectiveness of preventive interventions had conflicting results.
Several interventions strategies were tested so far: pharmacological interventions (hormone replacement therapy, antioxidants, anti-inflammatory agents), lifestyle interventions (physical exercise, cognitive stimulations, healthy diet, combined preventive approaches).
The aim of this presentation is to review published and ongoing RCTs for the prevention of neurodegenerative dementia or cognitive decline. We will discuss the results of some studies to determine if the negative results are related to an ineffective intervention or inappropriate methodology.

**Bruno Vellas**

Please refer to page 49

**Clinical Trials in Alzheimer's Disease, Update**

Dementia is one of the major causes of disability and dependency among older people worldwide. Worldwide, 47.5 million people have dementia, with just over half (58%) living in low- and middle-income countries. Every year, there are 7.7 million new cases. The total number of people with dementia is projected to 75.6 million in 2030 and almost triple by 2050 to 135.5 million. In 2010, the total global societal costs of dementia was estimated to be US$ 604 billion. Alzheimer's disease is the most common cause of dementia and may contribute to 60–70% of cases.

The present conference will develop the major drug trials now in development for Alzheimer's diseases from Prodromal to mild dementia, including amyloid mono-clonal anti-body, Bace inhibors, anti-tau therapies, combinations therapies

**Kamal Haddad**

I am (EL HADDAD kamal, MD) a graduate of Balamand University, School of Medicine, where I also attended my undergraduate studies. I am currently a second year fellow in geriatric and oncogeriatric medicine at the gerontopole de Toulouse, FRANCE and a researcher at the aging institute of the faculty of medicine, Purpan, Toulouse working on cognition, frailty and focusing on nursing homes medical care.

## Nutrition in Elderly, a Key Factor for Better Outcome

The identification of determinants of dietary intake is an important prerequisite for the development of interventions to improve diet and to compile the current knowledge on individual functional determinants of dietary intake in community-dwelling older adults aged 65 years and older without acute or specific chronic diseases.
This oral communication will be focusing on the association of dietary intake taken as an outcome and determinants on chemosensory, oral, cognitive or physical function by a systematic review analysis.

## Bed Sores

**Hazem Al Dabbas**

**Pressure Ulcer: Repositioning Guide for Prevention and Management**

Objectives:

1- The audience will be able to identify the different types of trauma to wounds
2- The audience will be able to identify different types of wounds assessment
3- They will be able to identify the pathway of dressing selection protocol for different types of

Biography

- BSc from the royal college of surgeons
- Msc of health care management from Backervill university ,USA,UAE
- IIWCG member (international interprofessional wound care Group)
- Member of the European wound management association (EWMA)
- Member of the UK wound association.
- Member of the WHASA Consensus Group for the Management of Diabetic Foot. 2013-2014.
- Member of the expert group of saudi wound care group
- Works as regional clinical training manager at Molnlycke health care

**Renaud Heraud**

Dr Renaud Heraud, MD, GP and emergency doctor, 3 years of bio-chemical study. Currently Medical Science Liaison for RegenLab in France, takes place in the wound care development project of RegenLab.

**New Approach for Wound Healing: PRP and Wound Care Management (Advanced Wound Technology)**

Diabetes is a major health problem in developed countries, especially one of the diabetic complications: the diabetic foot chronical ulcers.
For example, in France, the diabetes prevalence was 5 % of the population in 2015, 3.3 million people, and it is still growing up. The occurrence of a foot ulcer in the diabetic persons is estimated between 15 and 25 % in the course of their lives.
This complication gives rise to a major alteration of patients' quality of life and elevated health cost. Now the best of our knowledge, there is no treatment that permits a significate reduction of healing delay and management cost.
In this study, we tried to demonstrate that platelet gel produced with RegenBCT kit could be a great alternative to treat effectively diabetic foot ulcerations, permitting a significate reduction in healing delay and management cost.
The study was driven in Le Creusot, France, on 100 patients with neuropathic ulcers, 50 were treated with the usual treatment of the hospital, and 50 with RegenBCT platelet gel. Intermediary results showed a significant decreasing of the healing delay and management costs.

**Patricia Joane**

A wound specialist in clinical private practice. Specialist consultant for clinical practice, medical funders and corporates. Regional, national and international wound specialist educator. National part time university lecturer and international university honorary tutor. International advisory board panel member. Founder of regional stoma patient support group. Regional and national paediatric educator. Owner of CliniCare, a private health care clinic specializing in wound and stoma management, provided in the clinic, home and hospital environment. Owner of a primary health Mother and Well Baby clinic.

**Management of DFU (Diabetic Foot Ulcer): The Value of High Quality Care**

**Nadine Heuer**

Nadine Heuer has worked as a Senior Business Development Manager for Chronic Wound Care and Infection Prevention in B. Braun Melsungen AG for 14 years and in this position is dedicated towards all countries in the Middle East and North Africa (MENA Region). She holds a diploma degree in American studies and Economic Sciences as well as a pharmaceutical degree from the German Chamber of Industry and Commerce. Moreover, she is a certified Train the Trainer in Hand Hygiene from the WHO Collaboration Center for Infection Control, Geneva. Ms. Heuer is an expert in establishing and implementing clinical protocols for wound management and infection prevention in various hospitals across the GCC and the Levante region. She has organized and presented in numerous international conferences on this topic.

**Biofilms and Wound Healing**

It is becoming widely accepted that most hard-to-heal wounds contain biofilm and that the presence of biofilm delays and/or prevents healing. The presentation will inform practitioners about the issue of biofilm and how it affects wound chronicity. The role of bacteria and biofilms in non-healing wounds will also be addressed as well as clinical evidence given and how this relates to clinical practice and clinical cases.

**Richard Mollica**

Richard F. Mollica, MD, MAR is a Professor of Psychiatry at Harvard Medical School and Director of the Harvard Program in Refugee Trauma (HPRT) at Massachusetts General Hospital. Since 1981, Dr. Mollica and HPRT have pioneered the medical and mental health care of survivors of mass violence and torture in the U.S. and abroad. Under Dr. Mollica's direction, HPRT conducts clinical, training, policy, and research activities for populations affected by mass violence around the world. Dr. Mollica is currently active in clinical work, research, and the development of a Global Health curriculum, focusing on trauma and recovery. The Global Mental Health: Trauma and Recovery certificate program is the first of its kind in global mental health and post- conflict/disaster. Dr. Mollica has published over 160 scientific manuscripts and has recently published his first book, "Healing Invisible Wounds: Paths to Hope and Recovery in a Violent World."

**Round Table: Returning Home**

Millions of refugees in the Middle East and around the world are waiting to return home. Successful repatriation to the refugee's country of origin is the gold standard. Unfortunately, the return to safe environments is the exception to the rule. This brief presentation will review the scientific research on repatriation results. A new concept of "home" as an organizing principle will be offered as a model to replace standard operational repatriation policies and procedures.

**Mireille Girard**

Mireille Girard has served as Representative for the United Nations High Commissioner for Refugees (UNHCR) in Lebanon since July 2015. Prior to taking up her assignment in Lebanon, she served as Representative for UNHCR in Thailand and South Sudan.
Mireille's career in UNHCR spans over 25 years and includes a range of functions both at UNHCR Headquarters in Geneva and in country operations on the Asian, African, European and Middle Eastern continents. Mireille specializes in international protection and emergency humanitarian responses. Mireille Girard graduated in Public International Law, Political Sciences, and Asian Studies. She speaks French, English, Chinese and Spanish.

**Round Table: Returning Home**

Experiences of displacement put significant psychological and social stress on refugees and affect their mental health, putting them at higher risk of psychiatric morbidity, including post-traumatic stress disorder (PTSD).
In Lebanon, the issue of addressing mental health is sometimes associated with the question of whether assistance maintains refugees in Lebanon and pre-empts solutions for them outside Lebanon.

## Interventional Cardiology: CTO and Complex PCI

### Julian Strange

Julian trained in London performing research at the Royal Brompton and Hammersmith hospitals (British Heart Foundation funded) and interventional cardiology at the London Chest hospital. With specialization in interventional cardiology, cardiovascular magnetic resonance imaging and the pulmonary circulation, he has an experience of the broad range of cardiac disease and the varied strategies for their management. He is currently the Director of the Cardiac Catheter Suite at the Bristol Royal Infirmary and Network lead for Acute Coronary Syndromes in Avon, Gloucester and Wiltshire.

**Omer Goktekin**

Prof. Dr. Bezmialem Vakıf University, Faculty of Medicine, has served as the Dean of the Department of Cardiology. Omer Goktekin was born in 1969 in Eregli. He completed his high school education at Kabataş Boys' High School and then graduated from Istanbul University Cerrahpaşa Faculty of Medicine in 1992. In the same year, Siyami Ersek entered the Chest Heart Coronary Center and received his cardiology expertise in 1997. He has been a cardiologist at Saitama Medical School in Japan since 1998-1999. In 1993 at St. George's Medical School in London. He has in his records a lot of papers and studies in the field and is currently heading the cardiology department at the memorial Hospital Istanbul after few years passed at Bezmyalem university hospital where he was the Dean of the Cardiology department. His field of expertise is CTO mainly.

**John Irving**

John is a consultant interventional cardiologist at Ninewells Hospital, Dundee, UK. He led the development of PCI in Dundee from the first PCI to a comprehensive service and was an early adopter of all aspects of the hybrid approach.

**Stephane Carlier**

Stephane Guy Carlier, used to serve as Director of Clinical Cardiology at Cordis, Johnson & Johnson, Belgium. Dr. Carlier worked as an interventional cardiologist in the Cardiovascular Centre in Aalst, Belgium, where he was in charge of the intravascular ultrasound (IVUS) laboratory. He served as Director of Intravascular Imaging & Physiology at the Cardiovascular Research Foundation. Dr. Carlier also worked in the catheterization laboratory at the Thoraxcentre and currently heads the Department of Cardiology at Mons University, Belgium and works as an interventional cardiologist at the CHU Ambroise Pare in Brussels.

## Community Mental Health

**Richard Mollica**

Refer to page 58

**Assessing the Impact of the Ghata Project, Lebanon**

Professor Rabih Shibli (AUB) has presented the history and rationale of the Ghata Project (GP). A grant from the Harvard Kennedy School of Government facilitated an evaluation of the impact of the Ghata Project on the Syrian refugee children served. The brilliant innovative idea of a school built by the children out of recycled material that can be moved whole stock back to Syria was studied against the standard United Nations tented schools (TS). Evaluation results using culturally validated instruments with known psychometric properties (IRB approved) revealed that children in the GP and TS were highly traumatized, having witnessed and experienced terrible violence and atrocities. Rates of PTSD and depression in both schools were over 50%. Bullying, domestic violence and ostracism within the local communities was high. 47% of children had reported being affected by all 3 of the current traumatic life experiences. The Ghata School children revealed significantly higher rates of bullying and domestic violence. Within both school settings girls here were more highly traumatized. In both school settings a dose effect relationship was found between trauma and depression, PTSD, and anxiety. The Ghata School parents rated the Ghata School as positive in all dimensions of the built environment scale. In contrast, the TS parents strongly disapproved of the TS. Attendance in the GP schools was dramatically higher with few days absent. 90% of all parents and children in both schools desired an on-site school counselor and a nurse. The next phase of the Ghata Project will expand off these results to include a trauma-informed teaching curriculum, health promotion classes in the school, a community gathering place for parents at the school and a built-environment attached primary health care clinic with nurses and counselors.

**Rabih Shibli**

Rabih Shibli is the Director of the Center for Civic Engagement and Community Service (CCECS) at the American University of Beirut (AUB). Under his leadership, CCECS was awarded the Most Civically Engaged University Campus in the Middle East and North Africa region (MENA) by Ma'an Alliance 2015, the MacJannet Prize for Global Citizenship from Tufts University 2016, and the South-by-SouthWest (SXSW) Learn by Design Honorary Award 2018. He has conceptualized and implemented community projects and authored publications reflecting the process of bridging developmental planning and experiential learning. Rabih holds a BA in Architecture, MA in Urban Design, and a Program Certificate in Refugee Trauma.

**Ghata: A Restorative Built Environment Impacting Refugees Mental Health in Lebanon**

The ongoing civil war in Syria has caused the forced displacement of more than half of the country's 22 million citizens. Of the 5 million Syrians registered as refugees with UNHCR in bordering countries, Lebanon's share is the highest per capita, worldwide. Around 1.1 million registered Syrian refugees, in addition to 300,000 to 500,000 unregistered individuals, have settled across 1,700 locations in Lebanon, the majority of which are situated within the most marginalized districts. Over half of the Syrian refugees living in Lebanon are under the age of 18, with more than 60% out of school. Although the crisis entered its seventh year, relief agencies are still predominantly using tents for the provision of shelter and education. The average life span of a tent is 6 months, and the fabric and support elements are not adequate for the vicissitudes of the turbulent weather in semi-arid regions of the Middle East.

The intervention Ghata (Arabic word for cover) designed by the Center for Civic Engagement and Community Service (CCECS) at the American University of Beirut (AUB), was framed within this complex landscape of humanitarian needs and national constraints to serve as an educational facility for refugees enduring a protracted crisis. The design of the Ghata unit is derived from refugees' own shelter construction practices that are based on simplicity, portability, adaptability, scalability, climatic responsiveness, and economic efficiency. The first prototype was assembled by AUB student volunteers in 2013, and the second was built in 6 working hours by 2 refugees. Following rigorous simulation analysis, the project was scaled up across the country. To date, 10 portable school campuses located within refugees' Informal Tented Settlements have been assembled, serving around 5000 students annually.

AUB-CCECS partnered with the Harvard Program in Refugee Trauma (HPRT) in 2016 to administer the first evidence-based comparative study in Lebanon on Syrian refugees. The project aimed to assess the frequency and impact of mental health problems and trauma outcomes (PTSD, Depression, Anxiety) on children ages 12-14 attending Ghata schools versus tented schools. A total of 232 children, parents and teachers were randomly selected to participate in the surveys. In addition, the study evaluated participants' perception of their school as a restorative built environment.

**John Fayyad**

John Fayyad is the Chairman of the Department of Psychiatry and Clinical Psychology at St. George Hospital University Medical Center, and is Professor of Clinical Psychiatry at the University of Balamand, Faculty of Medicine and Medical Sciences in Beirut, Lebanon. He is also a researcher and vice-president of IDRAAC (Institute for Development Research, Advocacy and Applied Care), an NGO specialized in Mental Health in Beirut. He is the President-Elect of the Lebanese Psychiatric Association.

Dr. Fayyad is active in promoting Child and Adolescent Psychiatry regionally and internationally. He is the Secretary General of the Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professions (EMACAPAP) and was a Vice President of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP).

Dr. Fayyad's research interests include the epidemiology of ADHD and other child and adolescent disorders, the effects of war, stress and trauma on children, pathways to resilience, and dissemination of community interventions. He has published on these topics in many international scientific journals and has authored several book chapters. He is on the editorial board of several international scientific journals.

He has vast clinical experience in diagnosing and treating children and adolescents with various types of behavioural, emotional, developmental and mental health disorders and works with children and their families at MIND Clinics in Beirut, Lebanon as well as Doha, Qatar.

**Building Mental Health in the Assyrian Community: An Integrated Intervention**

**Co-authors:** Georges Elie Karam, Caroline Cordahi Tabet, Youmna Cassir Haddad, Aimée Nasser-Karam, Sophie Azizi, Ranin Shaker, Lynn Farah, Claudia Farhat, and Elie Karam

We aimed in this project at empowering and aiding the entire Assyrian Community in Lebanon, composed of both Syrian and Iraqi refugees as well as the local Lebanese Hosting Community, via an integrated set of interventions. The project was supported by the French Embassy in Lebanon, and it targeted all age groups (children, adolescents, adults and the elderly). The presentation will highlight the main features of the project, including a description of the various interventions for the target groups, such as a parenting component for mothers, a school-based program for children and adolescents, empowering the community to take care of its own elderly individuals, including medical screening of all elderly individuals that could be reached, and training many lay members to become resources on mental health and to facilitate referrals. A series of community lectures on basics of mental health was organized and attended by various members of the community, in churches and in community centers. Questionnaires were collected pre- and post- interventions for all participants; data was entered and analyzed. Results from some of the interventions and testimonials from participants will be presented.

**Caroline Cordahi-Tabet**

Caroline C. Tabet completed her Doctoral course work at the St. Joseph University of Beirut, Lebanon. And after a two year full timetraining in general psychology at St. Georges Hospital University Medical Center in Beirut, Lebanon, she had two years of Child and Adolescent Psychology Specialty training at the following academic institutions in the United States (Yale Child Study Center, Columbia University and the California School for Professional Psychology). Caroline C. Tabet is currently working as a child and adolescent psychologist at MIND clinics and St Georges Hospital University Medical Center in Beirut. She is also an instructor of Psychology at the University of Balamand, Faculty of Medicine and Medical Sciences. She is a founding member and an active researcher with several publications at IDRAAC (Institute for Development Research, Advocacy and Applied Care) an NGO specialized in Mental Health. For more information please visit: www.idraac.org.

**Resilience-Building Interventions within the School System**

We will present evidence-based psychological intervention programs, aiming at promoting resilience in youth, emphasize on the significant components and challenges to be considered when working with children and adolescents at risk, and share research-based directions to be followed when planning to work with communities of refugees. We will also discuss the risk factors that would maintain mental health problems and the protective factors that would help overcome them, as well as the specific psycho-social needs found to be relevant to communities of refugees.

**Elie Karam**

Professor Elie Karam MD. Executive Director of IDRAAC (Institute for Development, Research, Advocacy and Applied Care) is an institute solely devoted to Research and Field Services in Mental Health. Founder of Department of Psychiatry and Clinical Psychology at St. George Hospital University Medical Center,
University of Balamand, Faculty of Medicine in Lebanon. He is the Head of MIND (Medical Institute for Neuropsychological Disorders). Chairman of Epidemiology and Public Health of the World Psychiatric Association. He has published more than 163 scientific articles and 39 book chapters and reports that can be found on IDRAAC's website: www.idraac.org.

**Improving Mental Health and Personal Competence: A Prospective Study**

**Co-authors:** John Fayyad, Claudia Farhat, Caroline Cordahi Tabet, Georges Elie Karam, Aimee Karam, Youmna Cassir Haddad

Extending the benefits of research to the community is a challenging process in many ways not the least being the cost (time, experts...). We have identified a therapeutic intervention, aiming at improving the children and adolescents mental wellbeing delivered by teachers in the classroom.
We will present data on this intervention which was designed by IDRAAC and delivered to the Lebanese and Syrian refugees in their classrooms (N= 2570 Lebanese & 549 Syrians). We explored too the role of Personal Competence (PC) as a significant mediator in predicting improvement in mental health outcomes (depression, anxiety and externalizing disorders).

**Georges Karam**

refer to page 47

**Prevention of Mental Disorders in the Elderly through Community Interventions: The Elderly Empowerment Project**

Depression affects one in every 10 people aged 60 and above. Studies have shown that loneliness and social isolation are major risk factors for depression in older adults. Once present, depression worsens overall physical health. Also direct costs linked to depression are increased. In parallel, depression is a risk factor for developing dementia. In order to protect older adults from depression (and worsening dementia and other medical disorders), community interventions have to take place that fight social isolation. Such an intervention was initiated by IDRAAC in collaboration with the municipality of Byblos where jobs and volunteer activities were created to stimulate older adults and re-engage them in society thus fighting social isolation. The aim of this intervention was to protect older adults from developing depression.

**Elie Stephan**

- M.D (Family Physician /Geriatrician)
- Associate Professor in Clinical Medicine, Balamand University, Lebanon
- Head Acute Care Unit For Elderly St George Hospital UMC since 2000
- Responsible of the Geriatric Program at Foyer St George, Beyrouth-Lebanon, since May 1996
- Full – timer Geriatrician in the department of medicine at St-Georges Hospital - University of Balamand - Beyrouth - Lebanon, since May 1996
- Full-Timer Family Physician in the department of medicine at St George Hospital Beyrouth-Lebanon, since May 1996
- Member of the American Society of Geriatric medicine
- Member of the French Society of Geriatric medicine
- Member of Lebanese society of Family Physician
- Specialist certified in paliatif care medicine
- Ex-President (twice) of the Lebanese Society of Geriatric Medicine
- President and Founder of Lebanese NGO Saint Pantaléon Group for Contiuous Medical Education

**Human Longevity and Active Aging Networking**

Active ageing is becoming an important necessity, because the number of elderly is growing and disability is a social and financial burden.
The Environment needs to be facilitating to activity by the presence of space needed, easy access, safe places and friendly ways. Studies have shown that activity is better when these factors are present.
An important number of data are in favor of the role of physical activity on ameliorating health status in seniors and this effect is always positive whatever the age of beginning is.
Nutrition and other factors in life style were also proven to have a positive clinical effect of the health of our seniors: modifiable factors to differentiate them from genetic (non-modifiable) factors.
Lately, with the arrival at the third age, of many educated, computer-trained, digitally invited seniors, studies have been conducted to analyze the effect of social media and electronic social networking on mental and physical health of elderly. Results were positive and encouraging the use of such interaction that is challenging in a continuous and evolving way.

**Rami Nasr**

Dr Rami Wajih Nasr is an Assistant Professor in Clinical Surgery/ Urology at the American University of Beirut –Medical Center.
He graduated from the same institution in 1999 and pursued his fellowship in urology oncology, in a prominent cancer center which is the Prostate cancer center of Vancouver in British Colombia / Canada. He joined the division of urology at the American University of Beirut-Medical Center in 2009. And pursued also training in robotic surgery at Roswell Park Cancer Center, Buffalo, New York, then had training in minimally invasive surgery at The ERCAD center in Strasbourg. He is member in international and national societies.
He is active in research and has many publications in the field of prostate and bladder cancer and reconstructive surgery. He has also a book chapter in Springer about the reconstructing the GU injuries in war casualties.
He has participated in many national and international conferences as an invited speaker or panelist/moderator of sessions.

## PSA: to Screen or Not to Screen

Prostate cancer has been the most common visceral malignant neoplasm in U.S. men since 1984. The estimated lifetime risk of disease is 17.6% for whites and 20.6% for African Americans, with a lifetime risk of death of 2.8% and 4.7%, respectively.
The increased use of PSA has been followed by decreasing prostate cancer mortality. However, PSA testing has also led to overdiagnosis of many indolent cancers that would not have caused clinical disease.
Because the evidence is insufficient if PSA screening decreases mortality in men over fifty years of age we will review the current practice and recommendation.

**Rania Naoufal**

Refer to page 24

**Novel Biomarkers in Early Screening and Diagnosis of Prostate Cancer**

The controversy around the widespread use of PSA-based prostate cancer screening has led to a major need in the development of biomarkers to improve the diagnostic performance of PSA. The differentiation between indolent and aggressive disease has become the main challenge. Novel biomarkers for the early diagnosis of clinically significant prostate cancer are being integrated into clinical practice.

**Emilie Fayad**

Dr. Emilie Fayad earned her B.S. in biology at American University of Beirut, and went on to earn her M.D. in medicine from the University of Balamand. She completed a fellowship training in Diagnostic Radiology at University of Balamand. She performed 2 years training in France, earning a D.F.M.S. in Pediatric radiology, Neuroradiology and cardiac imaging from CHU Poitiers and D.F.M.S. in musculoskeletal imaging from Cochin APHP.
She is currently a full time radiologist at the SGHUMC.

**Multiparametric MRI: Use or Overuse**

Multiparametric MRI (mpMRI) is a valuable tool that combines anatomic with functional and physiologic assessment of prostate cancer and improves diagnostic capabilities for detection of clinically significant cancer, reducing mortality and unnecessary biopsies and treatment.
In this discussion we will highlight the clinical applications of mpMRI in locoregional staging, extracapsular extension, tumor detection, localization, characterization, risk stratification and active surveillance. We will address the importance of PI-RADS v2 as a standard and globally acceptable scoring system for reporting prostate lesions. We will discuss the recommendations for using mpMRI in detection and active surveillance of prostate cancer. We will address the limitations of this technique, the challenges and the future role.

**Raja Ashou**

- Chairman, Imaging Department- SGHUMC – Beirut.
- Associate Professor of Clinical Radiology – Balamand University-Lebanon
- Director of the Radiology Residency Program at Balamand University
- He has special interest in Body, Chest, Prostate Imaging as well as Abdominal and Oncologic Interventions

**MRI Targeted Fusion Biopsy: The Concept and Local Experience**

Targeted prostate biopsy is challenging because no single currently established imaging modality is both accurate for prostate cancer diagnosis and cost-effective for real-time procedure guidance. A system that fuses real-time transrectal ultrasound images with previously acquired MRI images for prostate biopsy guidance is presented here. Multiparametric MRI-Transrectal US (mpMRI-TRUS) fusion targeted biopsy of the prostate gland, a relatively newly performed technique, has shown the potential to gradually replace random transrectal ultrasound guided prostate biopsy. Targeting suspicious lesions described on MRI has resulted in increased detection of clinically-significant cancer, decreased detection of low risk cancer and potential improvement in patient outcome.

Our objective was to correlate mpMRI results with pathological results of mpMRI-TRUS elastic fusion biopsy for 58 patients performed in a single center over a period of 19 months.

Our center results show that 78% of patients classified by mp-MRI as PIRADS 4/5 and 10% of patients classified as PIRADS 3 had positive biopsies for prostate cancer. Despite the modest number of patients, our preliminary results are comparable to the published international numbers showing a good correlation between the mp-MRI PIRADS classification and the pathological results of mpMRI-TRUS fusion biopsies.

MpMRI-TRUS fusion biopsy is a safe and accurate method for targeted biopsy of prostate lesions.

Authors:
Raja Ashou1, Abbas Chamsuddin2, Emilie Fayad2, Fatmeh Ghandour2, Michel Jabbour2, Jennifer Farah1, Eward Assaf2, Abdallah Noufeily2

**Alexandre Peltier**

Institut Jules Bordet
Service d'Urologie
Rue Héger-Bordet, 1
1000 - BRUXELLES

June 1989: Graduated MD at Free University of Brussels (ULB)
September 1995: Specialist in Urology at Free University Brussels
October 2016: Head of the Department of Urology, Institut Jules Bordet

Involved in fusion images targeted biopsy and focal therapy for prostate cancer

Member of European Association of Urology sinds 1998
Member of European Society of Surgical Oncology sinds 1998
Member of Société Belge d'Urologie sinds 2000
Member of Belgian Laparoscopic Urology Group sinds 2003

More than 50 publications in national and international scientific papers (Urology, Journal of Endourology, Current Opinion in Oncology, etc...)

Active participations in national and international congress in urology

## Role of Fusion Biopsy in Active Surveillance

Active Surveillance (AS) becomes a standard of care for low risk to intermediate disease.
Despite its large use during this last decade there is no clear protocol consensus and TRUS biopsies wich is the most factor of eligibility remains imperfect and leads to poor adherence to AS protocols (30%) and possible unfavorable outcome.
May MRI fusion biopsy can improve selection and follow-up in AS?

**Georges Assaf**

Dr Assaf has trained in urology in Canada where he also did a fellowship in Uro-Oncology. He is Fellow of the Royal College of Surgeons of Canada.
He is also American Board certified and recertified in Urology. He has joined St George Hospital in 1994 and then the University of Balamand teaching body after more than 10 years of practice in Canada and the US.
Besides general Urology, he has a special interest for pathologies related to Prostate Cancer.

**Rising PSA Despite Normal MRI: To Do or Not to Do**

MRI: To Do or Not to Do Theoretically, pre-biopsy mpMRI could be used in two different ways.
The first strategy uses mpMRI to improve the detection of clinically significant prostate cancer (csPCa). In this diagnostic pathway,MRI-targeted biopsy (TBx) would be added to systematic biopsies in case of positive mpMRI, and systematic biopsies would be performed in all patients with negative mpMRI.
The second strategy uses mpMRI as a triage test before biopsy. In this diagnostic pathway, only MRI-TBx would be performed in case of a positive mpMRI. Patients with negative mpMRI results would not undergo a prostate biopsy at all.
We shall focus on the second strategy i.e. what to do if mpMRI is negative.
We shall also briefly give a simple take home message on the first strategy

**Roy Raad**

Refer to page 48

**PET Scan: What to Do When to Do**

Prostate-specific membrane antigen (PSMA)-targeted radiotracers readily accumulate in PSMA-expressing tissue and are cleared rapidly from the blood pool. PSMA positron emission tomography computed tomography (PET/CT) and PET-magnetic resonance imaging (PET/MRI) is a highly promising modality for staging of prostate cancer, owing mainly to its higher detection rate compared to conventional imaging. This includes initial staging of high-risk prostate cancer in the preoperative setting, as well as prostate cancer restaging in the setting of suspected biochemical recurrence. Both PET/CT and PET/MRI offer benefits with PSMA radiotracers, and often demonstrate useful detailed PSMA findings which frequently lead to changes in management. Additional potential applications of PSMA PET/CT include patient selection for PSMA-based radioligand therapy and evaluation of treatment response.

**Alexandre Peltier**

refer to page 71

**Focal Therapies with or without Koelis: Opportunities and Challenges**

Individualized Care and concept of focal therapy of prostate cancer had recently emerged due to advent of multiparametric MRI and efficacious energy delivered treatments.
The principal aim of such an approach is tissue preservation that should translate into harm reduction and functional preservation. The main problem remains adequate cancer control!
But who might be eligible for focal therapy and how?
What are the opportunities with Koelis system?

**Georges Farha**

- General medicine diploma from St Joseph University.
- Radiation Oncology residency at Hotel-Dieu de France-Beirut and Gustave Roussy Cancer Campus-Paris-France.
- Fellowship in Head and Neck and CNS Radiation Oncology from University of Toronto.
- Assistant professor of Radiation Oncology at University of Balamand-Beirut-Lebanon.

**SBRT in Oligometastatic Disease**

SBRT is a new technique in Radiation Oncology aiming to deliver very high ablative dose in a very precise way. As oligometastatic disease is showing better prognosis than polymetastatic one, there is a new paradigm aiming to treat aggressively this subset of patients by treating in a curative intent both the primary and the metastatic lesions. This talk will highlight the technical aspects of SBRT of the prostate and bone lesions and will discuss the available data supporting this technique as well as the current recommendations and guidelines.

**Zarouhie Meguerian**

Zarouhie Meguerian is a graduate from USJ as pathologist after completing her specialty in the CHU Purpan, in Toulouse, France. She is actually a full-time pathologist in the department of anatomic pathology at Saint George Hospital and assistant professor in the University of Balamand.

**Histopathology: Diagnostic and Prognostic Criteria**

The histopathologic diagnostic criteria of prostate carcinoma will be discussed including the morphologic criteria and the ancillary techniques mainly immunohistochemistry. The histologic subtypes will be illustrated. The prognostic criteria mentioned include the Gleason score, the grade group, the tumor quantitation, the perineural invasion, the extraprostatic extension, the status of the margins, the molecular subtyping, as well as tissue biomarkers and tissue-based genomic tests for prognosis (including OncotypeDX and Decipher).

# ACKNOWLEDGEMENT

## GOLD SPONSORS

biomedic s.a.l

Boston Scientific
Advancing science for life™

Bank Audi

BANQUE BEMO

BLOM BANK SAL

Boehringer Ingelheim

DANONE NUTRICIA
Early Life Nutrition

DIMA HEALTHCARE

droguerie de l'union

ALGORITHM
servicing BIOLOGIX

GME

gsk

intermedic
(JEAN FARAH & CO.) S.A.L

Mediline
Integrated Solutions

Pfizer

PRIMEmedical

SANOFI

ABELA MARKETING ME

AlphaPro S.A.L

arrow generiques

FRESENIUS KABI
caring for life

HAYEK INV

INNOTHERA

IYAMED PHARMACEUTICALS

KFF Healthcare

Lundbeck

LABOSER

Cerba

MEDICAL SHARES Trading S.A.L

MSS
MED SURG SOLUTIONS

mundipharma

NEWBRIDGE PHARMACEUTICALS

NOVARTIS

PHARMALINE
Improves Quality of Life

regenlab
PRP & CELL THERAPY SPECIALISTS

UPO
Union Pharmaceutique d'Orient s.a.l

gullón

sohat

VALOR

Roche

This Educational Meeting is supported by an educational grant from Roche

**Free Registration**

Trust & Traders International

**EVENT ORGANIZER**
executive@trustandtraders.com
www.trustandtraders.com
00961 1 333 900